

2022 Client Organizer

Prepared By:

Guinn, Vinopal & Zahradka, LLP
110 E 3rd St
New Richmond, WI 54017-1808

Prepared For:

Important 2022 Update: All completed tax returns will be delivered using our electronic delivery method using email (SafeSend System - additional details enclosed) unless you opt out of electronic delivery. If you opt out of electronic delivery there will be a \$25 copy and assembly fee to process the paper return. If you prefer to receive a paper copy of your tax return, check the box below:

_____ I prefer to receive a paper copy of my return, and understand I will be charged a \$25 copy and assembly fee.

We will use the email address that we have on file to deliver your tax return. If we have no email address on file, we will assume that you would prefer to receive your completed tax return on paper and you will be charged the \$25 copy and assembly fee. If you wish to provide an updated email address, please enter it here:

_____ Name

_____ Email

_____ Name

_____ Email

Guinn, Vinopal & Zahradka, LLP
110 E 3rd St
New Richmond, WI 54017-1808
715-246-6976

Tax Year: 2022
Client ID:
Client Name:

Enclosed is your 2022 Income Tax Organizer. This organizer is designed to aid you in accumulating and presenting us with the information we need to prepare your 2022 income tax returns.

If you are receiving a paper organizer and prefer to provide your tax documents via an electronic method, please call your local office and request a link to our secure upload site. If you are receiving this organizer electronically, there will be an opportunity to upload your tax documents via SafeSend if you choose.

Due to the compression of work that is received during tax season, we need to receive your individual tax documents and signed engagement letter by March 27th in order for us to have enough time to finish the returns by the due date. If we do not hear from you by March 27th, we will automatically extend your 2022 tax returns for the same states that you filed in 2021. Tax returns for which we do not receive documents by March 27th will be completed after the April deadline.

You can expect a minimum 9% increase in your tax preparation fees compared to what you were charged last year. The minimum fee will be \$400 for an individual federal tax return with one state filing. We will charge \$110 for each additional state filing required. If we prepare a tax return for your dependent child, the minimum fee will be \$150 for that return.

We will be limiting our availability during tax season for appointments with our professional staff. If we determine that a tax appointment is necessary, one has been prescheduled for you. Please write down any questions for the tax preparer as you compile your tax documents and/or fill out your organizer. If you choose to drop off your documents at our office, our administrative staff will be happy to go through your organizer and help you determine if there are missing items. Delivering your documents to our office (via drop off, mail or electronic upload) will help us serve you better by allowing additional time to analyze your documents, prepare a draft return, and identify issues and opportunities for you. We have found that a time restricted appointment does not allow for this additional analysis. We will contact you if we have questions about the information that you provide to us, or if we identify tax planning opportunities that may benefit you.

We are pleased to announce our new secure electronic tax return delivery system - SafeSend Returns. SafeSend utilizes email to electronically deliver your tax return to you. This user-friendly interface walks you through a guided process that includes an on-screen review of your tax return, collects IRS compliant e-signatures, and provides options for making tax payments electronically. Once you have signed and approved the returns, the necessary forms are sent back to us at GVZ. The delivery, review, and signature of your federal and state income tax returns can be completed from the convenience of your computer, smartphone, or tablet. We will be using SafeSend Returns to electronically deliver all tax returns unless you contact our office to opt-out. If you would prefer to receive a paper copy of your tax return instead of an electronic copy through SafeSend, we will add a \$25 copy and assembly fee to your tax return invoice.

We look forward to working with you on your 2022 tax returns in the coming weeks. As always, do not hesitate to reach out to us if you have any questions.



**GUINN, VINOPAL
& ZAHRADKA, LLP**
ACCOUNTANTS

Tax Year: 2022
Client ID:
Client Name:

We appreciate the opportunity to work with you. To minimize the possibility of a misunderstanding between us, we are setting forth pertinent information about the services we will perform for you.

We will prepare your 2022 federal and state individual income tax returns from information you furnish us. To assist you in gathering and organizing the necessary information required for the preparation of your individual income tax returns, we will furnish you with a tax organizer. Providing us with the completed tax organizer will help to ensure that you are not overlooking important information that may be necessary for complete and accurate returns, as well as may help to minimize our fees.

We must receive all information to prepare your returns by March 27, 2023 to ensure that your returns will be completed by April 15, 2023. If we have not received all of your information by March 27, 2023, we cannot guarantee that your returns will be completed before the deadline. If we are unable to complete the returns, we will assume that you want us to prepare an extension of time to file your returns. You should keep in mind that this would be an extension of time to file the returns; however, any tax estimated to be due would need to be paid with the extension request. We assume no liability for late filing or late payment penalties.

You are confirming that you will furnish us with all the information required for preparing the returns. This includes, but is not limited to, providing us with the information necessary to identify (1) all states and foreign countries in which you "do business" or derive income (directly or indirectly) and (2) the extent of business operations in each relevant state and/or country. We will not audit or verify the data you submit, although we may ask you to clarify it or furnish us with additional data. You should retain all the documents, books, and records that form the basis of your income and deductions. The documents may be necessary to prove the accuracy and completeness of the returns to a taxing authority. If you have any questions as to the type of records required, please ask us for advice in that regard.

Please note that the Internal Revenue Service (IRS) considers virtual currency (e.g., Bitcoin) as property for U.S. federal tax purposes. As such, any transactions in, or transactions that use, virtual currency are subject to the same general tax principles that apply to other property transactions. If you had virtual currency activity during the tax year, you may be subject to tax consequences associated with such transactions and may have additional foreign reporting obligations.

You agree to provide us with complete and accurate information regarding any transactions in, or transactions that have used, virtual currency during the applicable tax year. Please ask us for advice if you have any questions regarding the type of records required for virtual currency transactions.

We will use our professional judgment in preparing your returns. Given the magnitude of the economic tax relief provisions the U.S. stimulus packages have contained, as well as some new concepts introduced in the law, additional stated guidance from the Internal Revenue Service, and possibly from Congress in the form of technical corrections on certain income tax provisions may be forthcoming. We will use our professional judgment and expertise to assist you given the guidance as currently promulgated at the time our services are rendered. Subsequent developments issued by the applicable tax authorities may affect the information we have previously provided, and these effects may be material. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will share our knowledge and understanding of the possible positions that may be taken on your return. In accordance with our professional standards, we will follow whatever position you request, as long as it is consistent with the codes, regulations, and interpretations that have been promulgated.

If a taxing authority should later contest the position taken, there may be an assessment of additional tax, interest and penalties. We assume no liability for any such assessment of additional tax, penalties or interest. In the event, however, that you ask us to take a tax position that in our professional judgment will not meet the applicable laws and standards as promulgated, we reserve the right to stop work and shall not be liable for any damages that occur as a result of ceasing to render services.

The law provides for a penalty to be imposed where a taxpayer makes a substantial understatement of their tax liability. Taxpayers may seek to avoid all or part of the penalty by showing (1) that they acted in good faith and there was reasonable cause for the understatement, (2) that the understatement was based on substantial authority, or (3) there was a reasonable basis for the position taken on the return and the relevant facts affecting the item's tax treatment were adequately disclosed on the return. You agree to advise us if you wish disclosure to be made in your returns or if you desire us to identify or perform further research with respect to any material tax issues for the purpose of ascertaining whether, in our opinion, there is "substantial authority" for the position proposed to be taken on such issue in your returns.

If your individual return includes business activities, please note that in 2018, a Supreme Court Ruling in *South Dakota v. Wayfair, Inc.* ("*Wayfair*") significantly impacted businesses that engage in out of state sales (i.e., remote sales). *Wayfair* opened the door for other states to redefine what is deemed to be "sufficient contact" from a physical presence standard, to a much broader standard that looks at a business's economic presence ("economic nexus") in a given state. How this may impact your business depends on the individual states from which you derive sales and whether they have adopted an economic nexus standard. As our engagement is limited to preparing the income tax returns specified above, our firm is not rendering any services designed to assess your sales and use tax risks and potential exposure to substantial ("economic") nexus. By your signature below, you understand and acknowledge that you are responsible for compliance with applicable rules associated with the collection and remittance of sales and use tax for the various states in which you do business. If you require our assistance to assess your sales and use tax exposure and how the *Wayfair* decision may impact your business, please let us know. Any additional services will be covered under a separate engagement letter.

If you and/or your entity have a financial interest in, or signature authority over, any foreign accounts, you may be subject to certain filing requirements with the U.S. Department of the Treasury, in addition to the IRS. Filing requirements may also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). By your signature below, you agree to provide us with complete and accurate information regarding any foreign accounts that you and/or your entity may have had a direct or indirect interest in, or signature authority over, during the above referenced tax year. The foreign reporting requirements are very complex, so if you have any questions regarding the application of the U.S. Department of the Treasury and/or the IRS reporting requirements to your foreign interests or activities, please ask us for advice in that regard. Failure to disclose the required information to the U.S. Department of the Treasury and the IRS may result in substantial civil and/or criminal penalties. We assume no liability for penalties associated with the failure to file or untimely filing of any of these forms.

Taxing authorities require us to electronically file all federal and state individual income tax returns ("e-filing"). However, you do have the right to "opt out" of the e-filing program. Please notify our firm immediately should you desire not to have your returns e-filed, so that we may provide you with the forms necessary for opting out of the e-file program. Please note that unless you notify us of your desire to not e-file your returns, we will prepare your returns to be e-filed.

Although e-filing requires both you and our firm to complete additional steps, the same filing deadlines will apply. You must therefore ensure that you complete the additional requirements well before the due dates in order for our firm to be able to timely transmit your returns. We will provide you with a paper or electronic copy of the income tax returns for your review prior to electronic transmission. After you have reviewed the returns, you must provide us with a signed authorization indicating that you have reviewed the returns and that, to the best of your knowledge, you feel they are correct. We cannot transmit the returns to the taxing authorities until we have the signed authorization. Therefore, if you have not provided our firm with your signed authorization by April 14, we will place your returns on extension, even though they might already have been completed. In that event, you will be responsible for ensuring that any payment due with the extension is timely sent to the appropriate taxing authorities. You will also be responsible for any additional costs our firm incurs arising from the extension preparation.

Finally, please note that although our firm will use our best efforts to ensure that your returns are successfully transmitted to the appropriate taxing authorities, we will not be financially responsible for electronic transmission or other errors arising after your returns have been successfully submitted from our office.

By your signature below, you understand and agree that you are responsible for the accuracy and completeness of the records, documents, explanations, and other information provided to us for purposes of this engagement. You have the final responsibility for the income tax returns; therefore, you should review them carefully before you sign the e-file authorization forms, or sign and submit your income tax returns directly to the appropriate taxing authorities. You agree that our firm is not responsible for a taxing authority's disallowance of deductions or inadequately supported documentation, nor for resulting taxes, penalties, and interest.

Fees for our services will be at our standard rates plus computer charges and out-of-pocket expenses. Payment for service is due when rendered and interim billings may be submitted as work progresses and expenses are incurred. If we have not received payment within 90 days of our invoice, all work will be suspended until your account is brought current. You acknowledge and agree that in the event we stop work or withdraw from this engagement as a result of your failure to pay on a timely basis for services rendered as required by this engagement letter, we shall not be liable for any damages that occur as a result of our ceasing to render services.

We are responsible for preparing only the returns listed above. Our fee does not include responding to inquiries or examination by taxing authorities. However, we are available to represent you. Our fees for such services are at our standard rates and would be covered under a separate engagement letter.

In connection with this engagement, we may communicate with you or others via email transmission. We take reasonable measures to secure your confidential information in our email transmissions. However, as emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered to and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure or communication of email transmissions, or for the unauthorized use or failed delivery of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of sales or anticipated profits, or disclosure or communication of confidential or proprietary information.

We may from time to time and depending on the circumstances and nature of the services we are providing, share your confidential information with third-party service providers, some of whom may be cloud-based, but we remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality terms with all service providers to maintain the confidentiality of your information and will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure appropriate confidentiality terms with a third-party service provider, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Although we will use our best efforts to make the sharing of your information with such third parties secure from unauthorized access, no completely secure system for electronic data transfer exists. As such, by your signature below, you understand that the firm makes no warranty, expressed or implied, on the security of electronic data transfers.

It is our policy to keep records related to this engagement for seven years. However, we do not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. It is your responsibility to retain and protect your records (which includes any work product we provide to you as well as any records that we return) for possible future use, including potential examination by any government or regulatory agencies. We do not accept responsibility for hosting client information; therefore, you have the sole responsibility for ensuring you retain and maintain in your possession all your financial and non financial information, data and records.

By your signature below, you acknowledge and agree that upon the expiration of the seven year period, we shall be free to destroy our records related to this engagement.

If any dispute arises among the parties hereto, the parties agree to first try in good faith to settle the dispute by mediation, under its applicable rules for resolving professional accounting and related services disputes before resorting to litigation. Costs of any mediation proceeding shall be shared equally by all parties.

Client and accountant both agree that any dispute over fees charged by the accountant to the client will be submitted for resolution by arbitration in accordance with the applicable rules for resolving professional accounting and related services disputes, except that under all circumstances the arbitrator must follow the laws of Wisconsin. Such arbitration shall be binding and final. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT, IN THE EVENT OF A DISPUTE OVER FEES CHARGED BY THE ACCOUNTANT, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION. The prevailing party shall be entitled to an award of reasonable attorneys' fees and costs incurred in connection with the arbitration of the dispute in an amount to be determined by the arbitrator.

If the above fairly sets forth your understanding, please sign the enclosed copy of this letter and return it to us. Please note that you are affirming your understanding of, and agreement to, the terms and conditions of this engagement letter by any one of the following actions: returning your signed engagement letter to our firm; providing your income tax information to us for use in the preparation of your returns; the submission of the tax returns we have prepared for you to the taxing authorities; or the payment of our return preparation fees.

We are pleased to have you as a client and look forward to a long and mutually satisfying relationship.

Guinn, Vinopal & Zahradka, LLP

Discussed, understood & accepted by:

Signature (taxpayer)

Date

Signature (spouse, if applicable)

Date

Telephone # _____

Questions

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

Yes No

Return and Organizer Communication Preferences

Do you want to receive your next year tax organizer via e-mail instead of mail?

If yes, please enter your email address: _____

Refund and Direct Deposit

If your direct deposit information changed from last year, or if we don't already have your direct deposit information and you would like direct deposit, provide a voided check.

Identity Protection

Did you, your spouse or any dependents receive an Identity Protection PIN (IP PIN) from the IRS? If yes, attach the IRS letter.

Self-Employed & Business Information (if you don't have a business, skip this section)

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

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

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

Did you utilize an area of your home for business purposes?

Did you pay health insurance premiums for yourself or your employees?

Are you interested in maxing out a SEP or SimpleIRA if you are eligible?

Dependent Information

Were there any changes in dependents from the prior year?

If yes, explain: _____

Do you have any dependents for which you want us to prepare a tax return?

If yes, provide their tax documents (Minimum preparation fee will be \$150)

Did you pay for child care while you worked, looked for work, or while a full-time student? If so, provide a statement with the name, tax ID #, and address of the child care provider along with the total child care costs paid during the year.

Purchases, Sales and Debt Information

Did you sell, exchange, or purchase any real estate or primary residence during the year? If yes, provide the settlement or closing documents.

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

Did you have any debts canceled this year, such as a mortgage or student loan?

Credits

Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? If so, provide purchase documents.

Did you make energy efficient improvements to your main home this year?

If yes, provide details of the improvements made, including receipts.

Foreign Information

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

Did you receive a distribution from, or were you a grantor for a foreign trust?

Did you have a financial interest in or signature authority over a financial account such as a bank account, or brokerage account, located in a foreign country?

Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?

	Yes	No
Retirement Information		
Did you make contributions to either of these accounts for 2022? (provide documentation)		
Traditional/Deductible IRA. If yes, how much for each spouse? _____	<input type="checkbox"/>	<input type="checkbox"/>
Roth IRA. If yes, how much for each spouse? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in maximizing allowable contributions to these accounts for 2022?		
Traditional/Deductible IRA	<input type="checkbox"/>	<input type="checkbox"/>
Roth IRA	<input type="checkbox"/>	<input type="checkbox"/>

Education Information		
Did you have any college education expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to or withdrawals from an education savings or 529 Plan account? If so, provide documentation.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>

Health Care Information		
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>
If eligible, would you like to maximize contributions to a Health savings account (HSA) if it would increase your tax refund?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? If so, provide Form 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information		
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization(s).	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on a home loan? If yes, attach 1098.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information		
At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (such as Bitcoin)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$16,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS? If yes, include a copy.	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year? If so, explain _____	<input type="checkbox"/>	<input type="checkbox"/>

Wisconsin Miscellaneous		
Did you rent your primary residence? If yes, how much did you pay for rent for the year \$ _____, and was heat included? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out of state purchases on which sales and use tax was not charged? If yes, what is the amount of the purchases? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you participate in the Wisconsin Farmland Preservation Program? If yes, please enclose your property tax bills and the certification.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any tuition to a Private School (Grades K-12)? Please provide school name, student name, grade in school, and tuition paid.	<input type="checkbox"/>	<input type="checkbox"/>

Minnesota Miscellaneous

Yes No

Did you incur educational expenses for Grades K-12? If yes, please provide detail of educational expenses incurred for each student.

Did you pay any tuition to a Private School (Grades K-12)? Please provide school name, student name, grade in school, and tuition paid.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) _____[1]
 Mark if you were married but living apart all year _____[2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____[3]

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

Present Mailing Address

Address _____ [40]
 Apartment number _____ [41]
 City, state postal code, zip code _____ [42] _____ [43] _____ [44]
 Foreign country name _____ [46]
 Foreign phone number _____ [49]
 In care of addressee _____ [51]

Dependent Information

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

First Name ^{52]}	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [53]
 Social security number of qualifying person _____ [54]

Dependent Codes

<p>*Basic</p> <p>1 = Child who lived with you</p> <p>2 = Child who did not live with you due to divorce/separation</p> <p>3 = Other dependent</p> <p>4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)</p> <p>5 = Qualifying child for Earned Income Credit only</p> <p>6 = Children who lived with you, but do not qualify for Earned Income Credit</p> <p>7 = Children who lived with you, but do not qualify for Child Tax Credit</p> <p>8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit</p> <p>***Months</p> <p>77 = Reported on odd year return</p> <p>88 = Reported on even year return</p> <p>99 = Not reported on return</p>	<p>**Other</p> <p>1 = Student (Age 19 - 23)</p> <p>2 = Disabled dependent</p> <p>3 = Dependent who is both a student and disabled</p>
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Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

	Taxpayer	Spouse
Fax telephone number	_____ [11]	_____ [20]
Mobile telephone number	_____ [12]	_____ [21]
Mobile telephone #2 number	_____ [13]	_____ [22]
Pager number	_____ [14]	_____ [23]
Other:	_____ [15]	_____ [24]
Telephone number	_____ [16]	_____ [25]
Extension	_____ [17]	_____ [26]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____ [18]	_____ [27]

NOTES/QUESTIONS:

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

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

Primary account:

Financial institution routing transit number _____ [3]

Name of financial institution _____ [4]

Your account number _____ [5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [9]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [10]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Secondary account #1:

Financial institution routing transit number _____ [27]

Name of financial institution _____ [28]

Your account number _____ [29]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [30]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [31]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [32]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Secondary account #2:

Financial institution routing transit number _____ [33]

Name of financial institution _____ [34]

Your account number _____ [35]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [36]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [37]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [38]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [17] or Percent (xxx.xx) _____ [18]

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

Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

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

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

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds _____ [19] or Percent (xxx.xx) _____ [20]

Owner's name (First Last) _____ [40] _____ [41]

Co-owner or beneficiary (First Last) _____ [42] _____ [43]

Mark if the name listed above is a beneficiary __ [44]

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

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds _____ [23] or Percent (xxx.xx) _____ [24]

Owner's name (First Last) _____ [45] _____ [46]

Co-owner or beneficiary (First Last) _____ [47] _____ [48]

Mark if the name listed above is a beneficiary __ [49]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

Taxpayer -

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

Spouse -

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

NOTES/QUESTIONS:

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

Refunded _____ [52]

Applied to 2023 estimated tax liability _____ [53]

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

If yes, please explain any differences: _____ [55]

_____ [56]

_____ [57]

_____ [58]

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

If yes, please explain any differences: _____ [60]

_____ [61]

_____ [62]

_____ [63]

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

If yes, please explain any differences: _____ [65]

_____ [66]

_____ [67]

_____ [68]

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

If yes, please explain any differences: _____ [70]

_____ [71]

_____ [72]

_____ [73]

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

2022 Federal Estimated Tax Payments

2021 overpayment applied to 2022 estimates + _____ [1]

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

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

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

***Method of payment indicated in prior year**

EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2021 return + _____ [3]

2021 overpayment applied to '22 estimates + _____ [4]

Treat calculated amounts as paid _____ [8]

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

2022 City Estimated Tax Payments

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

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

Calculated Amount

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

Calculated Amount

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

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

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

Calculated Amount

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

Calculated Amount

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

Wages and Salaries #1

Please provide all copies of Form W-2.

2022 Information

Prior Year Information

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

	Control Totals+	
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Wages and Salaries #2

Please provide all copies of Form W-2.

2022 Information

Prior Year Information

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

	Control Totals+	
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Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

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

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

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

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

	2022 Information	Prior Year Information
State and local income tax refunds	+ _____ [5]	

	T/S	Agreement Date		2022 Information	Prior Year Information
Alimony received	—	_____	+	_____ [3]	
	—	_____	+	_____ [3]	

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

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

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

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

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

Control Totals+

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

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

Control Totals+

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

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

Control Totals+

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) _____ [1]
State postal code _____ [3]

Social Security Benefits

	2022 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information: From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [7]	
Prescription drug (Part D) premiums	+ _____ [9]	
Net Benefits for 2022 (Box 3 minus Box 4) (Box 5)	+ _____ [12]	
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [14]	

Tier 1 Railroad Benefits

	2022 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2022 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

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

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

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2022	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2022	+ _____ [5]	+ _____ [6]
Enter the nondeductible contribution amount made in 2023 for use in 2022	+ _____ [7]	+ _____ [8]
Traditional IRA basis	+ _____ [17]	+ _____ [18]
Value of all your traditional IRA's on December 31, 2022:	+ _____ [19]	+ _____ [20]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

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

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [29]	__ [30]
Enter the total Roth IRA contributions made for use in 2022	+ _____ [31]	+ _____ [32]
Enter the amount a 2022 Roth IRA conversion should be adjusted by	+ _____ [39]	+ _____ [40]
Enter the total contribution Roth IRA basis on December 31, 2021	+ _____ [43]	+ _____ [44]
Enter the total Roth IRA contribution recharacterizations for 2022	+ _____ [45]	+ _____ [46]
Enter the Roth conversion IRA basis on December 31, 2021	+ _____ [47]	+ _____ [48]
Value of all your Roth IRA's on December 31, 2022:	+ _____ [49]	+ _____ [50]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

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Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2022 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2022 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2022 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2022 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2022 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2022 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2022 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2022 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2022 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2022 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2022 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2022 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2022 + _____ [20]

NOTES/QUESTIONS:

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

Preparer use only				
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss		[25]	[26]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

Preparer use only				
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss		[25]	[26]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

Preparer use only				
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss		[25]	[26]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

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

TS	Qualified loan interest recipient/lender	2022 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;"> _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

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

Preparer - Enter on Screen Educate2

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

Institution Information

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

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

Tuition Paid and Related Information

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

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

NOTES/QUESTIONS:

T/S/J	Home mortgage interest: From Form 1098	2022 Interest Paid ^[2]	2022 Points Paid	Type*	Prior Year Information
[1]	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	
---	_____	+ _____	+ _____	---	

***Mortgage Types**

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

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

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

— Payer's/Borrower's name _____ [7]
 — Street Address _____
 — City/State/Zip code _____

Refinancing Points paid in 2022 -

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

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

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

T/S/J

2022 Information

Prior Year Information

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

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

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

[2]	_____	+ _____	[3]
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
[5]	Volunteer miles driven		[6]
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8]	_____	+ _____	[9]
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

Miscellaneous Deductions

T/S/J

2022 Information

Prior Year Information

Other expenses

[12]	_____	+ _____	[13]
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
[15]	Gambling losses: (Enter only if you have gambling income)	+ _____	[16]
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2022 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8760	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2022 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [48]	+ _____ [50]	_____
Rent	+ _____ [54]	+ _____ [55]	_____
Repairs & maintenance	+ _____ [57]	+ _____ [58]	_____
Utilities	+ _____ [60]	+ _____ [61]	_____
Other expenses, such as: Supplies & Security system	+ _____ [63]	+ _____ [64]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [66]	_____
Carryovers:			
Operating expenses		+ _____ [67]	_____
Casualty losses		+ _____ [68]	_____
Depreciation		+ _____ [70]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [71]	_____
Depreciation		+ _____ [75]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
--	------------------	-------------------	------------------	-------------------	------------------	-------------------	------------------	-------------------

If you used your automobile for work purposes, answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]		_____ [34]		_____ [36]		_____ [38]	
Commuting miles	_____ [40]		_____ [42]		_____ [44]		_____ [46]	
Business miles before 7/1	_____ [48]		_____ [50]		_____ [52]		_____ [54]	
Business miles after 6/30	_____ [56]		_____ [57]		_____ [58]		_____ [59]	
Parking fees	+ _____ [92]		+ _____ [94]		+ _____ [96]		+ _____ [98]	
Tolls	+ _____ [100]		+ _____ [102]		+ _____ [104]		+ _____ [106]	
Gasoline	+ _____ [108]		+ _____ [110]		+ _____ [112]		+ _____ [114]	
Oil	+ _____ [116]		+ _____ [118]		+ _____ [120]		+ _____ [122]	
Repairs	+ _____ [124]		+ _____ [126]		+ _____ [128]		+ _____ [130]	
Maintenance	+ _____ [132]		+ _____ [134]		+ _____ [136]		+ _____ [138]	
Tires	+ _____ [140]		+ _____ [142]		+ _____ [144]		+ _____ [146]	
Car washes	+ _____ [148]		+ _____ [150]		+ _____ [152]		+ _____ [154]	
Insurance	+ _____ [156]		+ _____ [158]		+ _____ [160]		+ _____ [162]	
Interest	+ _____ [164]		+ _____ [166]		+ _____ [168]		+ _____ [170]	
Registration	+ _____ [172]		+ _____ [174]		+ _____ [176]		+ _____ [178]	
Licenses	+ _____ [180]		+ _____ [182]		+ _____ [184]		+ _____ [186]	
Property taxes	+ _____ [188]		+ _____ [190]		+ _____ [192]		+ _____ [194]	
Other vehicle expenses	+ _____ [196]		+ _____ [198]		+ _____ [200]		+ _____ [202]	
Vehicle rentals	+ _____ [204]		+ _____ [206]		+ _____ [208]		+ _____ [210]	
Inclusion amt (Preparer only)	_____ [212]		+ _____ [214]		+ _____ [216]		+ _____ [218]	
Depreciation	+ _____ [220]		+ _____ [222]		+ _____ [224]		+ _____ [226]	

Control Totals+

	2022 Information	
Taxpayer	Spouse	

Prior Year Information

Self-employed health insurance premiums: (Not entered elsewhere)

	+		[2]	+		[3]
	+			+		

Self-employed long-term care premiums: (Not entered elsewhere)

	+		[5]	+		[6]
	+			+		

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2022 Monthly Premium Amount	Prior Year Information	B. 2022 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2022 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2022 Monthly Premium Amount	Prior Year Information	B. 2022 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2022 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Indicate type of health or medical savings account:		
HSA	_____ [6]	
Archer MSA	_____ [7]	
MA (Medicare Advantage) MSA	_____ [9]	
Total HSA/MSA contributions made		
for 2022 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [12]	
Number of months in qualified high deductible health plan in 2022	_____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [14]	
Total HSA/MSA contribution to be made for 2022	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2021 taken as constructive contributions for 2022	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [24]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2022? (Y, N) _____ [33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__	[1]	
Name of Trustee _____		[4]	
State postal code _____		[2]	
Gross distributions received (Box 1)	+	_____[7]	
Earnings on excess contributions (Box 2)	+	_____[9]	
Distribution code (Box 3)		_____[11]	
Fair Market Value on date of death (Box 4)	+	_____[12]	
Box 5 -			
HSA		_____[13]	
Archer MSA		_____[14]	
MA MSA		_____[15]	
All distributions were used to pay unreimbursed qualified medical expenses		_____[17]	__
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2022	+	_____[19]	
Withdrawal of excess contributions by the due date of the return	+	_____[21]	
Amount of distribution rolled over for 2022	+	_____[23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+	_____[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/21	+	_____[27]	
For HSA accounts:			
Was the high deductible health plan coverage started in 2021 and in effect for the month of December 2021? (Y, N)		_____[29]	
Was the high deductible health plan coverage ended before 12/31/22? (Y, N)		_____[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2022 Information

Prior Year Information

Name of the insured chronically ill individual _____	_____[39]		
Social security number of insured _____		[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+	_____[42]	
Accelerated death benefits paid (Box 2)	+	_____[44]	
Check one (Box 3)			
Per diem		_____[46]	
Reimbursed amount		_____[47]	
Qualified contract (Box 4)		_____[48]	
Check, if applicable (Box 5)			
Chronically ill		_____[49]	
Terminally ill		_____[50]	
Are there other individuals who received LTC payments during 2022? (Y, N)		_____[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		_____[53]	
Number of days during the long-term care period _____		[54]	
Cost incurred for qualified long-term care services during the long-term care period	+	_____[55]	

NOTES/QUESTIONS:

Child and Dependent Care Expenses

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

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

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2022 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Control Totals+

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__	[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		__	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____	[5]
Enter the total amount of costs for exterior windows	+	_____	[7]
Enter the total amount of costs for exterior doors	+	_____	[9]
Enter the total amount of costs for qualified metal roofs	+	_____	[11]
Enter the total amount of costs for energy-efficient building property	+	_____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	_____	[10]
Enter the total amount of costs for qualified solar electric property	+	_____	[12]
Enter the total amount of costs for qualified solar water heating property	+	_____	[14]
Enter the total amount of costs for qualified small wind energy property	+	_____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	_____	[13]
Enter the total amount of costs for qualified fuel cell property	+	_____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____	[17]

NOTES/QUESTIONS:

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		2022 Model T - (EXAMPLE ASSET)	03/09/22	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1	Comments:			
2	Comments:			
3	Comments:			
4	Comments:			
5	Comments:			
6	Comments:			
7	Comments:			
8	Comments:			
9	Comments:			
10	Comments:			
11	Comments:			
12	Comments:			
13	Comments:			
14	Comments:			
15	Comments:			
16	Comments:			
17	Comments:			
18	Comments:			
19	Comments:			
20	Comments:			
21	Comments:			
22	Comments:			
23	Comments:			
24	Comments:			
25	Comments:			