## 2022 TAX ORGANIZER

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

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

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

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

## 2022 TAX ORGANIZER

## T

 0I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

| Taxpayer Signature | Date |
| :--- | :--- |
| Spouse Signature | Date |


| Form | Form |
| :---: | :---: |
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## Healthcare (continued):

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part

| Yes | No |
| :--- | :--- |
| $\square$ |  |

Were you eligible for employer-sponsored healthcare coverage?

Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA.
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA.
Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include all Forms 1099-LTC.
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?


If Yes, how many months were you covered? $\qquad$
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?


If Yes, how many months were you covered? $\qquad$

## Education:



## Deductions and Credits:

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

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Questions (Page 4 of 5)


## Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$16,000 to any individual?
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock)
to any person regardless of value?


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

| Do you or your spouse have a life insurance trust? |
| :---: |
| Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? |
| Did you or your spouse forgive any indebtedness to any individual, trust or entity? |

## Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?

[^0]Did you or your spouse create or transfer money or property to a foreign trust? $\qquad$

## Miscellaneous:

| Did you or your spouse pay in excess of $\$ 1,000$ in any quarter, or $\$ 2,400$ during the year for domestic services performed in or around your home to individuals who could be considered household employees? | Yes |
| :---: | :---: |
| Did you or your spouse receive unreported tip income of \$20 or more in any month? |  |
| Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? |  |
| Did you or your spouse engage in any bartering transactions? |  |
| Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? |  |
| For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? |  |
| In 2022, did you or your spouse: (a) receive (as a reward, award, or compensation); (b) sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)? |  |
| In 2022, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or your spouse seeking forgiveness? |  |

If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness. Date ( $\mathrm{Mo} / \mathrm{Da} / \mathrm{Yr}$ )
If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness.
Amount $\qquad$

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

Personal Information

Taxpayer:


Spouse:


Contact Information:

| Street Address |  |  | Apartment Number |
| :---: | :---: | :---: | :---: |
| City |  | State | ZIP or Postal Code |
| Foreign Province or County |  |  |  |
| Foreign Country |  |  |  |
| Taxpayer Daytime/Work Phone | Taxpayer Evening/Home Phone | Taxpayer Foreign Phone |  |
| Taxpayer Cell Phone | Taxpayer Fax Number |  |  |
| Spouse Daytime/Work Phone | Spouse Evening/Home Phone | Spouse Foreign Phone |  |
| Spouse Cell Phone | Spouse Fax Number |  |  |

Spouse Email Address

Preferred Method of Contact

May the IRS or other taxing authority discuss the return with the preparer?
Is the taxpayer claimed as a dependent on someone else's tax return?


Taxpayer
Spouse

Are you considered legally blind per IRS regulations?
Do you want to contribute to the Presidential Election Campaign Fund?
Are you a U.S. citizen or Green Card holder?

| Yes | No | Yes |
| :---: | :---: | :---: |
|  |  |  |
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## Personal Identification Numbers: Code - 1-Issued by IRS 2-Issued by State or City

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

| TS | State | City | Code | PIN |
| :--- | :--- | :--- | :--- | :--- |
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## Tax Organizer Legend:

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

Dependents and Wages

## Dependent Information:

| First Name and Initial | Last Name | Social Security <br> Number | Date of Birth <br> $\mathbf{( M o / D a / Y r )}$ | Date of Death <br> (Mo/Da/Yr) | Relationship to <br> Taxpayer |
| :---: | :---: | :---: | :---: | :---: | :---: |
| A |  |  |  |  |  |
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| Did dependent have income over \$4, |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
| Months <br> Lived in <br> Your <br> Home X if Yes <br> Disabled Identity <br> or <br> No <br> Protection    <br> PIN    |  |  |  |  |

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

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

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

## Wages and Salaries: $\quad$ Include all copies of your current year Forms W-2

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

| TS | Employer's Name | Taxable Wages | Tax Withheld |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Federal | FICA/TIER 1 | Medicare | State | Local |
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## Electronic Filing:

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

Do not electronically file the federal return


Do not electronically file the state return(s) $\qquad$
$\square$

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

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


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

Spouse PIN

Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

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


If Yes, what amount would you like withdrawn, if not the entire balance due?
If Yes, when should the withdrawal occur, if other than the due date of the return? $\qquad$ ( $\mathrm{Mo} / \mathrm{Da} / \mathrm{Yr}$ )
Would you like to pay any amount due on your state return(s) using electronic withdrawal?
If Yes, what amount would you like withdrawn, if not the entire balance due?
If Yes, when should the withdrawal occur, if other than the due date of the return? $\qquad$ (Mo/Da/Yr)
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. Would you like to pay any estimated payments due for your federal return using electronic withdrawal?
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?


Name of bank or financial institution
Routing Transit Number (RTN)
Account number


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

Yes No
Would you like any refunds owed to you directly deposited?
Would you like to pay any amount due on your federal return using electronic withdrawal?


If Yes, what amount would you like withdrawn, if not the entire balance due?
If Yes, when should the withdrawal occur, if other than the due date of the return?
(Mo/Da/Yr)
Would you like to pay any amount due on your state return(s) using electronic withdrawal?


If Yes, what amount would you like withdrawn, if not the entire balance due?
If Yes, when should the withdrawal occur, if other than the due date of the return? $\qquad$ (Mo/Da/Yr)
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.
Would you like to pay any estimated payments due for your federal return using electronic withdrawal? . . . . . . . . . . . . . .
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?


Name of bank or financial institution
Routing Transit Number (RTN)
Account number


Interest Income

## Interest Information:

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


## Seller-Financed Mortgage Interest Information:

| Name of Individual from Whom <br> Mortgage Interest Was Received | Identification <br> Number of Individual | 2022 Interest <br> Amount | 2021 Interest <br> Amount |
| :---: | :---: | :---: | :---: |
|  |  |  |  |

Address of Individual from Whom Mortgage Interest Was Received

## Enter Any Additional Information:

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

## Dividend Information:

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

| TSJ | Name of Payer | Box 1a <br> Total Ordinary <br> Dividends | Box 1b <br> Qualified <br> Dividends | Box 2a <br> Total Capital <br> Gain Distribution | U.S. Bond Interest <br> Amount or <br> Percent in Box 1a |
| :--- | :--- | :--- | :--- | :--- | :--- |
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| B |  |  |  |  |  |
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| K |  |  |  |  |  |
| L |  |  |  |  |  |
| M |  |  |  |  |  |
| N |  |  |  |  |  |


| Tax-Exempt Interest Code: 1-1099-DIV |  |  |  |
| :---: | :---: | :---: | :---: |
| $\nabla$ |  |  |  |
|  | Code | Tax-Exempt Interest | 2021 Gross <br> Dividends Amount |
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| B |  |  |  |
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| N |  |  |  |
|  | Total |  |  |

## Enter Any Additional Information:

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

Business Income and Cost of Goods Sold

## Name of Business:

## Principal Business or Profession:

## TSJ

Employer ID number
Street address
City, state, ZIP or postal code, and country
Method of inventory
Method of accounting
Business Questions for 2022:
Did you dispose of this business?
If Yes, what was the disposition date?
(Mo/Da/Yr)
Was there a change in determining quantities, costs or valuations between opening and closing inventory?
Were you involved in the operations of this business on a regular, continuous and substantial basis?
Have you prepared or will you prepare all required Forms 1099?

| 2022 Amount | 2021 Amount |
| :---: | :---: |
|  |  |

Health insurance premiums paid for yourself and your dependents


Income:
Payment card and third party transactions:

| Description | $\mathbf{2 0 2 2}$ Amount | 2021 Amount |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |

Miscellaneous income: $\quad$ Include all Forms 1099-MISC and 1099-NEC

|  |  |  |
| :--- | :--- | :--- |
|  |  |  |
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Other Income:


| Cost of Goods Sold: | 2022 Amount | 2021 Amount |
| :---: | :---: | :---: |
| Beginning inventory |  |  |
| Purchases less cost of items withdrawn for personal use |  |  |
| Cost of labor (do not include amounts paid to yourself) |  |  |
| Materials and supplies |  |  |

Other costs of goods sold:

| Description | 2022 Amount | 2021 Amount |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |

[^1]Business Expenses and Property \& Equipment

## Name of Business:

## Principal Business or Profession:

## Expenses:

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

| 2022 Amount | 2021 Amount |
| :---: | :---: |
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Other Expenses:

| Description | 2022 Amount | 2021 Amount |
| :--- | :--- | :--- |
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Property and Equipment: Include a list if more space is needed


Business Expenses - Vehicle and

## Name of Business:

## Principal Business or Profession:

| Listed Property Questions for 2022: | Yes | No |
| :---: | :---: | :---: |
| Do you have evidence to support your deduction? |  |  |
| If Yes , is the evidence written? |  |  |
| Do you have evidence to support the business use |  |  |
| If Yes , is the evidence written? |  |  |

If you are an employer who provides vehicles for use by employees:
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? . .
Do you treat all use of vehicles by employees as personal use? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the
vehicles and retain the information received? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? $\qquad$


Business Expenses

## Name of Business: Principal Business or Profession:

## Business Expenses: Enter all expenses at 100 percent

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

Parking fees and tolls
Local transportation
Travel expenses
Meals
Entertainment (deductible only on some state returns)

| 2022 Amount | 2021 Amount |
| :---: | :---: |
|  |  |
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|  |  |
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| Other Business Expenses: | Description | $\mathbf{2 0 2 2}$ Amount |
| :--- | :--- | :--- |

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

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

| 2022 Amount | 2021 Amount |  |  |
| :--- | :--- | :---: | :---: |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?
$\square$ Yes
 No Vehicle:
 Vehicle leases Description

|  | 2022 Amount |
| :--- | :--- |
|  |  |
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| :--- | :--- |
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Business Use of Home

## Name of Business:

## Principal Business or Profession:

## Partial Use of Your Home for Business:

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

| 2022 | 2021 |
| :--- | :---: |
|  |  |
|  |  |
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## Expenses: Enter all expenses at 100 percent

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

## Casualty losses

Deductible mortgage interest paid to:
Financial institutions
Individuals
Real estate taxes Insurance
Qualified mortgage insurance premiums
Repairs and maintenance
Utilities
Rent


## Other Expenses:

| Description | Direct Expenses |  | Indirect Expenses |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |  |  |
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## Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom <br> Mortgage Interest Was Paid | Identification <br> Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
| :--- | :---: | :---: |
|  |  |  |

Sales of Stocks, Securities,

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


| TSJ | Kind of Property and Description | Date <br> Quantity | Date Sold <br> Acquired <br> $(\mathbf{M o} / \mathbf{D a / Y r )}$ |
| :--- | :--- | :--- | :--- | :--- |
| (Mo/Da/Yr) |  |  |  |$|$


| Gross Sales <br> Price (Less <br> Commissions) | Cost or <br> Other Basis | Federal Tax <br> Withheld | State Tax <br> Withheld |
| :---: | :---: | :---: | :---: |
| A |  |  |  |
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Installment Sales: Do not include interest received in principal amount

| TSJ | Property Description | Date Sold <br> (Mo/Da/Yr) | 2022 <br> Principal Received | 2021 <br> Principal Received |
| :--- | :--- | :--- | :--- | :--- |
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## Sale or Exchange of Your Home:

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

## Former Home Information:



## Sale Expenses:

Commissions, legal fees, advertising and other expenses.

| Description | Amount |
| :---: | :---: |
|  |  |
|  |  |

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? . . . . . . . . . . . . . . . $\square$ Yes $\square$ No
If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?


If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated $\qquad$

Moving Expenses:


## Individual Retirement Account (IRA): $\quad$ Include all copies of Forms 1099-R and 5498.

TS


IRA Values, Rollovers, and Distributions:
Total value of all traditional IRAs on December 31, 2022 $\square$
Note: This information or Form 5498 is required if you received a distribution during the year.
Outstanding rollovers on December 31, 2022
Total distributions converted to Roth IRAs
Total retirement plans converted to Roth IRAs $\square$

## Contributions:

IRA:
Contributions in 2022 for the 2022 tax return
Contributions in 2023 for the 2022 tax return
 Roth IRA:

Contributions made for the 2022 tax year


Distributions: $\quad$ Include all Forms 1099-R and any nontaxable distribution details

| Name of Payer | 2022 Gross <br> Distributions | Taxable <br> Amount | Federal Tax <br> Withheld | State Tax <br> Withheld | Is this a <br> Rollover? | 2021 Gross <br> Distributions |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
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## Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

| TSJ | Name of Payer | 2022 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2021 Gross Distributions |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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Self-Employed Retirement Plan: Include copies of all Forms 1099-R

|  | Taxpayer | Spouse |
| :---: | :---: | :---: |
| Have you established a self-employed retirement or SIMPLE plan with deductible contributions? <br> Do you want to contribute the maximum amount allowed? | Yes No | Yes  <br> $\square$ No |
| Contributions to: | 2022 Amount | 2022 Amount |
| Simplified employee pension plan |  |  |
| Defined benefit plan |  |  |
| Defined contribution plan |  |  |
| SIMPLE plan |  |  |

## Location of Property:

$\qquad$
TSJ
Type of property
$\square$
Have you prepared or will you prepare all required Forms 1099? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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

| Description | 2022 Amount | 2021 Amount |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
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Miscellaneous income: Include all Forms 1099-MISC

| Description | 2022 Amount | 2021 Amount |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
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Other income:

| Description | 2022 Amount | 2021 Amount |
| :--- | :--- | :--- |
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## Location of Property:

Expenses:


| 2022 Amount | 2021 Amount |
| :---: | :---: |
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Other Expenses:

| Description | 2022 Amount | 2021 Amount |
| :--- | :--- | :--- |
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Location of Property:

Property and Equipment: $\quad$ Include a list if more space is needed
Acquisitions:

| X if <br> not new | Description | Date Acquired <br> $\mathbf{M o / D a / Y r )}$ | Cost |
| :--- | :---: | :---: | :---: |
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## Dispositions:

| Description | Date Acquired <br> $(\mathbf{M o} / \mathbf{D a / Y r})$ | Cost | Date Sold <br> $\mathbf{( M o / D a / \mathbf { Y r } )}$ | Selling Price |
| :--- | :---: | :--- | :--- | :--- |
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## Percentage Depletion Information:

| Production Type | Royalty Income |  |
| :--- | :--- | :--- |
|  | 2022 Amount | 2021 Amount |
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## Location of Property:



Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?


Rental - Business Use of Home

## Location of Property:

## Partial Use of Your Home for Business:

Square footage of home used exclusively for business
Total square footage of home

| 2022 |
| :---: |
|  |
|  |

Were improvements made to the home and/or home office since the time you began using the home for business?


## Expenses: Enter all expenses at 100 percent

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

## Casualty losses

Deductible mortgage interest paid to:
Financial institutions
Individuals
Real estate taxes
Insurance
Qualified mortgage insurance premiums
Repairs and maintenance
Utilities

| Direct Expenses |  | Indirect Expenses |  |
| :---: | :---: | :---: | :---: |
| 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
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## Other Expenses:

| Description | Direct Expenses |  | Indirect Expenses |  |
| :---: | :---: | :---: | :---: | :---: |
|  | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
|  |  |  |  |  |
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## Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom <br> Mortgage Interest Was Paid | Identification <br> Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
| :--- | :--- | :--- |
|  |  |  |

Partnership, S Corporation, Estate, Trust

## Partnership Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID <br> Number | Health Insurance <br> Paid by Entity |
| :--- | :---: | :---: | :---: |
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## S Corporation Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID <br> Number | Health Insurance <br> Paid by Entity |
| :--- | :---: | :---: | :---: |
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## Estate and Trust Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID <br> Number |
| :--- | :--- | :--- |
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## Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

| TSJ | Entity Name | Employer ID <br> Number |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |

## Activity Name:



Other Business Expenses:

| Description | 2022 Amount | 2021 Amount |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |

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

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

| 2022 Amount | 2021 Amount |
| :---: | :---: |
|  |  |
|  |  |
|  |  |

Vehicle:


Other Vehicle Expenses:

| Description | 2022 Amount | 2021 Amount |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |

Passthrough Business Use of Home

## Activity Name:

Partial Use of Your Home for Business:
Square footage of home used exclusively for business . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Were improvements made to the home and/or home office since the time you began using the home for business?


## Expenses: Enter all expenses at 100 percent

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

## Casualty losses

Deductible mortgage interest paid to:
Financial institutions
Individuals
Real estate taxes
Insurance
Qualified mortgage insurance premiums
Repairs and maintenance
Utilities
Rent

| Direct Expenses |  | Indirect Expenses |  |
| :---: | :---: | :---: | :---: |
| 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
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## Other Expenses:

| Description | Direct Expenses |  | Indirect Expenses |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |  |  |
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## Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom <br> Mortgage Interest Was Paid | Identification <br> Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
| :--- | :---: | :---: |
|  |  |  |



State and Local Income Tax Refunds:

| TSJ | State | City | Yax | Income Tax Refund |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  | State | Local |
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## Other Income:

| TSJ | Nature and Source | 2022 Amount | 2021 Amount |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
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## Alimony Paid or Received:

| TSJ | Recipient's Name | Recipient's Social Security Number | Date of Original Divorce or Separation (Mo/Da/Yr) | Date Divorce or Separation Agreement Modified (Mo/Da/Yr) | Alimony Received? | 2022 Amount | 2021 Amount |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

| TS | 2022 Amount | 2021 Amount |
| :--- | :--- | :--- |
|  |  |  |
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## Health Savings Accounts (HSAs) Include all Forms 1099-SA

| TS | Description | $\mathbf{2 0 2 2}$ Amount | 2021 Amount |
| :--- | :--- | :--- | :---: |
|  | Contributions made for 2022 |  |  |
|  | Distributions received from all HSAs in 2022 |  |  |


| What type of coverage applies to your high deductible health plan? | Self only | Family | Yes | No |
| :---: | :---: | :---: | :---: | :---: |
| Were any HSA contributions listed above also shown on your Form W-2? |  |  |  |  |
| Were all distributions from your HSA for unreimbursed medical expenses? |  |  |  |  |
| Did you or your spouse enroll in Medicare? |  |  |  |  |
| If Yes, what month did you enroll? |  |  |  |  |
| What month did your spouse enroll? |  |  |  |  |

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

| TSJ | Nature and Source | 2022 Amount | 2021 Amount |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
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Itemized Deductions - Medical and Taxes

## Medical and Dental Expenses:

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

| TSJ | 2022 Amount | 2021 Amount |
| :---: | :---: | :---: |
|  |  |  |
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|  | 2022 Amount | 2021 Amount |
|  |  |  |
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| TSJ | 2022 Amount | 2021 Amount |
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|  | 2022 Amount | 2021 Amount |
|  |  |  |
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Taxpayer long-term care insurance premiums paid
Spouse long-term care insurance premiums paid

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


## Other Medical Expenses:

| TSJ | Description | $\mathbf{2 0 2 2}$ Amount | 2021 Amount |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Taxes Paid: Include copies of your tax bills

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

| TSJ | 2022 Amount | 2021 Amount |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2022 Amount | 2021 Amount |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Other Taxes Paid:

| TSJ | Description | 2022 Amount | 2021 Amount |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

## Mortgage Questions for 2022:

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? Did you refinance your home? (If Yes, enclose the closing statement.) If Yes, how many years is your new mortgage loan?
Did you purchase a new home or sell your former home during the year?
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US
during the 3 year period prior to the purchase of this home?
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?

## Home Mortgage Interest Paid To Financial Institutions:

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

## Other Home Mortgage Interest Paid:

| TSJ | Paid To |  | ID Number | 2022 Amount | 2021 Amount |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Name | Address |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Deductible Points:

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

## Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2022 Amount | 2021 Amount |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |

## Investment Interest Expense:

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

| TSJ | Paid To | 2022 Amount | 2021 Amount |
| :--- | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Itemized Deductions - Contributions

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

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

| TSJ | Organization or Description of Contribution | 2022 Amount | 2021 Amount |
| :--- | :--- | :--- | :--- |
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| TSJ | Conservation Real Property | 2022 Amount | 2021 Amount |
| :--- | :--- | :---: | :---: |
|  | $100 \%$ limit |  |  |
|  | $50 \%$ limit |  |  |
| TSJ | Description | $\mathbf{2 0 2 2}$ Miles | 2021 Miles |
|  | Number of miles traveled performing volunteer work for qualified charitable organizations |  |  |

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

| TSJ | Description of Donated Property | 2022 Amount | 2021 Amount |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |

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

| TSJ | Property Description | Date <br> Acquired | Date of <br> Donation | Cost or Basis |
| :---: | :---: | :---: | :---: | :---: |
| A | P |  |  |  |
| B | C |  |  |  |
|  |  |  |  |  |


| Fair Market <br> Value (FMV) | Method Used to <br> Determine FMV | Other Method Description |  | Method of <br> Acquisition |
| :--- | :--- | :--- | :--- | :--- | :--- |
| A |  |  |  |  |
| B |  |  |  |  |
| C |  |  |  |  |
|  |  |  |  |  |


| Donee Organization Name |  |
| :---: | :---: |
| A | Donee Organization Address |
| B |  |
| C |  |

These expenses are not deductible on the Federal return
but may be deductible on some state returns but may be deductible on some state returns.

| Partial Use of Your Home for Business: | 2022 | 2021 |
| :---: | :---: | :---: |
| Square footage of home used exclusively for business |  |  |
| Total square footage of home |  |  |
| Total hours home was used for day care during the year |  |  |



## Expenses: Enter all expenses at 100 percent

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

Casualty losses
Deductible mortgage interest paid to:
Financial institutions
Individuals
Real estate taxes
Insurance
Qualified mortgage insurance premiums
Repairs and maintenance
Utilities
Rent

| Direct Expenses |  | Indirect Expenses |  |
| :---: | :---: | :---: | :---: |
| 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
|  |  |  |  |
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## Other Expenses:

| Description | Direct Expenses |  | Indirect Expenses |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |  |
|  |  |  |  |  |  |
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Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom <br> Mortgage Interest Was Paid | Identification <br> Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
| :--- | :--- | :--- |
|  |  |  |

Employee Business Expenses-

## Business Use of Home

## Partial Use of Your Home for Business:

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

| 2022 | 2021 |
| :---: | :---: |
|  |  |
|  |  |
|  |  |


|  | No |
| :---: | :---: |
| Was your home used for day care purposes for the entire year? |  |
| Were improvements made to the home and/or home office since |  |

## Expenses: Enter all expenses at 100 percent

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

## Casualty losses

Deductible mortgage interest paid to:
Financial institutions
Individuals
Real estate taxes
Insurance
Qualified mortgage insurance premiums
Repairs and maintenance
Utilities

| Direct Expenses |  | Indirect Expenses |  |
| :---: | :---: | :---: | :---: |
| 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
|  |  |  |  |
|  |  |  |  |

## Other Expenses:

| Description | Direct Expenses |  | Indirect Expenses |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |  |  |
|  |  |  |  |  |  |  |
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## Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom <br> Mortgage Interest Was Paid | Identification <br> Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
| :--- | :--- | :--- |
|  |  |  |

Child/Dependent Care Expenses \&

## Education Expenses

## Child/Dependent Care Expenses:

## General Information:

| TSJ | $\begin{aligned} & \text { Yes } \\ & \text { Yes } \end{aligned}$ | No <br> No |
| :---: | :---: | :---: |
| Were you or your spouse a full time student or disabled? |  |  |
| Did you pay an individual for services performed in your home? |  |  |
| Expenses incurred in 2021 but paid in 2022 |  |  |
| Employer-provided dependent care benefits that were forfeited in 2022 |  |  |
| 2021 carryover used in grace period |  |  |

## Child/Dependent Care Providers:




Qualifying Persons for Child/Dependent Care Expenses:

| First Name and Initial | Last Name | Social Security <br> Number | 2022 <br> Expenses Incurred | 2021 <br> Expenses Incurred |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
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Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:
Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

| First Name and Initial | Last Name | Social Security <br> Number | 2022 <br> Qualified Expenses |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |

Household Employment Taxes

## General Information:

TSJ $\qquad$
Employer identification number

|  | Yes |
| :---: | :---: |
| Did you pay any one household employee cash wages of \$2,400 or more in 2022? |  |
| Did you withhold any federal income tax from wages paid to any household employee? |  |
| Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2021 or $2022 ?$ |  |


| Social Security, Medicare and Income Taxes: | 2022 Amount | 2021 Amount |
| :---: | :---: | :---: |
| Cash wages subject to social security taxes |  |  |
| Cash wages subject to Medicare taxes (if different than cash wages subject to social security) |  |  |
| Cash wages subject to additional Medicare tax withholding |  |  |
| Federal income tax withheld |  |  |
| State disability plan payments subject to social security taxes |  |  |
| State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) |  |  |

## Federal Unemployment (FUTA) Tax:

|  | Yes | No |
| :---: | :---: | :---: |
| Did you pay unemployment contributions to more than one state? |  |  |
| Were all of the wages subject to FUTA tax subject to the state's un |  |  |


| State | Total Cash Wages <br> Subject to FUTA | 2021 Amount |
| :--- | :--- | :--- |
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Complete the following for all state unemployment contributions made:

| X if payment to be made after April 18, 2023 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Name of State | Total Taxable Wages | Contribution Paid to <br> Unemployment Fund | X | 2021 Amount |  |
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## Refund Application:

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


## Federal Estimated Tax Payments:

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

| Amount Due | Date Paid <br> if Not Date Due <br> (Mo/Da/Yr) | Amount Paid |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
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|  |  |  |

2021 overpayment applied to 2022 estimate $\square$

## Tax Planning Information for Tax Year 2023:

| Do you expect any of the following to occur in $2023 ?$ |  | No |
| :---: | :---: | :---: |
|  |  |  |
| A change in the number of your dependents |  |  |
| A substantial change in your income |  |  |
| A substantial change in your withholding |  |  |
| A substantial change in deductions |  |  |

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

State and City Tax Payments

## State and City Estimated Tax Payments:

2022 1st Quarter Estimate
2022 2nd Quarter Estimate
2022 3rd Quarter Estimate
2022 4th Quarter Estimate
If you have an overpayment of 2022 taxes, do you want the excess applied to your 2023 estimated tax liability?

2021 overpayment applied to 2022 estimate

| TSJ <br> State/City |  |  |  |
| :---: | :---: | :---: | :---: |
| Amount Due | Date Paid <br> ifNot Date Due <br> (Mo/Da/Yr) | Amount Paid |  |
|  |  |  |  |
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$\square$ Yes $\square$ No

Balance of prior year(s)' tax paid in 2022 plus
amount paid with 2021 extensions
Estimated tax payments for 2021 paid in 2022

## State and City Estimated Tax Payments:



## State and City Estimated Tax Payments:

2022 1st Quarter Estimate
2022 2nd Quarter Estimate
2022 3rd Quarter Estimate
2022 4th Quarter Estimate

| 迷 | State/City |  |  |
| :---: | :---: | :---: | :---: |
|  | Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| 2022 1st Quarter Estimate |  |  |  |
| 2022 2nd Quarter Estimate |  |  |  |
| 2022 3rd Quarter Estimate |  |  |  |
| 2022 4th Quarter Estimate |  |  |  |
| If you have an overpayment of 2022 taxes, do you want the excess applied to your 2023 estimated tax liability? |  |  | Yes |
| 2021 overpayment applied to 2022 estimate |  |  |  |
| Balance of prior year(s)' tax paid in 2022 plus amount paid with 2021 extensions |  |  |  |
| Estimated tax payments for 2021 paid in 2022 |  |  |  |

TSJ
State/City

If you have an overpayment of 2022 taxes, do you
want the excess applied to your 2023 estimated tax liability?


2021 overpayment applied to 2022 estimate

| TSJ <br> State/City | Date Paid <br> Amount Due <br> if Not Date Due <br> (Mo/Da/Yr) | Amount Paid |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  | If you have an overpayment of 2022 taxes, do you want the excess applied to your 2023 estimated tax liability? $\square$



2021 overpayment applied to 2022 estimate
$\square$

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

| TS | Name of Payer | Gross Winnings | Tax Withheld |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  | Federal | State |
|  |  |  |  |  |
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[^0]:    .

[^1]:    Worksheet: Business > General, Income and Cost of Goods Sold; Other Income > Miscellaneous Income, Nonemployee

    Forms C-1, C-2, C-3, IRS 1099-K, IRS 1099-MISC, and IRS 1099-NEC

