

Tax Organizer For 2022 Income Tax Return

Prepared For:

Sample Client

Prepared By:

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This Tax Organizer can be used to help identify information needed to prepare your 2022 income tax return. Enter your 2022 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2022 income tax return.

If you have any questions, please feel free to contact us at (513)737-1314.

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer	Sample Client					<input type="checkbox"/>	<input type="checkbox"/>
Spouse						<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town	State	Zip Code	County	
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)				Home Phone		Mobile Phone	
Spouse's E-mail Address(es)				Spouse's Mobile Phone			

2. FILING STATUS

<input checked="" type="checkbox"/> Single	<input checked="" type="checkbox"/> Check if parent (or someone else) can claim you as a dependent on their return.
<input type="checkbox"/> Married Filing Joint	
<input type="checkbox"/> Married Filing Separate	<input type="checkbox"/> Check if you lived apart from your spouse for all of 2022.
<input type="checkbox"/> Head of Household	
<input type="checkbox"/> Qualifying Widow(er)	Year spouse died: _____

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? ☐ Yes ☐ No

Bank Account		Bank Account	
Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank name	_____	Bank name	_____
Routing number	_____	Routing number	_____
Account number	_____	Account number	_____
Account outside the jurisdiction of the United States?	<input type="checkbox"/> Yes	Account outside the jurisdiction of the United States?	<input type="checkbox"/> Yes

5. IDENTIFICATION INFORMATION

Taxpayer	Spouse
Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID	Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID
ID number _____	ID number _____
Location of issuance _____	Location of issuance _____
Issue date _____	Issue date _____
Expiration date _____	Expiration date _____

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

Sample Client

6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

☐ Employer ☐ Government-Sponsored Marketplace ☐ Private Exchange (Individual Insurance Company)

7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

- | | | |
|--|-----------------------------------|---------------------------------|
| 1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund. | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse |
| 2. Were you a victim of identity theft and have you been contacted by the IRS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please furnish the 6-digit PIN issued to you by the IRS | | |
| 3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2022? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,300? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Did you give a gift of more than \$16,000 to one or more people? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

8. COMMENTS

Do Not File
Verify PTIN

INCOME ORGANIZER

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Unreported tip income received: _____

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498	Roth IRA	Other IRA	Taxpayer	Spouse
Payer Name				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive railroad retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	Taxpayer	Spouse
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

6. OTHER INCOME

Description	Amount
State income tax refund	_____
Alimony received	_____
Date of original divorce/separation agreement	_____
Unemployment compensation	_____
Gambling winnings	_____
Jury pay	_____
Hobby income	_____
Scholarships (grants)	_____
NOL Carryforward	_____
Child support	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? ☐ Yes ☐ No
2. Did you earn any foreign income or pay any foreign taxes? ☐ Yes ☐ No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? ☐ Yes ☐ No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? ☐ Yes ☐ No
If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during 2022? ☐ Yes ☐ No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? ☐ Yes ☐ No
6. At any time during 2022, did you:
(a) receive (as a reward, award, or compensation) ☐ Yes ☐ No
(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? ☐ Yes ☐ No

BUSINESS INCOME AND EXPENSES (Schedule C)**Sample Client**Indicate the owner of this business: ☒ Taxpayer ☐ Spouse ☐ Joint

Business Name: _____

Business product or service: **ministry**

Business Address: _____

City, State, and Zip Code: _____

Did you start or acquire this business during 2022? ☐ Yes ☐ NoAccounting Method: ☒ Cash ☐ Accrual ☐ Other (describe) _____Method used to value inventory: ☐ Cost ☐ Lower of cost or market ☐ Other (describe) _____**Income and Cost of Goods Sold**

	2022 Amount	2021 Amount
Gross receipts or sales		
Returns and allowances		
Other income (enclose description)		
Inventory at beginning of year		
Purchases less cost of items withdrawn for personal use		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

Expenses

	2022 Amount	2021 Amount		2022 Amount	2021 Amount
Advertising			Wages		
Commissions and fees			Other: allowable se		
Contract labor					
Depletion					
Employee benefits					
Insurance (other than health)					
Mortgage interest					
Other interest					
Legal and professional fees					
Office expenses					
Pension and profit sharing					
Rent - Vehicle, machinery					
Rent - Other					
Repairs and maintenance					
Supplies					
Taxes and licenses					
Travel					
Meals and entertainment					
Utilities					

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____
 Business miles _____ Commuting miles _____ Other miles _____
 Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets in 2022 (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

Business Use of Home

Area used exclusively for business _____ Total area of home _____
 Was the home used as a day care facility? ☐ Yes ☐ No Date home placed in service _____
 Casualty losses _____ Insurance _____ Rent _____
 Mortgage interest _____ Repairs and maintenance _____ FMV of home _____
 Real estate taxes paid _____ Utilities and other expenses _____ Value of land _____
 Carryover of unallowed expenses to 2022 ☐ Yes ☐ No (if yes, enter amount) _____

PROFIT OR LOSS FROM FARMING *(Schedule F)*

Principal product

Did you materially participate in the operation of this farm during 2022? ☐ Yes ☐ No

Expenses	2022 Amount	2021 Amount		2022 Amount	2021 Amount
Chemicals			Seeds and plants purchased		
Conservation			Storage and warehousing		
Custom hire			Supplies purchased		
Employee benefits			Taxes		
Feed purchased			Utilities		
Fertilizers and lime			Veterinary and breeding		
Freight and trucking			Other		
Gasoline, fuel, and oil					
Insurance					
Mortgage interest					
Other interest					
Labor hired					
Pension and profit-sharing					
Vehicles and machinery rent					
Other rentals					
Repairs and maintenance					

Vehicle description	Date placed in service	Cost or basis
---------------------	------------------------	---------------

Vehicle description	Date placed in service	Business miles	Commuting miles	Other miles

Actual expenses such as gas, oil, repairs, etc. _____ Parking fees and tolls _____

(New clients, enclose detailed listing of all depreciable assets.)

[illegible]

Sample Client

RENTAL AND ROYALTY INCOME AND EXPENSES (Schedule E, pg 1)

Indicate the owner of this property: ☐ Taxpayer ☐ Spouse ☐ Joint

Description of property _____

Location of property _____

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value? ☐ Yes ☐ No

Did you meet the Active Participation requirements for this property? ☐ Yes ☐ No
(To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)

Was this property fully disposed of during 2022? ☐ Yes ☐ No

Income	2022 Amount	2021 Amount
Rents received		
Royalties received		

Expenses	2022 Amount	2021 Amount
Advertising		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Other		
Amortization		
Section 481(a) adjustment		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Travel expenses _____

Sales, Purchases, and Disposition of Assets in 2022
(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

Sample Client

1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging	_____
Gas and Oil.	_____
Mileage	_____
Other	_____
Miles from old home to your new workplace	_____
Miles from old home to old workplace	_____
Member of the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA.	_____
Contributions to a ROTH IRA	_____

4. OTHER DEDUCTIONS

Description	Amount
Educator expenses.	_____
Alimony paid Rec. SSN: _____	_____
Date of original divorce/separation _____	
Health Savings Account contributions	_____
Archer Medical Savings Account contributions	_____
Jury duty repayment to employer	_____
Foreign qualified housing expenses.	_____
Contributions to College 529 Savings Plan. .	_____
Qualified business net (loss) carryover from 2021	_____
Qualified REIT dividends and PTP net (loss) carryover	_____
_____	_____
_____	_____
_____	_____

5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2022 for which you paid a large amount of sales tax? ☐ Yes ☐ No
2. Did you refinance a mortgage during 2022? ☐ Yes ☐ No

Medical and Dental Expenses <i>(not including reimbursements)</i>	2022 Amount	2021 Amount
Medical/dental care insurance premiums (other than self-employed)		
Medicare B and D premiums from SSA-1099 and RRB-1099-R		
Qualified long-term care premiums		
Doctor, dentist, and hospital fees		
Prescription medicines and drugs		
Medical aids such as eyeglasses, contact lenses, and hearing aids		
Total transportation expenses		
Other medical and dental expenses		

Taxes Paid	2022 Amount	2021 Amount
State and local income taxes paid (other than withholdings and estimates)		
Actual state and local general sales taxes paid		
State and local real estate taxes		
Personal state/local property taxes (list type of tax paid) _____		

Interest Paid	2022 Amount	2021 Amount
Home mortgage interest paid to financial institution (enclose Form 1098 or statement)		
Home mortgage interest paid to individual.		
<i>Individual's name</i> _____		
<i>Individual's address</i> _____		
<i>Individual's ID number</i> _____		
Qualified mortgage insurance premiums (VA, FHA, RHS, or private)		
Investment interest expense		

[illegible]

ITEMIZED DEDUCTIONS (continued)

Casualty and Theft Losses (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.

(If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property: _____ Residential property ☐ Business property ☐
 Description of property: _____ Federal Disaster ☐
 Date of loss: _____ FEMA disaster declaration # _____

Amount of damage _____ Cost basis of property _____ Repair Costs _____
 Insurance reimbursement _____ FMV of property before loss _____ Other _____
 Federal monies received _____ FMV of property after loss _____ Other _____

Unreimbursed Employee Business Expenses

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) _____
 Subscriptions related to your work _____
 Licenses and regulatory fees _____
 Tools and supplies used in your work _____
 Work clothes, uniforms if required _____
 Medical exams required by your employer _____
 Work related education (books, tuition) _____
 Legal fees related to your job _____
 Job search expenses (current occupation) _____

***In home office:**

Total square footage _____
 Office square footage _____
 Office square footage _____
 Rent _____
 Insurance _____
 Utilities _____
 Repairs/Maintenance _____

Vehicle Information

Vehicle description _____
 Date placed in service _____
 Cost or basis _____

Miles of vehicle

Business miles _____
 Commuting miles _____
 Other miles _____

Expenses

Actual expenses _____
 (gas, oil, repairs, etc)
 Parking fees and tolls _____
 Travel expenses _____

*Questions relating to mortgage interest, taxes, and casualty losses were asked previously

Sales, Purchases, and Disposition of Assets in 2022

(New clients, enclose detailed listing of all depreciable assets.)

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

Investment Related Expenses

Tax preparation fees _____
 Safe deposit box _____
 Custodial, trust admin fees _____
 Fees to collect interest and dividends _____
 Tax advice not related to investment income _____
 Legal fees related to producing taxable income _____
 Other _____
 Other _____
 Other _____

Other Misc. Deductions

Gambling losses _____
 Estate tax deduction (in respect of a decedent) _____
 Portfolio from Schedule K-1 _____
 Unrecovered investment in a pension _____
 Amortizable premium on taxable bonds _____
 Disabled persons work expenses _____
 Other _____
 Other _____
 Other _____

CREDITS AND PAYMENTS ORGANIZER

Sample Client

Please complete this Organizer before your appointment.

1. CHILD CARE CREDIT

Attach Daycare Provider Statement(s):		Tax-Exempt	Telephone Number	Identification Number	Amount Paid
Care Provider Name	Address				
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

2. RESIDENTIAL ENERGY CREDIT

Solar electric property	_____	Metal or asphalt roof	_____
Solar water heating	_____	Exterior windows and skylights	_____
Small wind energy	_____	Electric heat pump or central air conditioner	_____
Geothermal heat pump	_____	Natural gas, propane or oil water heater	_____
Fuel cell property	_____	Biomass fuel stove	_____
Insulation material	_____	Natural gas, propane or oil furnace	_____
Exterior doors	_____	Advanced main air circulating fan	_____

1. Were the qualified improvements for your main home in the United States? ☐ Yes ☐ No

2. Were any of the improvements related to the construction of this main home? ☐ Yes ☐ No

3. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? ☐ Yes ☐ No

2. Are you currently repaying the First-Time Homebuyer Credit? ☐ Yes ☐ No

3. Do you (and your spouse) have a social security number that allows you to work and is valid? ☐ Yes ☐ No

4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? ☐ Yes ☐ No

4. ESTIMATED TAX PAYMENTS

Federal estimated payments		Date Paid	Amount Paid
Applied from 2021 federal refund		_____	_____
1st quarter payment		_____	_____
2nd quarter payment		_____	_____
3rd quarter payment		_____	_____
4th quarter payment		_____	_____

State estimated payments	Date Paid	Amount Paid	Local estimated payments	Date Paid	Amount Paid
Applied from 2021 state refund	_____	_____	Applied from 2021 local refund	_____	_____
1st quarter payment	_____	_____	1st quarter payment	_____	_____
2nd quarter payment	_____	_____	2nd quarter payment	_____	_____
3rd quarter payment	_____	_____	3rd quarter payment	_____	_____
4th quarter payment	_____	_____	4th quarter payment	_____	_____
State Name	_____	_____	Locality Name	_____	_____