

2022 Individual Taxpayer Organizer

Taxpayer		Social Security #	
Legal Name		IRS Identity PIN	
Occupation		(if applicable, & provide the mailed letter)	
Address		Date of Birth	
City, State, ZIP		Phone #	
Email address			

Spouse		Social Security #	
Legal Name		IRS Identity PIN	
Occupation		(if applicable, & provide the mailed letter)	
Address, if different from above		Date of Birth	
City, State, ZIP		Phone #	
Email address			

Documents needed: Driver's License from you (and your spouse if Married Filing Joint)
 Social Security Card(s), & Prior-Year Tax Returns (Form 1040)

• Marital Status at 12/31: Single Married Separated Widow(er)

• Were you divorced or separated during the year? Yes No

• Were there any deaths in the family during the year? Yes No
If yes, please provide a death certificate.

Bank info: Use for Direct Deposit of REFUND Direct Debit of TAX DUE

Routing Number Bank Name _____

Account Number Checking Savings

Dependents

Names of dependent children (First M Last)	Social Sec. #	Date of Birth	Relation to taxpayer	Months in home?	College student?

Other dependents or people who lived with you

Name (First M Last)	Social Sec. #	Date of Birth	Relation to taxpayer	Income

Are any dependents under an unusual claim situation due to a court decision or order? If so, please explain: _____

Did you provide over half of the financial support for the year for all the dependents listed in the tables above? Yes No

Please explain if 'No': _____

*Do you have documentation to help prove the dependency relationship(s) in the event of an audit? Yes No N/A Unsure

Documentation Needed for Each dependent being claimed:

- Social Security Card
- Birth Certificate (if claiming a child dependent)
- Proof of enrollment for qualifying child marked as a college student (form 1098-T)
If applying for Education Credits, please provide a list of qualified education expenses

* Documentation to substantiate needs to show proof of residency through more than half the year as well as more than 50% of financial support. Please ask for details or examples.

Tax Questionnaire

In this section, "You" refers to both the taxpayer and spouse.

Lifestyle & Taxes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase health insurance through the Marketplace, public exchange, etc? <i>Provide 1095-A</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied a credit or have a credit get reduced by the IRS? <i>Fill out Form 8862</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to allow your tax preparer to discuss your return with the IRS?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any children with <i>unearned</i> income of \$1,150 or more? <i>If so, please provide explanation</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you ever work from home in a separate city than where you are employed? <i>Please provide explanation</i>
Business	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you receive income from sharing/gig economy activity? (Uber, Airbnb, etc.)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a business or interest in a partnership, LLC, a farm, Corporations, etc?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own any property that you rent out to others?
Common Credits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have a dependent that was in college at any point during 2022? <i>Provide form 1098-T</i>
		Is the college student disqualified from the credit due to a felony conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No
		How many times times has each student generated the American Opportunity Credit? <input style="width: 50px; height: 20px;" type="text"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay for child or dependent care so you could work or attend school? <i>If yes, please give the name, EIN or SSN, Address, and total paid to the caregiver.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase any energy efficient property? (Elec. Car, Solar Panels, new windows, etc.)	
Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you involved in bankruptcy, or had any debt forgiven (<i>1099-C</i>)?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you contribute to an IRA? <input type="checkbox"/> Traditional <input type="checkbox"/> ROTH Amount \$ <input style="width: 100px;" type="text"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you rollover any retirement accounts?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you sell or transfer any stocks or other investment properties?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a brokerage account, mutual fund, or other managed investments?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you receive income from any installment sales?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive, sell, gift, exchange, or dispose of any digital assets? (Cryptocurrency)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a HSA (Health Savings Account)? What type? <input type="checkbox"/> Family <input type="checkbox"/> Self-only
	<i>(form 5498-SA)</i>	How much did you contribute out of pocket (not through W-2)? \$ <input style="width: 100px;" type="text"/>
	<i>(form 1099-SA)</i>	Were the distributions from the HSA entirely for medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own or have interest in a foreign bank or financial account? \$ <input style="width: 100px;" type="text"/>	
Residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase or sell a home in the past year? <i>Please provide closing statement</i>
		Please provide your previous address and dates of move below: Prior Address <input style="width: 200px; height: 40px;" type="text"/> Date you moved to current home <input style="width: 80px;" type="text"/> Years lived in prior home: _____

Income Organizer Worksheet

Each item you list beside a number needs a tax form with it. Indicate T for Taxpayer, S for Spouse, and J for joint

Forms W-2: Wages and Salaries

T or S? Employer Name

1)	
2)	
3)	
4)	

Forms 1099-INT: Interest income

T, S, or J? Name of Issuer

1)	
2)	
3)	
4)	

Forms 1099-R: Retirement, Pensions, IRAs, Annuities, etc.

T or S? Distributor Company Name

1)	
2)	
3)	
4)	
5)	

Forms 1099-DIV: Dividend Income

T, S, or J? Name of Issuer

1)	
2)	
3)	
4)	

Social Security: Form SSA-1099 or RRB-1099

Did taxpayer receive money from Social Security? Yes No

Did spouse receive money from Social Security? Yes No

Brokerage Accounts, Mutual Funds, and other Investment accounts: *Edward Jones, Robinhood, etc.*

How many accounts do you and or your spouse have in this category?

For each account, please attach what is commonly called the "Yearly Tax Statement" or 1099-B

Do ANY of the accounts exchange or hold crypto currency? Yes No

Other Income: list how much you have received for the following, or put a zero

Unemployment compensation - provide 1099-G	\$
Unreported tips	\$
Gambling income - provide W-2G	\$
Alimony from a divorce date before 2019:	\$
Miscellaneous Other income items	
	\$
	\$

(This section is not for any income from activities such as Businesses, Farms or Rentals)

Sale or Exchanges of Property - *Not property used in business, farm, or rental activity*

Description of property	Purchase Date	Cost	Sale Date	Sale Price
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Adjustments and Deductions Organzier

Adjustments - These *reduce taxable income, but these are not the same as itemized deductions*

Educator Expenses - Classroom supplies bought by teachers, principles, and counselors. (\$300 max per T or S)	\$
HSA Contributions - List money paid out of pocket to your HSA account.	\$
Self-employed SEP, SIMPLE, or other qualified plans 2022 contributions (<i>including 2023 paid</i>)	\$
If self-employed, payments on for your personal health insurance.	\$
Penalty on early withdrawal of savings	\$
IRA contributions - does not include Roth IRAs or rollovers	\$
Student Loan Interest paid - include form 1098-E	\$
Moving expenses for members of the armed forces and their family members - include Form 3903	\$
Alimony paid - Only if settled before 2019. Divorce Date: _____ Former spouse SSN: _____	\$
Other adjustment you expect to claim:	\$

Itemized Deductions Worksheet

The total of these must exceed: \$12,950 Single & MFS, \$25,900 MFJ, or \$19,400 MFJ

<p>Medical Expenses: the deductible amount is your total listed minus 7.5% of your adjusted gross income. Do not include amounts reimbursed by insurance or any other medical account such as an HSA, FSA, or HRA.</p> <table border="1"> <tr> <td>Insurance</td> <td>\$</td> <td>Dentist</td> <td>\$</td> </tr> <tr> <td>Doctors</td> <td>\$</td> <td>Glasses</td> <td>\$</td> </tr> <tr> <td>Prescriptions</td> <td>\$</td> <td>Hospital fees</td> <td>\$</td> </tr> <tr> <td>Equipment</td> <td>\$</td> <td>Other</td> <td>\$</td> </tr> </table> <p>Medical Miles: Jan - Jun _____ Jul - Dec _____</p>				Insurance	\$	Dentist	\$	Doctors	\$	Glasses	\$	Prescriptions	\$	Hospital fees	\$	Equipment	\$	Other	\$	<p>Interest Paid: do not include amounts for property with any business or rental use. You must provide tax Forms 1098s to claim.</p> <p>Main Home's Mortgage: Bank Name: _____ Amount: \$ _____</p> <p>Second Home's Mortgage or Equity Loan: Bank Name: _____ Amount: \$ _____</p> <p>Equity Loan Interest: Bank Name: _____ Amount: \$ _____</p> <p>Investment interest expense: \$ _____</p>			
Insurance	\$	Dentist	\$																				
Doctors	\$	Glasses	\$																				
Prescriptions	\$	Hospital fees	\$																				
Equipment	\$	Other	\$																				
<p>Charitable Contributions: if noncash is over \$500, provide the full details of the transaction, and retain records.</p> <p>Monetary Contributions - <i>list recipient and amount</i></p> <table border="1"> <tr> <td>\$</td> </tr> <tr> <td>\$</td> </tr> <tr> <td>\$</td> </tr> <tr> <td>\$</td> </tr> </table> <p>Noncash contributions - <i>Fair market value of donations</i></p> <table border="1"> <tr> <td>\$</td> </tr> <tr> <td>\$</td> </tr> </table> <p>Total Miles driven for charity:</p>				\$	\$	\$	\$	\$	\$	<p>Taxes Paid (non-federal): do not include taxes paid by or for a business or rental property</p> <table border="1"> <tr> <td>Real Estate Taxes paid:</td> <td>\$</td> </tr> <tr> <td>Personal Property Taxes:</td> <td>\$</td> </tr> <tr> <td>Foreign Tax paid:</td> <td>\$</td> </tr> <tr> <td>Other:</td> <td>\$</td> </tr> <tr> <td>Other:</td> <td>\$</td> </tr> </table> <p>Casualty and Theft Loses Did you suffer severe, unreimbursed losses from a federally declared disaster? <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details)</p>				Real Estate Taxes paid:	\$	Personal Property Taxes:	\$	Foreign Tax paid:	\$	Other:	\$	Other:	\$
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Personal Property Taxes:	\$																						
Foreign Tax paid:	\$																						
Other:	\$																						
Other:	\$																						

Miscellaneous Questions: please let us know anything needing attention not covered by the organizer

Estimated Tax Payments

This is for out-of-pocket payments made to the government outside of what is withheld from a paycheck.

Important: the government expects your total tax due to be paid throughout the year. If you have notable income that comes from something without a W-2 or similar to withhold your taxes, you should be paying all of your tax in 4 quarterly "estimated tax payments." If you are always owing taxes when filing your return, please consider checking 'yes' to the following question:

Would you like us to print vouchers that inform you how much to pay in estimated taxes once we finish your return? *We aim for just enough to avoid potential penalties unless specified otherwise.*

- Yes No Unsure / Please advise

If you made estimated tax payments, please list below

Installment	Date Paid	Federal Taxes	Date Paid	State Tax
Q1		\$		\$
Q2		\$		\$
Q3		\$		\$
Q4		\$		\$

Taxpayer Responsibilities

By signing our **Engagement letter**, you also verify that:

- All of your income and deductible expense information you provide and claim is ultimately your responsibility.
- If any other relevant items are remembered or arrive after the finishing of this form, you will contact us immediately.
- You are able to provide written supporting records of all items claimed in the event of an IRS or state audit.
- You will review your return carefully, signaled by your signature on the e-file authorization Form 8879.

Checklist of Documents

What to bring, drop-off, or upload to Smart Vault-

- Taxpayer Info Documents:** Driver's License, Social Security Card, Identity Protection PIN (if applicable)
- Dependent Documents:** Birth Certificate(s), Social Security Card(s), Dependent-care credit info
- Engagement Letter** Signed and Dated
- Tax Forms:**
 - **Common Income** Forms W-2, 1099-R, Social Sec. 1099, 1099-NEC, 1099-MISC, 1099-G, etc.
 - **Other Income** Forms 1099-SA, 1099-INT, 1099-B, K-1 from Partnership or S-Corp, 1099-DIV
 - **Credits or Deductions** *if claiming* (1098-Mort Int, 1098-T, 1098-E, Form 5498, supplemental explanations, etc.)
- Business, Farms, or Rental activities** - fill out additional organizers - ask for details
- House sale** - provide closing settlement statement (sometimes called the HUD)
- Prior Year Tax return** - two prior years is preferred

You made it! If you have any questions, please reach out at (419) 864-6981. You can drop off this form and all other documents at our front desk, no appointment necessary. A CPA will review and reach out if necessary.