

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

# Personal Tax Organizer for 2022 Tax Year

→ ALL clients must complete shaded areas & sign on p. 2; other info may be entered here or in separate format (as you prefer) ←

Your Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_  
 Job Title \_\_\_\_\_ Self-employ'd  Blind/Disabl'd   
 Work # (\_\_\_\_\_) \_\_\_\_\_ Work Fax # (\_\_\_\_\_) \_\_\_\_\_  
 Home # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_  
 e-Mail \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_  
 Job Title \_\_\_\_\_ Self-employ'd  Blind/Disabl'd   
 Work # (\_\_\_\_\_) \_\_\_\_\_ Work Fax # (\_\_\_\_\_) \_\_\_\_\_  
 Home # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_  
 e-Mail \_\_\_\_\_

Home Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Mailing Address (if different from Home) \_\_\_\_\_  
 Landlord's Name, Address & Phone # (if you rent) \_\_\_\_\_

**Marital Status:**  Single  Married  Dom. Partner (RDP) → Provide Marriage License or RDP Certificate  Widowed → Spouse's DoD \_\_\_\_\_  
 Separated  Divorced Date of Divorce/Seprtn \_\_\_\_\_ Final?  Y  N → attach decree/sttlmnt agrmt  
 Alimony (not Child Suppt) \$ \_\_\_\_\_ [rpt @ CA only for divorce after '17] Payee Spouse's Name & SSN \_\_\_\_\_  
**Filing Status:**  Single  MFJ  MFS  HoH  Qual. Widow(er) Claimed as a dependent on another person's return?  Y  N  
**Info re Qual. Person for HoH:** Name \_\_\_\_\_ SSN \_\_\_\_\_ Relatnshp to Txpyr \_\_\_\_\_  
 FT Student?  Y  N Perm/Total Disabl'd?  Y  N Gross Income \$ \_\_\_\_\_ # of days in txpyr's home \_\_\_\_\_

Dependent Name(s) → attach pages if needed	Birthdate	Soc. Sec. # (req'd)	Relationship	# of mo.s in Home	Any Inc.?	Source of Inc.

1. Wish to allow **Preparer to discuss** return w/ IRS?  Y  N  
 → Provide copies of any correspondence recv'd from tax authorities  
 2. Contribute \$3 to **Presidential Campaign Fund**?  Y  N  
 3. Voluntary contributions to **CA's special funds**?  Y  N  
 4. E-deposit **Tax Refund** to  Bank  Multiple Accts  
 → Attach voided chk OR  If same as last year, provide last 3 digits of acct # \_\_\_\_\_  
 5. Any **out-of-state revenue source**  Y  N State(s) \_\_\_\_\_  
 6. **Adoption Expenses**  Y  N \$ \_\_\_\_\_  
 7. **Child Care:** Caretrk's Name \_\_\_\_\_  
 Caretrk's Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Tax ID or SSN: \_\_\_\_\_ Amt Pd \$ \_\_\_\_\_  
 Childcare benefit rec'd fr employer?  Y  N Amt \$ \_\_\_\_\_  
 8. **Household Help:** Name & SSN \_\_\_\_\_  
 Employee  Cntrctr  Form I-9  Y  N Amt Pd \$ \_\_\_\_\_  
 9. **Earn Inc Crdt:** Prvsly claim?  Y  N Prvsly disallw'd?  Y  N  
 → Provide proof of child's residency, e.g. school records, landlord's or doctor's stmt  
 10. **Resid engry imprvmt**  Y  N **Plug-in Auto** or **Chrg Stn**  Y  N  
 → Provide manufacturer's certification → Check [IRS website](#) for qlfd. Vehicles  
 11. **Rebates:**  Turf Remvl  Elec Car  Dealr Rdctn → Provide 1099s

12. **CA Middle Class "Refund"** \$ \_\_\_\_\_ Non-taxable @ CA; taxable @ Federal???

13. **Educators (K - 12):** Amt of unreimbursed expenses \$ \_\_\_\_\_

14. **College Exp:** Std't Name \_\_\_\_\_ Tuition: \$ \_\_\_\_\_  
 School \_\_\_\_\_ Yr @ Sch \_\_\_\_\_  
 Purp of Study \_\_\_\_\_ Req'd by Emplr?  Y  N  
 Emplr assist  Y  N Schol'shp  Y  N Amt \$ \_\_\_\_\_

15. **Gifts:** Did you gift >\$15K (cash or other) to anyone?  Y  N

16. **1099 Reporting:** Did you pay ≥\$600 to someone?  Y  N  
 → Provide payee name, addrss, EIN, amt pd & **permsn to issue Form 1099NEC**  Y  N

17. **Sales/Use Tax:** Any out-of-state or internet purchases?  Y  N  
 Amt. of purchases w/o sales tax paid \$ \_\_\_\_\_

18. **ID Theft:** Did IRS send you a letter?  Y  N **IP-PIN:** \_\_\_\_\_

19. **Debt cancel'd**  Y  N **Barter Inc**  Y  N **Gig Econ**  Y  N

20. **Cryptocurrency:** Receive, sell, exchange, acquire in '22?  Y  N

21. Any **Earned Inc** fr abroad  Y  N Distribtn fr **forgn trust**  Y  N  
**Foreign acct**  Y  N **Forgn assets** or **forgn retrmt acct**  Y  N

22. **Health Insur:** From Mktplace?  Y  N → Provide 1095-A Exmptn # \_\_\_\_\_  
 If NO, insur from  Medicare,  Emplr,  Other → Provide 1095-B or 1095-C

**Retirement Plans** → attach stmts for in/out transactions &/or Form 8915-E  IRA  Spousal IRA  Roth  SEP  KEOGH  TSA  Company  
 Amt Cntrb'd \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amt W/drwn \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amt Rolled Over \$ \_\_\_\_\_ ROTH Cnvrns \$ \_\_\_\_\_  
 Qlfd Char Distrbtn (QCD)?  Y  N Qlfd COVID Distrbtn?  Y  N Electd to pay tax @ 3 yrs?  Y  N Amt rptable @ '22 \$ \_\_\_\_\_  
 Age 72 in '22  Y  N RMD w/d in '22  Y  N Pre-'87 IRA w/ diff CA basis  Y  N IRA value end '22: You \$ \_\_\_\_\_ Spouse \_\_\_\_\_

**Income** → Complete as applicable & attach all supporting documents

Wages → attach W-2's  Disability Inc  Unemplmnt Comp  State Tax Ref'd → attach 1099-G  Soc. Sec. → attach SSA-1099  Pension → attach 1099-R  
 Self-emplmnt Inc (Xpns on p. 2) Describe biz \_\_\_\_\_  Name/Image/Likeness (NIL) Inc \$ \_\_\_\_\_  Rental Inc (Xpns on p. 2) \$ \_\_\_\_\_  
 Sale of 1<sup>o</sup> Resid. → attach 1099-S  Seller-fin mtg int \$ \_\_\_\_\_ Payor's Name, Address & SSN \_\_\_\_\_ Instlmt Sale Inc  Y  N  
 Gambgl, Lottery, Jury Duty  e-Bay or online sales  Unreported Tips >\$20/mo. \$ \_\_\_\_\_ Other Inc \$ \_\_\_\_\_ Describe source \_\_\_\_\_  
 Dividends Rcv'd  Y  N Interest Earned  Y  N Tax-Free  Y  N Securities &/or Ppty Sold  Yes  No → Provide cost basis info  
 Wrthlss Securities  Y  N Collectibles sold  Y  N Inheritance rcv'd  Y  N Dscrptn, Amt & Date of Ppty rcv'd \_\_\_\_\_

# DEDUCTIONS

→ Please use blank paper to provide addtl. info. or clarification. **NEW CLIENTS must attach last year's tax returns** ←

## PERSONAL

(Federal only if total over \$ 12,950 if Single, \$ 25,900 if Married Filing Joint)

### Medical Expenses (only if over 7.5% of AGI)

Prescription Medication ..... \$ \_\_\_\_\_  
 Doctors, Hospitals & Clinics ..... \$ \_\_\_\_\_  
 Glasses, Orthodontics, Hearing Aids ..... \$ \_\_\_\_\_  
 Medical Supplies ..... \$ \_\_\_\_\_  
 Weight Loss Treatment  Y  N (→ provide Rx & receipts)  
 Travel/Transportation (# of miles)..... \_\_\_\_\_  
 LT Care Insurance Premiums ..... \$ \_\_\_\_\_  
 Health Insur. Premiums (Self-employed?  Y  N). \$ \_\_\_\_\_  
 COBRA  Y  N  
 Insurance Reimbursements (if any) ..... \$ \_\_\_\_\_  
 HSA  Y  N (→ Forms 5498-SA & 1099-SA)  
 Any inc/loss on investmnts in HSA account?  Y  N

### Taxes

Real Estate Taxes ..... \$ \_\_\_\_\_  
 Auto Registration (VLF only → verify @ [dmv.ca.gov](http://dmv.ca.gov)) ... \$ \_\_\_\_\_  
 Sales or Local Taxes ..... \$ \_\_\_\_\_  
 Foreign Income Taxes ..... \$ \_\_\_\_\_

### Interest Paid (→ Provide escrow stmts & Form 1098)

Mortgage Interest paid to bank..... \$ \_\_\_\_\_  
 If paid to an individual, provide lender's name, address, SSN:  
 \_\_\_\_\_  
 Mortgage obtained or refinanced on/after 1/1/18  Y  N  
 Points Paid \$ \_\_\_\_\_ Term of Loan (# of yrs) \_\_\_\_\_  
 Home eqty debt  Y  N Loan used for \_\_\_\_\_  
 Investment Interest (Margin)..... \$ \_\_\_\_\_

### Casualty Loss (Circle: Earthquake, Fire, Theft, Accident, Other)

Description of Property \_\_\_\_\_  
 FEMA Code \_\_\_\_\_ Cost Basis of property \$ \_\_\_\_\_  
 FMV of Property Before \$ \_\_\_\_\_ After ..... \$ \_\_\_\_\_  
 Insurance Reimbursement (if any)..... \$ \_\_\_\_\_

### Charity (→ Attach supptg docs for ALL donations; even for \$300 above-the-line ded)

Cash..... \$ \_\_\_\_\_  
 Non-Cash Donations (i.e. Goodwill, Auto)..... \$ \_\_\_\_\_  
 Amount of QCD transferred ..... \$ \_\_\_\_\_  
 Charitable Miles..... \$ \_\_\_\_\_

### Miscellaneous [most federal dedctns eliminated as per TCJA]

Gambling Losses (→ MUST provide gambling log/diary) ... \$ \_\_\_\_\_  
 Repymt of previously taxed inc >\$3K ..... \$ \_\_\_\_\_  
 Estate taxes paid on IRD ..... \$ \_\_\_\_\_

CA only:

Fees: Tax Prep \$ \_\_\_\_\_ Invst Advsr \$ \_\_\_\_\_ Legal \$ \_\_\_\_\_  
 Sfty Dep Box \$ \_\_\_\_\_ Subscrpts \$ \_\_\_\_\_ IRA fees \$ \_\_\_\_\_

### Moving Expenses (only if >50 miles & for bus purp) [CA only]

Date \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Miles from OLD home→OLD wrk \_\_\_\_\_ →NEW wrk \_\_\_\_\_  
 Shipping \$ \_\_\_\_\_ Trvl & Lodging (not meals) \$ \_\_\_\_\_  
 Employer Reimb.?  Y  N Amount \$ \_\_\_\_\_

ES Taxes Paid	Date	Fed. Amt.	State Amt.
'21 Refund applied to '22 Tax			
4 <sup>th</sup> Qtr '21 paid to State in Jan '22			
1 <sup>st</sup> Quarter '22			
2 <sup>nd</sup> Quarter '22			
3 <sup>rd</sup> Quarter '22			
4 <sup>th</sup> Quarter '22			

\* Verify ES pymts w/ IRS (800) 829-1040 & FTB (800) 852-5711 or [MyFTB](http://MyFTB)\*

## BUSINESS

→ Use separate sheet for each spouse or activity ←

Self-emplmt (S)  Unreimb Employee (E)  Rental Exp (R)

Rental Real Estate: # days rented \_\_\_\_\_ # days prsnl use \_\_\_\_\_

Advertising ..... \$ \_\_\_\_\_  
 Cleaning & Maintenance ..... \$ \_\_\_\_\_  
 Dues (union & association)..... \$ \_\_\_\_\_  
 Education (tuition & books)..... \$ \_\_\_\_\_  
 Fees Paid (legal & professional)..... \$ \_\_\_\_\_  
 Insurance Premiums (business & liability)..... \$ \_\_\_\_\_  
 Interest Expense on Business Loans..... \$ \_\_\_\_\_  
 Licenses ..... \$ \_\_\_\_\_  
 Office Rent ..... \$ \_\_\_\_\_  
 Office Supplies ..... \$ \_\_\_\_\_  
 Postage & Freight..... \$ \_\_\_\_\_  
 Publications & Subscriptions ..... \$ \_\_\_\_\_  
 Repairs..... \$ \_\_\_\_\_  
 Supplies ..... \$ \_\_\_\_\_  
 Taxes Paid (business property) ..... \$ \_\_\_\_\_  
 Telephone ..... \$ \_\_\_\_\_  
 Travel & Lodging ..... \$ \_\_\_\_\_  
 Utilities ..... \$ \_\_\_\_\_  
 Other (please list \_\_\_\_\_) \$ \_\_\_\_\_

### Equipment Purchases (→ Attach receipts & indicate if new or used)

Description of Item: \_\_\_\_\_  
 Date of Purchase (required): \_\_\_\_\_  
 Amount Paid..... \$ \_\_\_\_\_  New  Used  
 Description of Item: \_\_\_\_\_  
 Date of Purchase (required): \_\_\_\_\_  
 Amount Paid..... \$ \_\_\_\_\_  New  Used

### Automobile Expenses (if used for business or rental)

Year & Make of Car ..... \_\_\_\_\_  
 Year Placed into Service ..... \_\_\_\_\_  
 Miles: Bus \_\_\_\_\_ Commute \_\_\_\_\_ Personal \_\_\_\_\_ Total \_\_\_\_\_  
 Actual Expenses (gas, insur., repairs) ..... \$ \_\_\_\_\_  
 Is a written contemporaneous log available?  Y  N

### Business Meals (e.g., meals w/ clients or while traveling)

Meals \$ \_\_\_\_\_ Entertainment \$ \_\_\_\_\_ [CA only]  
 Receipts  Y  N Bus Purp sbstnt'd  Y  N

### Office in Home (used exclusively for business)

Total ft<sup>2</sup> of Home \_\_\_\_\_ Ft<sup>2</sup> of Office Area \_\_\_\_\_  
 Rent \$ \_\_\_\_\_ Util. \$ \_\_\_\_\_ Insur. \$ \_\_\_\_\_ Off. Rprs. \$ \_\_\_\_\_  
 Value of Property (→ Attach Property Tax Bill) ..... \_\_\_\_\_  
 Photo  Y  N 2<sup>nd</sup> office  Y  N Safe Harbor  Y  N

Estimate of Gross Self-emplmnt Income in 2023 .... \$ \_\_\_\_\_

→ Client asserts, to the best of his/her knowledge, that the information provided herein is correct and includes all items of income and deductions for which supporting documentation is available, even if not specifically requested.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_