

## 2022 Tax Organizer Personal Information

### Personal Information

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

### Filing status at the end of 2022

- Single     
  Married     
  Widowed - If widowed and your spouse died in 2022, enter the date of death \_\_\_\_\_  
 Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2022? \_\_\_\_\_

### Yes No

- Are you or your spouse blind?  
  Are you or your spouse disabled?  
  Are you or your spouse a full-time student?  
  Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?  
  At any time during 2022 did you:  
     (a) receive (as a reward, award, or payment for property or service) a digital asset  
     (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)

### Identification Information

#### Taxpayer's type of photo ID

- Driver's license     
  State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

#### Spouse's type of photo ID

- Driver's license     
  State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

### Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2022 appointment is scheduled for \_\_\_\_\_

### Dependent and Other Information

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

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

#### Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

#### Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

#### Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2021	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____











**Other Income and Adjustments**

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

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

**Other Income**

	2022 Taxpayer	2022 Spouse
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____
Unemployment compensation repaid in 2022 . . . . .	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____
Alaska Permanent Fund . . . . .	_____	_____
Jury duty pay . . . . .	_____	_____
ABLE distributions . . . . .	_____	_____
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

**Adjustments**

	2022 Taxpayer	2022 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____
Alimony paid Name _____ SSN _____ Divorce or separation date _____	_____	_____
Name _____ SSN _____ Divorce or separation date _____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K . . . . .	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____
Interest paid on a student loan . . . . .	_____	_____
Other adjustments: _____	_____	_____



Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS Professional product or service Employer ID number

Business name

Business address, city, state, ZIP

Accounting Method: Cash Accrual Other (specify)

This business started or was acquired during 2022. This business was disposed of during 2022.

Select if this business is for:

Professional gambler Newspaper delivery and you are under 18 years of age
Exempt Notary income A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
If "Yes," did you file Forms 1099 for the individuals?
You received a Paycheck Protection Program (PPP) loan for this business.
If "Yes," was any portion of the loan forgiven?

Income

Table with 2 columns for 2022 and 2 rows: Gross receipts or sales, Other income; Returns & allowances

Expenses

Table with 2 columns for 2022 and 2 rows: Advertising, Repairs & maintenance; Car & truck expenses, Supplies; Commissions & fees, Taxes & licenses; Contract labor, Travel; Depletion, Total meals; Employee benefit programs, Utilities; Insurance (other than health), Wages; Interest - mortgage, Family health coverage payments; Interest - other, Other expenses (list); Legal & professional services; Office expenses; Pension & profit sharing plans; Rent or lease (vehicles, machinery, & equipment); Rent (other business property)

Cost of Goods Sold

Table with 2 columns for 2022 and 2 rows: Inventory at beginning of year, Materials & supplies; Purchases, Other costs; Cost of personal use items, Inventory at end of year; Cost of labor, There was a change in inventory method.

**Schedule E - Income or Loss from Rental Real Estate & Royalties**

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

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

**General Property Information**

TSJ \_\_\_\_\_  
 Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- Single family residence     
  Vacation / short-term rental     
  Land     
  Self-rental  
 Multi-family residence     
  Commercial     
  Royalties     
  Other \_\_\_\_\_

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

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

**Income**

	<b>2022</b>		<b>2022</b>
Rent income . . . . .	_____	Royalties from oil, gas, mineral, copyright or patent . . . . .	_____

**Expenses**

	<b>Rental unit expenses</b>	<b>Rental <u>and</u> homeowner expenses</b>
Advertising . . . . .	_____	_____
Auto & travel . . . . .	_____	_____
Cleaning & maintenance . . . . .	_____	_____
Commissions . . . . .	_____	_____
Insurance . . . . .	_____	_____
Legal & professional fees . . . . .	_____	_____
Management fees . . . . .	_____	_____
Mortgage interest . . . . .	_____	_____
Other interest . . . . .	_____	_____
Repairs . . . . .	_____	_____
Supplies . . . . .	_____	_____
Taxes . . . . .	_____	_____
Utilities . . . . .	_____	_____
Depletion . . . . .	_____	_____
Other expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.



Schedule F - Profit or Loss from Farming

Name:

SSN:

General Information

TS \_\_\_\_\_ Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

Accounting method, if not cash:  Accrual

This farm was disposed of during 2022.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

You received a Paycheck Protection Program (PPP) loan for this business.

If "Yes," was any portion of the loan forgiven?

Income

Table with 2 columns for 2022 and 2022. Rows include: Sale of livestock / other items, Cost of items bought for resale, Sale of products you raised, Total cooperative distributions, Total agricultural payments, Commodity Credit Corporation (CCC) loans, Crop insurance proceeds, Custom hire income, Beginning inventory for accrual, Ending inventory for accrual, Other income.

Expenses

Table with 2 columns for 2022 and 2022. Rows include: Car & truck expenses, Chemicals, Conservation expenses, Custom hire (machine work), Employee benefit programs, Feed purchased, Fertilizers & lime, Freight & trucking, Gasoline, fuel, & oil, Insurance (other than health), Interest - mortgage, Interest - other, Non-W-2 labor hired, W-2 wages paid, Pension & profit-sharing plans, Rent - vehicles, machinery, & equipment, Rent - other (land, animals, etc.), Repairs & maintenance, Seeds & plants purchased, Storage & warehousing, Supplies purchased, Taxes, Utilities, Veterinary, breeding, & medicine, Family health coverage payments, Other expenses.

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

TSJ \_\_\_\_\_ Employer ID Number \_\_\_\_\_

Description \_\_\_\_\_

This farm was disposed of during 2022

Income

	2022		2022
Income from production of livestock, produce, grains, & other crops . . . . .	_____	Crop insurance proceeds:	
Total cooperative distributions . . . . .	_____	Amount received in 2022 . . . . .	_____
Total agricultural payments . . . . .	_____	<input type="checkbox"/> You elect to defer to 2023	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2021 . . . . .	_____
CCC loans reported . . . . .	_____	Other income . . . . .	_____
CCC loans forfeited . . . . .	_____		_____

Expenses

	2022		2022
Car & truck expenses . . . . .	_____	Seeds & plants purchased . . . . .	_____
Chemicals . . . . .	_____	Storage & warehousing . . . . .	_____
Conservation expenses . . . . .	_____	Supplies purchased . . . . .	_____
Custom hire (machine work) . . . . .	_____	Taxes . . . . .	_____
Employee benefit programs . . . . .	_____	Utilities . . . . .	_____
Feed purchased . . . . .	_____	Veterinary, breeding, & medicine . . . . .	_____
Fertilizers & lime . . . . .	_____	Other expenses	
Freight & trucking . . . . .	_____		_____
Gasoline, fuel, & oil . . . . .	_____		_____
Insurance (other than health) . . . . .	_____		_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other . . . . .	_____		_____
Labor hired (less jobs credit) . . . . .	_____		_____
Pension & profit-sharing plans . . . . .	_____		_____
Rent - vehicles, machinery & equipment . . . . .	_____		_____
Rent - other (land, animals, etc.) . . . . .	_____		_____
Repairs & maintenance . . . . .	_____		_____

## Expenses Related to Business

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

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

### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- |  |  |
|--|--|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Was this vehicle available for use during off-duty hours?</p> <p><input type="checkbox"/> <input type="checkbox"/> Was another vehicle is available for personal use?</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Do you have evidence to support your deduction?</p> <p><input type="checkbox"/> <input type="checkbox"/> If "Yes," is the evidence written?</p> |
|--|--|

### Mileage

Number of miles the vehicle was driven during 2022

Business: Before July 1, 2022 . . . . . _____ After June 30, 2022 . . . . . _____	Commuting . . . . . _____ Other . . . . . _____
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### Expenses

Garage rent . . . . . _____ Gas . . . . . _____ Insurance . . . . . _____ Licenses . . . . . _____ Oil . . . . . _____ Parking fees . . . . . _____ Rental fees . . . . . _____ Interest . . . . . _____ Property tax . . . . . _____	Repairs . . . . . _____ Tires . . . . . _____ Tolls . . . . . _____ Lease addback . . . . . _____ Other expenses _____ _____ _____
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### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest . . . . .	_____	_____
Real estate taxes . . . . .	_____	_____
Excess mortgage interest . . . . .	_____	_____
Excess real estate taxes . . . . .	_____	_____
Insurance . . . . .	_____	_____
Rent . . . . .	_____	_____
Repairs & maintenance . . . . .	_____	_____
Utilities . . . . .	_____	_____
Other expenses . . . . .	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

### Household Employment

Name:

SSN:

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes No**

Did you pay any one household employee cash wages of \$2,400 or more in 2022?

Did you withhold federal income tax during 2022 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2022 by April 18, 2023?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

**2022**

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax . . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

Qualified sick leave wages . . . . . \_\_\_\_\_

Qualified family leave wages . . . . . \_\_\_\_\_

Qualified health plan expenses . . . . . \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes No**

Did you pay any one household employee cash wages of \$2,400 or more in 2022?

Did you withhold federal income tax during 2022 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2022 by April 18, 2023?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

**2022**

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax . . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

Qualified sick leave wages . . . . . \_\_\_\_\_

Qualified family leave wages . . . . . \_\_\_\_\_

Qualified health plan expenses . . . . . \_\_\_\_\_

Schedule A - Itemized Deductions

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

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

**Medical and Dental Expenses**

Health insurance premiums (paid by you, not through work) . . . . . \_\_\_\_\_  
 Amount that is for Medicare premiums . . . . . \_\_\_\_\_  
 Long-term care premiums (you) . . . . . \_\_\_\_\_  
 Long-term care premiums (your spouse) . . . . . \_\_\_\_\_  
 Long-term care premiums (dependents) . . . . . \_\_\_\_\_  
 Mileage driven for medical purposes  
 Before July 1, 2022 . . . . . \_\_\_\_\_  
 After June 30, 2022 . . . . . \_\_\_\_\_  
 Out of pocket medical & dental expenses  
 Doctor, dental, etc . . . . . \_\_\_\_\_  
 Prescription medicines . . . . . \_\_\_\_\_  
 Glasses & contacts . . . . . \_\_\_\_\_  
 Hearing aids . . . . . \_\_\_\_\_  
 Medical equipment & supplies . . . . . \_\_\_\_\_  
 Hospital services . . . . . \_\_\_\_\_  
 Laboratory services . . . . . \_\_\_\_\_  
 Nursing services . . . . . \_\_\_\_\_  
 Other \_\_\_\_\_

**Taxes Paid**

State and local income taxes . . . . . \_\_\_\_\_  
 General sales tax (vehicle, boat, home, etc.) . . . . . \_\_\_\_\_  
 Real estate taxes . . . . . \_\_\_\_\_  
 Personal property taxes . . . . . \_\_\_\_\_  
 Auto registration taxes not deductible for state\* . . . . . \_\_\_\_\_  
 Other taxes (list) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Interest Paid**

Home mortgage interest paid (attach Form 1098) . . . . . \_\_\_\_\_  
 Some of your home mortgage loan was not used to buy, build, or improve your home.  
 Home mortgage interest paid to an individual . . . . . \_\_\_\_\_  
 Paid to:  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 SSN or EIN \_\_\_\_\_  
 Points not reported on Form 1098 . . . . . \_\_\_\_\_  
 Investment interest . . . . . \_\_\_\_\_

**Charitable Contributions**

Donations to charity	Cash	Noncash	Amount
Church . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
University . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes . . . . . \_\_\_\_\_

**Other Miscellaneous Deductions**

Amortizable bond premiums . . . . . \_\_\_\_\_  
 Federal estate tax . . . . . \_\_\_\_\_  
 Gambling losses . . . . . \_\_\_\_\_  
 Impairment-related work expenses . . . . . \_\_\_\_\_  
 Claim repayments . . . . . \_\_\_\_\_  
 Unrecovered pension investments . . . . . \_\_\_\_\_  
 Loss from other activities from Schedule K-1 . . . . . \_\_\_\_\_  
 Ordinary loss debt instrument . . . . . \_\_\_\_\_  
 Excess deduction on termination . . . . . \_\_\_\_\_

**Job Expenses & Certain Miscellaneous Deductions**

Necessary job expenses you paid that were not reimbursed by your employer  
 Safety equipment, tools, & supplies . . . . . \_\_\_\_\_  
 Uniforms . . . . . \_\_\_\_\_  
 Protective clothing (shoes, hardhats, glasses, etc.) \_\_\_\_\_  
 Dues to professional organizations . . . . . \_\_\_\_\_  
 Books & subscriptions . . . . . \_\_\_\_\_  
 Other \_\_\_\_\_  
 Union dues . . . . . \_\_\_\_\_  
 Tax preparation fees . . . . . \_\_\_\_\_  
 Other nonpersonal expenses related to taxable income  
 Safe deposit box fees . . . . . \_\_\_\_\_  
 Investment expenses not entered elsewhere . . . . . \_\_\_\_\_  
 Other \_\_\_\_\_  
 Home equity interest . . . . . \_\_\_\_\_



**Other Information**

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

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

**Mortgage Interest** Provide all copies of Form 1098

TSJ	Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Employee Business Expenses**

TS \_\_\_\_\_

Select if you are:

- A qualified performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed Forces reservist
- You are a member of the clergy

Select if you:

- Used your personal vehicle for your job during 2022

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation . . . . .	_____	_____
Meals . . . . .	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Casualties and Thefts**

TSJ \_\_\_\_\_ FEMA code \_\_\_\_\_

TSJ \_\_\_\_\_ FEMA code \_\_\_\_\_

Property description \_\_\_\_\_

Property description \_\_\_\_\_

Property location \_\_\_\_\_

Property location \_\_\_\_\_

Date property was acquired \_\_\_\_\_

Date property was acquired \_\_\_\_\_

Date property was damaged or stolen \_\_\_\_\_

Date property was damaged or stolen \_\_\_\_\_

Cost of property damaged or stolen \_\_\_\_\_

Cost of property damaged or stolen \_\_\_\_\_

Fair market value before incident \_\_\_\_\_

Fair market value before incident \_\_\_\_\_

Fair market value after incident \_\_\_\_\_

Fair market value after incident \_\_\_\_\_

Insurance reimbursement \_\_\_\_\_

Insurance reimbursement \_\_\_\_\_

Other Information

Name:

SSN:

Health Savings Account

TS \_\_\_\_\_

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

- Input boxes for Taxpayer only and Family

2022

Form for HSA contributions and distributions for 2022, including fields for total distributions and qualified medical expenses.

Education Expenses Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Table with 4 columns: Type of expense, Amount, Type of expense, Amount. Two sets of rows for two different students.

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Table with 4 columns: Type of expense, Amount, Type of expense, Amount. Two sets of rows for two different students.

Job-related Moving Expenses

TSJ \_\_\_\_\_

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2022

Form for job-related moving expenses, including fields for miles from old home to old/new workplace and travel/lodging expenses.