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## **2022 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2022 tax return.**

**To save you time, selected information from your 2021 tax return has been entered in this organizer. Please line through any information that does not apply to your 2022 tax return.**

**In some cases, 2021 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**



**allied financial**  
**partners**  
**allied CPAs, PC**

Dear Client,

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2022 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns. We may engage technology and resources provided by our software providers to assist in the preparation of your tax returns. All information provided by you will remain confidential.

We will use professional 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. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please fill in your name, sign and date this letter in the space indicated below and return it to our office. If there are other tax returns you expect us to prepare, such as gift and/or property, please inform us by noting so in the empty space beside your signature below.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Allied CPAs, PC

If married, both spouses must sign the consent.

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

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

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Form 1040 taxpayers – Consent to foreign disclosure of tax return information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, including your personally identifiable information such as your Social Security number (SSN). Both the tax return preparer in the United States that will disclose your SSN and the tax return preparer located outside the United States that will receive your SSN maintain an adequate data protection safeguard (as required by the regulations under 26 U.S.C. section 7216) to protect privacy and prevent unauthorized access of tax return information. If you consent to the disclosure of your tax return information, federal agencies may not be able to enforce United States laws that protect the privacy of your tax return information against a tax return preparer located outside of the United States to whom the information is disclosed.

The duration of this consent will continue as indicated below, unless Allied CPA's, PC is notified in writing to no longer disclose your tax return information to this recipient:

☐ Remain effective to the extent Allied CPA's, PC is engaged

☐ Other: \_\_\_\_\_

If you approve the disclosure of your tax return information, including your SSN(s), to Xpitax and members of Allied CPA's, PC who might be travelling abroad for purposes of assisting in providing tax return preparation services for the duration indicated above, please sign below.

If married, both spouses must sign the consent.

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

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484 or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

## Questions (Page 1 of 5)

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?

\_\_\_\_\_

Are you married?

\_\_\_\_\_

If Yes, do you and your spouse want to file separate returns?

\_\_\_\_\_

If No, are you in a domestic partnership, civil union, or other state-defined relationship?

\_\_\_\_\_

Can you or your spouse be claimed as a dependent by another taxpayer?

\_\_\_\_\_

Did you or your spouse serve in the military or were you or your spouse on active duty?

\_\_\_\_\_

### 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.

\_\_\_\_\_

Did you or your spouse pay for child care while you or your spouse worked or looked for work?

\_\_\_\_\_

Do you have any children under age 18 with unearned income more than \$1,150?

\_\_\_\_\_

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?

\_\_\_\_\_

Did you adopt a child or begin adoption proceedings?

\_\_\_\_\_

Are any of your dependents non-U.S. citizens or non-U.S. residents?

\_\_\_\_\_

### Healthcare:

Did you obtain healthcare coverage through the Marketplace?

\_\_\_\_\_

If Yes, include all Forms 1095-A.

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?

\_\_\_\_\_

Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?

\_\_\_\_\_

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 on another taxpayer's return?

\_\_\_\_\_

Are any of your dependents required to file a tax return?

\_\_\_\_\_

## Questions (Page 2 of 5)

### Healthcare (continued):

Yes    No

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? \_\_\_\_\_

Were you eligible for employer-sponsored healthcare coverage? \_\_\_\_\_

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. \_\_\_\_\_

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. \_\_\_\_\_

Did you or your spouse receive any distributions from long-term care insurance contracts? \_\_\_\_\_

If Yes, include Forms 1099-LTC. \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

### Education:

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? \_\_\_\_\_

Did you or your spouse pay any student loan interest? \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

### 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. \_\_\_\_\_

Did you or your spouse incur any casualty or theft losses? \_\_\_\_\_

Did you or your spouse make any large purchases, such as motor vehicles and boats? \_\_\_\_\_

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? \_\_\_\_\_

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? \_\_\_\_\_

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 or special fuels used for off-highway business purposes. \_\_\_\_\_

\_\_\_\_\_ Gallons \_\_\_\_\_ Type

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? \_\_\_\_\_

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? \_\_\_\_\_

## Questions (Page 3 of 5)

### Investments:

Yes    No

Did you or your spouse have any debts canceled, forgiven or refinanced?

\_\_\_\_\_

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?

\_\_\_\_\_

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?

\_\_\_\_\_

Did you or your spouse sell, exchange, or purchase any real estate?

\_\_\_\_\_

If Yes, include closing statements.

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?

\_\_\_\_\_

Did you or your spouse engage in any put or call transactions?

\_\_\_\_\_

If Yes, provide the transaction details.

Did you or your spouse close any open short sales?

\_\_\_\_\_

Did you or your spouse sell any securities not reported on Form 1099-B?

\_\_\_\_\_

### Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?

\_\_\_\_\_

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?

\_\_\_\_\_

Did you or your spouse turn age 72 and have money in an IRA or other retirement account without taking any distribution?

\_\_\_\_\_

Did you or your spouse make a qualified charitable distribution directly from an IRA?

\_\_\_\_\_

Did you or your spouse retire or change jobs?

\_\_\_\_\_

Did you or your spouse receive deferred, retirement or severance compensation?

\_\_\_\_\_

If Yes, enter the date received (Mo/Da/Yr). \_\_\_\_\_

### 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?

\_\_\_\_\_

Did you or your spouse claim a homebuyer credit for a home purchased in 2008?

\_\_\_\_\_

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?

\_\_\_\_\_

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. \_\_\_\_\_

Did you or your spouse take out a home equity loan?

\_\_\_\_\_

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. \_\_\_\_\_

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?

\_\_\_\_\_

Did you or your mortgagee receive mortgage assistance payments?

\_\_\_\_\_

If Yes, include all Forms 1098-MA.

## Questions (Page 4 of 5)

### Sale of Your Home:

Yes    No

Did you sell your home?

\_\_\_\_\_

Did you receive Form 1099-S?

\_\_\_\_\_

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?

\_\_\_\_\_

Did you or your spouse ever rent out the property?

\_\_\_\_\_

Did you or your spouse ever use any portion of the home for business purposes?

\_\_\_\_\_

Have you or your spouse sold a principal residence within the last two years?

\_\_\_\_\_

At the time of the sale, the residence was owned by the: \_\_\_\_\_ Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ 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?

\_\_\_\_\_

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?

\_\_\_\_\_

Did you or your spouse make any gifts to a trust for any amount?

\_\_\_\_\_

Did you or your spouse have a life insurance trust?

\_\_\_\_\_

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?

\_\_\_\_\_

Did you or your spouse forgive any indebtedness to any individual, trust or entity?

\_\_\_\_\_

### Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?

\_\_\_\_\_

Were you or your spouse 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?

\_\_\_\_\_

Did you or your spouse create or transfer money or property to a foreign trust?

\_\_\_\_\_

Did you or your spouse own any foreign financial assets?

\_\_\_\_\_

Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?

\_\_\_\_\_

Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?

\_\_\_\_\_

If Yes, did the corporation cease to be an S corporation?

\_\_\_\_\_

If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?

\_\_\_\_\_

If Yes, did you or your spouse transfer any share of stock in the corporation?

\_\_\_\_\_

## Questions (Page 5 of 5)

### Miscellaneous:

Yes    No

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? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse receive unreported tip income of \$20 or more in any month? \_\_\_\_\_ \_\_\_\_\_

Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse engage in any bartering transactions? \_\_\_\_\_ \_\_\_\_\_

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? \_\_\_\_\_ \_\_\_\_\_

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? \_\_\_\_\_ \_\_\_\_\_

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)? \_\_\_\_\_ \_\_\_\_\_

In 2022, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or your spouse seeking forgiveness? \_\_\_\_\_ \_\_\_\_\_

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? \_\_\_\_\_ \_\_\_\_\_

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.

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## 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	
Foreign Province or County	ZIP or Postal Code	
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"/>

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

### 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

200131 04-01-22

Forms 1, 1A and 2



## 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"/> Driver's License <input type="checkbox"/> State-Issued ID <input type="checkbox"/> No Identification <input type="checkbox"/> Choose not to provide		<input type="checkbox"/> Does not expire

### 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"/> Driver's License <input type="checkbox"/> State-Issued ID <input type="checkbox"/> No Identification <input type="checkbox"/> Choose not to provide		<input type="checkbox"/> Does not expire

### 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"/>
<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](https://www.irs.gov) to retrieve it or apply.

TS	State	City	Code	PIN
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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

200133 04-01-22



## 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



## Dependents

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.



## Electronic Filing

4

### Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return ..... ☐

Do not electronically file the state return(s) ..... ☐

**Note:** The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?	<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"/>				
Taxpayer .....	<input type="checkbox"/>				
Spouse .....	<input type="checkbox"/>				

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN .....

Spouse PIN .....



## Direct Deposit and Withdrawal

4A

### 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.

	Yes	No
Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....		
If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)		
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....		
If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>
Name of bank or financial institution .....		
Routing Transit Number (RTN) .....		
Account number .....		

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings  
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

	Yes	No
Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....		
If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)		
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....		
If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>
Name of bank or financial institution .....		
Routing Transit Number (RTN) .....		
Account number .....		

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings  
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐





## 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.



# Brokerage Statement Details

5EA

TSJ	Payer Name	Account No.	Information Included (X or ✓)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			

Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	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							
O							
P							
Q							
R							
S							
T							

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

Note: For other amounts not listed, attach a copy of your brokerage statement.



## Business Income and Cost of Goods Sold

6

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

  
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? ..... 

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

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

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

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

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

Health insurance premiums paid for yourself and your dependents .....

2022 Amount	2021 Amount

### 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:

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: .....

2022 Amount	2021 Amount

Description	2022 Amount	2021 Amount
Ending inventory		





# 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? ☐ Yes ☐ No

## 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>2022 Miles</div> <div>2021 Miles</div>		<div>2022 Miles</div> <div>2021 Miles</div>	
<div>2022 Amount</div> <div>2021 Amount</div>		<div>2022 Amount</div> <div>2021 Amount</div>	



## 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 \_\_\_\_\_ %

	2022 Amount	2021 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals .....		
Entertainment (deductible only on some state returns) .....		
Other Business Expenses:		
<b>Description</b>	<b>2022 Amount</b>	<b>2021 Amount</b>

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

	2022	2021
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 .....		

<b>Description</b>	<b>2022 Amount</b>	<b>2021 Amount</b>
Other Vehicle Expenses:		



## 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



## 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



## Sale of Your Home and Moving Expenses

8

### Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

#### Former Home Information:

TSJ .....  
Date acquired ..... (Mo/Da/Yr) .....  
Date sold ..... (Mo/Da/Yr) .....  
Selling price .....

#### Original Cost and Cost of Improvements:

Description	Amount

#### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No  
If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No  
If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

### Moving Expenses:

TSJ .....

Were the moving expenses reimbursed by your employer? ☐ Yes ☐ No  
Enter reimbursements not included in wages on your Form W-2

Was the move due to a permanent change of station pursuant to a military order? ☐ Yes ☐ No

#### Mileage:

Number of miles from old home to new workplace (applicable only on some state returns) .....  
Number of miles from old home to old workplace (applicable only on some state returns) .....  
Number of automobile miles in move before July 1, 2022 .....  
Number of automobile miles in move after June 30, 2022 .....

Miles

#### Transportation Expenses:

Costs of transportation of household goods and personal effects .....  
Costs of travel and lodging (do not include meals or automobile expenses) .....  
Automobile expenses (gasoline, oil, etc.) .....  
Meals (Pennsylvania only) .....

Amount





## Pension, Annuity and Retirement Plan Information

9A

**Pensions and Annuities:**

Include all Forms 1099-R and any nontaxable distribution details

T\$J	Name of Payer	2022 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2021 Gross Distributions

**Self-Employed Retirement Plan:**

Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

Taxpayer

Yes

No



Spouse

Yes

No



2022 Amount


2022 Amount




## Partnership, S Corporation, Estate, Trust and REMIC Income

11

**Partnership Income:** Include all Schedules K-1

[illegible]

**S Corporation Income:** Include all Schedules K-1

[illegible]

<b>Estate and Trust Income:</b>	<b>Include all Schedules K-1</b>
---------------------------------	----------------------------------

[illegible]

**Real Estate Mortgage Investment Conduit (REMIC) Income:** Include all Schedules Q

TSJ	Entity Name	Employer ID Number



## Partnership and S Corporation Business Expenses

11A

Activity Name: .....

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

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

	2022 Amount	2021 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals .....		
Entertainment (deductible only on some state returns) .....		
Other Business Expenses:		

Description	2022 Amount	2021 Amount

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

	2022 Amount	2021 Amount
Amount received for other expenses .....		
Amount received for meals .....		
Amount received for entertainment .....		

### 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

	2022	2021
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:		

Description	2022 Amount	2021 Amount



## 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? . . . . .		
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



## 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		



## Itemized Deductions - Miscellaneous

16

\* These expenses are not deductible on the federal return but may be deductible on some state returns.

### Miscellaneous Itemized Deductions:

Union and professional dues \* .....  
Tax preparation fee \* .....  
Professional subscriptions \* .....  
Hobby expense (To extent of income) \* .....  
Safe deposit box \* .....  
Uniforms and protective clothing \* .....  
Work tools \* .....  
Gambling losses .....  
Estate taxes .....

TSJ	2022 Amount	2021 Amount

### Other Itemized Deductions:

#### Examples:

- Certain legal and accounting fees \*
- Employment agency fees \*
- Impairment-related work expense of a disabled person
- Investment expenses \*
- Certain educational expenses \*
- Repayment of amounts under a claim of right
- Custodial fees \*
- Amortizable bond premium

TSJ	Description	2022 Amount	2021 Amount

### Casualty or Theft Loss:

TSJ .....

Property description .....

Which of the following describes the type of property that sustained the casualty or theft loss?

☐ Personal use    ☐ Business use    ☐ Income producing    ☐ Employee Use    ☐ Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? ..... ☐ Yes ☐ No

Date acquired ..... (Mo/Da/Yr) .....

Date damaged or lost ..... (Mo/Da/Yr) .....

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....



## Child/Dependent Care Expenses & Education Expenses

18

### Child/Dependent Care Expenses:

#### General Information:

TSJ

Were you or your spouse a full time student or disabled?

☐

Yes

☐

No

Did you pay an individual for services performed in your home?

☐

Yes

☐

No

Expenses incurred in 2021 but paid in 2022

Employer-provided dependent care benefits that were forfeited in 2022

2021 carryover used in grace period

### Child/Dependent Care Providers:

#### Provider 1:

Name

Street address

City, state, ZIP or postal code, and country

Social security number OR

Employer identification number

Telephone number (California only)

2022 Amount

2021 Amount

Expenses incurred and paid in 2022

Expenses incurred and not paid in 2022

#### Provider 2:

Name

Street address

City, state, ZIP or postal code, and country

Social security number OR

Employer identification number

Telephone number (California only)

2022 Amount

2021 Amount

Expenses incurred and paid in 2022

Expenses incurred and not paid in 2022

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2022 Expenses Incurred	2021 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2022 Qualified Expenses



## Federal Tax Payments

20

### Refund Application:

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

Refunded ☐ Yes ☐ No  
Applied to your 2023 estimated tax liability ☐ Yes ☐ No

### Federal Estimated Tax Payments:

2022 1st Quarter Estimate ..... (Due 04-18-2022)  
2022 2nd Quarter Estimate ..... (Due 06-15-2022)  
2022 3rd Quarter Estimate ..... (Due 09-15-2022)  
2022 4th Quarter Estimate ..... (Due 01-17-2023)

Amount Due	Date Paid If Not Date Due (Mo/Da/Yr)	Amount Paid

2021 overpayment applied to 2022 estimate .....

### Tax Planning Information for Tax Year 2023:

Do you expect any of the following to occur in 2023?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.




## State and City Tax Payments

20A

### State and City Estimated Tax Payments:

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 .....

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

### State and City Estimated Tax Payments:

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 .....

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

### State and City Estimated Tax Payments:

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 .....

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid



## Gambling Winnings

21

**Include all of your current year Forms W-2G**

[illegible]



2022

## New York Information (Page 1 of 2)

## General Information:

Resident county .....

School district name .....

School district code number .....

Driver's license document ID (if issued by NY) .....

Taxpayer

Spouse

Did you make out of state, Internet or catalog purchases on which no sales tax was paid? ☐ Yes ☐ No

If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY .....

Did you receive a property tax freeze credit? ☐ Yes ☐ No

If Yes, enter the amount .....

Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government? ☐ Yes ☐ No

## Permanent Home Address if Different from Mailing Address:

Street .....

Apartment number .....

City ..... ZIP code .....

Foreign country .....

## Residency Information:

From  
(Mo/Da/Yr)To  
(Mo/Da/Yr)

If you did not live in New York state for all of 2022, enter the dates you did live in New York .....

If you were not a resident of New York state for any of 2022, enter the number of days spent in the state ..

Were you a part-year resident and received New York State income during nonresidency period? ☐ Yes ☐ No

If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse .....

Did you maintain living quarters in New York state? If Yes, enter address(es) below:

.....

Do you still maintain these living quarters in New York? ☐ Yes ☐ NoWere New York State living quarters maintained for the entire year? ☐ Yes ☐ NoWere you a New York City resident for only part of the taxable year? ☐ Yes ☐ NoFrom  
(Mo/Da/Yr)To  
(Mo/Da/Yr)

If Yes, enter the dates you did live in New York City .....

Were you a Yonkers resident for only part of the taxable year? ☐ Yes ☐ NoFrom  
(Mo/Da/Yr)To  
(Mo/Da/Yr)

If Yes, enter the dates you did live in Yonkers .....

Did you live in a nursing home during 2022? ☐ Yes ☐ NoDid you reside in public housing or other residence completely exempted from real property taxes in 2022? ☐ Yes ☐ No



## New York Information (Page 2 of 2)

### Education Savings:

Did you or your spouse make any contributions to a New York 529 College Savings Program or New York State College Choice Tuition Savings Program account? .....

☐ Yes☐ No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2022 Amount Contributed

Would you like to allocate some or all of your refund to a New York 529 College Savings Program? .....

☐☐

Plan code:

552 - College Savings Program  
Direct Plan

553 - Advisor Guided College  
Savings Program

Routing Number	Plan Code	Account Number	2022 Amount to Contribute

### Voluntary Gifts/Contributions:

Enter the amount you wish to contribute on your 2022 tax return to:

Return a Gift to Wildlife .....	
Missing and Exploited Children .....	
Breast Cancer Research .....	
Alzheimer's Fund .....	
Olympic Fund (\$2 or \$4 if filing jointly) .....	
Prostate Cancer .....	
9/11 Memorial .....	
Volunteer Firefighting .....	
Teen Health Education .....	
Veterans Remembrance .....	
Homeless Veterans .....	
Mental Illness Anti-Stigma .....	
Women's Cancers Fund .....	
William B. Hoyt Memorial Children and Family Trust Fund .....	
Substance Use Disorder Education and Recovery Fund .....	
Autism Fund .....	
Veterans' Homes .....	

Love Your Library Fund .....	
Lupus Fund .....	
Military Family Fund .....	
CUNY Fund .....	
Home Delivered Meals for Seniors .....	
Life Pass It On Fund .....	
Gift to the Arts Fund .....	
ALS Research and Education .....	
School-Based Health Centers .....	
Gifts to Food Banks Fund .....	
Leukemia, Lymphoma, and Myeloma Fund .....	
New York State Campaign Finance Fund .....	
Firearm Violence Research Fund .....	
Retired and Rescued Thoroughbred Race Horse Aftercare .....	
Retired and Rescued Standardbred Race Horse Aftercare .....	
Gifts for the State Library System .....	
Gift for Lyme and Tick-Borne Diseases Education, Research, and Prevention .....	

### Enter Any Additional New York Information:
