

Personal Information

If anything changed from prior year, check this box.

Taxpayer

Spouse

First Name & Initial			
Last Name			
Social Security No			
Date of Birth			
Occupation			
Home Phone			
Work Phone			
Other Phone			
E-Mail Address			
Street Address			Apt No
City	State	Zip	

Dependents

Name	Relationship	Date of Birth	Social Security Number	Months Living with you	Student Disabled	Gross Income
					\	
					\	
					\	
					\	

	Yes	No
Do you have health insurance coverage from the Marketplace?		
Did you receive unemployment or Disability Income?		
Did you purchase, sell or refinance any of your homes or take an equity loan?		
Did you convert a traditional/SEP/SIMPLE IRA to a Roth IRA?		
Can you be claimed as a dependent on another persons tax return?		
Did you foreclose, file bankruptcy, or have repossession procedures?		
Did you make any purchases from catalog or internet and not pay sales tax?		
Did you have any education expenses for you or dependents?		
Did you receive (as a reward, award, or payment for property or services); or, sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digitas asset)?		

Required Document Check List

- | | |
|--|--|
| <input type="checkbox"/> Bring All Wage Statements (W-2's) | <input type="checkbox"/> Bring Soc Security/Railroad Benefits (SSA-1099) |
| <input type="checkbox"/> Bring All Pension, Annuity IRA Documents (1099-R) | <input type="checkbox"/> Bring Interest Income Statements (1099-INT) |
| <input type="checkbox"/> Bring All Trust & Estate Documents (K-1's) | <input type="checkbox"/> Bring Dividend Income Documents (1099-DIV) |
| <input type="checkbox"/> Bring Property Sold Documents (1099-S) | <input type="checkbox"/> Bring Day Care Statements |
| <input type="checkbox"/> Bring Real Estate Tax Bill | <input type="checkbox"/> Bring any letters received from IRS or state |
| <input type="checkbox"/> Bring Health Ins Marketplace Statements (1095's) | <input type="checkbox"/> Bring Education Forms (1098-T, 1099-Q) |

Adjustments to Income

Alimony Paid	
Name _____	SSN _____
Amount Paid:	\$ _____
IRA/SEP Contribution Taxpayer	\$ _____
IRA/SEP Contribution Spouse	\$ _____
Student Loan Interest	\$ _____
Health Savings Account	\$ _____

Other Income

Alimony Received	\$ _____
Gambling/Lottery Winnings (Bring W-2 G's)	\$ _____
Jury Duty	\$ _____
Disability Income	\$ _____
State Income Tax Refund	\$ _____
Other	\$ _____

Investments Sold

Bring All 1099-B's and Confirmation slips

Investment	Date Acquired	Date Sold	Basis (cost)	Sale Price

State Information

If rent paid: Amount No Months W / Heat Y/N
 \$ _____ _____ _____
 \$ _____ _____ _____

Health/Long Term Care Insurance

Amount Paid for health insurance - employer paid a portion	Yes	No	
Amount Paid for health insurance - not employed or retired			
Amount Paid for health insurance - employer did not contribute			

Note: If health insurance premiums are deducted pre-tax, disregard.

Estimated Tax Payments

	Federal		State
Prior Year - Jan 17, 2022			Prior Year - Jan 17, 2022
1st Qtr - Apr 15, 2022			1st Qtr - Apr 15, 2022
2nd Qtr - Jun 15, 2022			2nd Qtr - Jun 15, 2022
3rd Qtr - Sep 15, 2022			3rd Qtr - Sep 15, 2022
4th Qtr - Jan 1, 2023			4th Qtr - Jan 16, 2023
Total			Total

Itemized Deductions

Medical Dental Expenses

Medical Ins Prem (pd by you) _____
 Long Term Care Insurance _____
 Prescription Drugs _____
 Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Medical Equipment, Supplies _____
 Hospital _____
 Doctor, Dentist, Specialist _____
 Medical Miles 1/1/22 - 6/30/22 Miles _____
 Medical Miles 7/1/22 - 12/31/22 Miles _____
 Other _____

Charitable Contributions (Receipts Required)

Church Cash Contributions _____
You must have receipts for cash contributions
 Other Cash Contributions _____
 Donated Goods _____
Must have receipts from organization
 Organization donated to _____
 Address _____
 Volunteer mileage Miles _____

Real Estate Taxes Paid

Real Estate Taxes -Prin Residence _____
 Other Real Estate Taxes _____
 Personal Property Tax _____
 Sales Tax _____
 Other _____

Bring Tax Bills

Miscellaneous Expenses

Gambling Losses * _____
 Other _____
 Other _____
 Other _____

Mortgage Interest Expense

Mort Int Paid - Bring 1098 _____
 Equity Line of Credit _____
 Use of Equity Loan _____
 Interest pd to others - no 1098 _____
 Paid to: Name _____
 Address _____

 Soc Sec No/EIN _____
 Investment Interest _____

* Gambling losses require documented substantiation.

Day Care Expenses

Children cared for _____	
Provider 1 _____	Provider 2 _____
Address _____	Address _____
Soc Sec No/EIN _____	Soc Sec No/EIN _____
Amt Pd _____	Amt Pd _____

Schedule C Business Income and Expenses The IRS has determined that small business owners are very likely candidates to make mistakes applying the tax law. Accordingly, anticipate more audits for business owners in the near future. Please review the following information carefully to assure compliance with the law.

Business Name _____

Total Sales \$ _____ Owner Taxpayer Spouse

Holding deposits until next year is *not* a tax planning item. IRS requires all receipt to be reported in the year received. If there are absorbent deposits that occur following the year end, photo copy all checks being deposits to confirm the payment dates.

Credit Cards - Do you accept credit cards from your customers? If you have transactions exceeding \$20,000 and more than 200 transactions, your credit card service is required to send a 1099-K to you. Bring all 1099's to your appointment (1099-K's, 1099-MISC, 1099-NEC)

During 2022, did you refinance using your primary resident to secure a business loan? Bring all Paperwork.
 Balance on note prior to re-finance: _____ Balance on Note at 12-31: _____

Expenses	
Advertising	_____
Business Miles 1/1 - 6/30 # _____	_____
Business Miles 7/1 - 12/31 # _____	_____
Commissions	_____
Contract Labor	_____
Dues & Subscriptions	_____
Insurance (Other than Health Ins)	_____
Interest - Mortgage	_____
Interest - Other	_____
Legal & Professional Fees	_____
Meals & Entertainment	_____
Office Expense	_____
Rent - Building	_____
Rent - Equipment	_____
*Repairs & Maintenance	_____
Supplies	_____
Taxes	_____
**Telephone	_____
Tools & Equipment	_____
Travel Expenses	_____
Uniforms	_____
Utilities	_____
Vehicle Expense	_____
Wages	_____
Employee Health Ins (see back)	_____
Other	_____
Other	_____
Other	_____

*Do any amounts shown in Repairs and Maintenance add value to the property, prolong, useful life, or adapt it to new uses? If so, these amounts can be depreciated. Bring in description of alteration, cost, and in service date.

**Cell Phones: Does the business blend itself in such a manner that a cell phone is an ordinary and necessary component of the business? Is the cell phone on your business card? Is the cell phone number listed on your letterhead and/or yellow page

Cost of Goods Sold	
Beginning Inventory	_____
Purchases	_____
Less Personal Use	(_____)
Direct Labor	_____
Supplies	_____
Other	_____
Ending Inventory	_____

Credit Card purchases - Did you use a credit card for business purchases? Payment by credit card is considered to be a payment of cash at the time of the charge, not at the time when the credit card company is paid. Please bring a copy of December 31st credit card statement with business purchases.

Schedule C Home Office Expenses

Is a home office used for administrative or management activities for business? _____

Total Square Feet of Home _____ Purchase Price of Residence _____
 Total Square Feet of Office _____ *Bring in Real Estate Tax Bill for 2022* _____

Simplified method available. Square footage of office space x \$5 for maximum of \$1,500 deduction.

Expenses: Mortgage Insurance _____ Property Insurance _____
 Real Estate Taxes _____ Utilities _____

