# 2022 Individual Taxpayer Organizer

Taxpayer						SSN				
First Name	M.I.	Lasi	t Name	Email				IP PIN		
Occupation		Date	of birth			Are you nev	v to our	firm?	Yes	No
Address		City				State		Zip		
Phone										
	Please u	ploa	d picture of d	rivers license	•					
Spouse						SSN				
First Name	M.I.	Lasi	t Name	Email		1		IP PIN		
Occupation		Date	of birth			Are you nev	v to our	firm?	Yes	No
Address (If different from Taxpayer)		City				State		Zip		
Phone										
	Please uj	pload	d picture of di	ivers license	,					
If you moved during 2022, enter your	previous address					Date of mov	re			
Marital status at 12/31/21: Single		epara				omestic Partne	•	RDP)	Uns	sure
Were you divorced or separated during	0 ,			Were there any			•		lo	
Individuals who are in registered dom Have you received any notice from th						d married for es No	federa	l tax pui	poses	S.
Names of dependent children			Ì			Months lived	in Rela	ıtionship	to (	College
Child's full name	Social Secur	ity#	IP PIN	Date of bir	th	home in 2022	- 1	axpayer		tudent?
									+	
Did any of the children have unearned	l income above \$1	.100 fc	or the year? Ye	es No Do any	z of th	he children ha	ve a dis	sability?	Ye	s No
Is it anticipated that a different taxpay			•					•	Jo	
Other dependents or people who liv	ed with you									
Name	Social Security	#	IP PIN	Date of birth		onths lived in ome in 2022	Relati	onship	In	соте

State information	Full-year resident	Part-year resident	Nonresident	School district		
States of residence d	uring 2022 and dates			Do you rent or own your home?	Rent	Own

Did you make any new energy-efficient improvements to your home? If yes, provide details.

Yes

### **Itemized Deductions Worksheet**

Deductions must exceed \$12,550 Single, \$25,100 MFJ, \$18,800 HOH, or \$12,550 MFS to be a tax benefit.

<b>Medical Expenses.</b> Must exceed 7.5% of income to be a benefit—include cost for dependents—do not include any expenses that were reimbursed by insurance.					Chari contri taxpay
Dentists	\$	Hosp	oitals	\$	Cash
Doctors	\$	Insu	rance	\$	Nonca
Equipment	\$	Preso	criptions	\$	items
Eyeglasses	\$	Othe	er	\$	Did yo
Medical miles:		@	16¢		charit

Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions.

Cash \$

Noncash contributions (FMV). Clothing or household

Cash \$
Noncash contributions (FMV). Clothing or household items must be in good used condition or better. \$
Did you transfer funds from an IRA directly to a charity? Yes No \$
Charitable mileage

#### **Casualty and Theft Losses**

If you suffered any sudden, unexpected damage or loss of property, or a theft in a federally-declared disaster area, provide details to your tax preparer. Yes No

Date

# **Other Deductions or Questions**

# **Additional Items**

Health savings account deduction (HSA). Some contributions for 2022 may be made in 2022.	\$
Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2022 may be made in 2023.	\$
Self-employed health insurance deduction. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.	\$
Penalty on early withdrawal of savings.	\$
IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2022 may be made in 2023.	\$

Estimated Tax Payments — Tax Year 2022					
Installment	Date paid	Federal	Date paid	State	
First		\$		\$	
Second		\$		\$	
Third		\$		\$	
Fourth		\$		\$	
Amount applied from 2021 overpayment?		\$		\$	
Total		\$		\$	

# **Tax Preparation Checklist**

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2022.

# **Taxpayer Responsibilities**

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion,
  you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer	Spouse	Date

# **Privacy Policy**

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.