

# TAX ORGANIZER

Dear ,

Enclosed is your Tax Organizer for tax year 2022.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$37 for each \$100 in deductible expenses you find in your 2022 records.

**If our firm prepared your return last year, your prior year amounts are not included in the Prior Year Amount column of your Organizer.** If you need prior year amounts please contact us and a client specific organizer will be uploaded to your secure client portal. You can then use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

**Please call to schedule your appointment:**

Day:  
Date:  
Time:

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

ISAAC McRAE, EA  
6428 8TH STREET NW  
WASHINGTON, DC 20012  
(202) 882-1700  
IRMTAXPRO@ATT.NET

ISAAC McRAE, EA  
6428 8TH STREET NW  
WASHINGTON, DC 20012  
January 5, 2023

Dear Client, Happy New Year,

Thank you for choosing our firm to prepare your income tax returns for tax year 2022. This letter confirms the services we will provide.

**When completed do not email this document. Due to the increase in cyber crimes, identity theft and administrative time, to protect your information and to reduce excessive administrative time going forward all tax documents must be delivered in person, postal mail or mail delivery service, fax or uploaded into the secure client portal.**

**If you decide to email your private tax documents there will be a \$100 administrative fee to download and create storage files for your information. There is no administrative fee for documents uploaded into the secure client portal.**

**Please note, in January 2022 we informed you we will no longer keep paper records and all access to copies of your tax documents will be in the secure client portal.**

**To gain access to the secure client portal, please send an email request to [irmtaxpro@att.net](mailto:irmtaxpro@att.net) and a link containing instructions will be sent.**

We will prepare your federal and state returns for tax year 2022 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2022, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2022 tax return. We appreciate your business.

Sincerely,

\_\_\_\_\_  
ISAAC McRAE, EA

Accepted by:

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

I. McRAE, INCORPORATED  
ISAAC McRAE, EA  
6428 8TH STREET NW  
WASHINGTON, DC 20012



**Organizer Mailing Slip**

# General Information

## Taxpayer

## Spouse

First Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Suffix \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Date of Death \_\_\_\_\_

\_\_\_\_\_

Check ("X") which phone number to list on return.

Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 Legally Blind \_\_\_\_\_  
 Totally Disabled \_\_\_\_\_  
 Claimed as a Dependent \_\_\_\_\_  
 Presidential Election Fund (\$3) \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 State of Residence as of 12/31 \_\_\_\_\_  
 County of Residence as of 12/31 \_\_\_\_\_  
 School District as of 12/31 \_\_\_\_\_  
 Sales tax rate of locality in 2022 \_\_\_\_\_ % \_\_\_\_\_  
 If Part Year, Period of Residency \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type  Driver's license OR  State Issued ID  Driver's license OR  State Issued ID  
 ID number \_\_\_\_\_  
 ID issuing state \_\_\_\_\_  
 ID issue date \_\_\_\_\_  
 ID expiration date \_\_\_\_\_

## Filing Status

Status on 2021 return :   
 Status as of 12/31/2022 :  1 Single  
 Enter ("X") in the box  2 Married filing joint  
 3 Married filing separately  
 (Enter spouse's name and SSN above)  
 4 Head of Household Non-dependent name: \_\_\_\_\_  
 Non-dependent SSN: \_\_\_\_\_  
 5 Qualifying surviving spouse (QSS) Year spouse died \_\_\_\_\_

## Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 If address is in a foreign country, enter that country . . . \_\_\_\_\_  
 Foreign province/county . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 If a bona fide resident of a U.S. territory, enter territory . . . \_\_\_\_\_

## Preparer's Information

Preparer's name ISAAC McRAE, EA  
 Firm's name I. McRAE, INCORPORATED  
 Street 6428 8TH STREET NW  
 City WASHINGTON State DC Zip Code 20012

## Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
 here \_\_\_\_\_ Date \_\_\_\_\_

**Questions**

**Yes No**

**Personal Information**

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- 2 Did you purchase or sell your principal residence or did your address change?
- 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2022?
- 5 Were either you or your spouse in the military or National Guard?
- 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
- 7 Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?

**Yes No**

**Dependents**

- 1 Are there any changes in your dependents from last year?
- 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,150 in investment income?
- 3 Did you pay education expenses for your dependent children?
- 4 Did anyone in your family receive a scholarship of any kind during 2022?
- 5 Did you pay any dependent care expenses for a child or a parent?
- 6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- 7 Are all of your dependents either US residents or citizens?

**Yes No**

**Health Care Coverage**

- 1 Did you or a member of your family have minimum essential coverage in 2022? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

**Yes No**

**Income (In 2022, did you or your spouse have any of the following?)**

- 1 Wages? (include form(s) W-2)
- 2 Non-employee compensation? (include form(s) 1099-NEC)
- 3 Miscellaneous Income? (include form(s) 1099-MISC)
- 4 Interest income? (include form(s) 1099-INT)
- 5 Dividend income? (include form(s) 1099-DIV)
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
- 8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
- 9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 10 Disability income? (include form(s) W-2 or 1099)
- 11 Unemployment compensation? (include form(s) 1099-G)
- 12 Alimony?
- 13 Did you receive tip income NOT reported to your employer?
- 14 Did you receive payments from a Long-Term Care insurance contract?
- 15 Did you barter your services for goods or services from someone else?
- 16 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 17 Did you receive employer-provided adoption benefits for a previous year?
- 18 Did you cash in any U.S. savings bonds?
- 19 Did you make a loan to someone at an interest rate below market rate?
- 20 Did you receive a housing allowance for ministerial services you provided?
- 21 Did you receive any income not reported in this Organizer?
- 22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 23 Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

**Yes No**

**Foreign Reporting**

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?

**Yes No**

**Retirement & Other Plans**

- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
- 2 Did you rollover a retirement plan distribution into another plan?
- 3 Did you convert a traditional IRA to a Roth IRA?
- 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- 5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- 6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
- 7 Did you make any contributions to an HSA (Health Savings Account) in 2022?
- 8 Did you receive a qualified disaster distribution in 2022?
- 9 Did you receive an early distribution for a qualified birth or adoption distribution?

Yes	No	<b><u>Purchases, Sales, Gains and Losses</u></b>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	2	Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you purchase a new vehicle, aircraft or boat?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did any security become worthless during 2022?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did any debts become uncollectible during 2022?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No	<b><u>Business and Rental Property Income &amp; Deductions</u></b>	
<input type="checkbox"/>	<input type="checkbox"/>	1	If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you remove any of your business assets for personal use?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2022?
<input type="checkbox"/>	<input type="checkbox"/>	8	Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<input type="checkbox"/>	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase any furniture or equipment for your business?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you make any improvements to your rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you receive income from raising animals or crops?

Yes	No	<b><u>Other Deductions</u></b>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2022?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2022?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you refinance a mortgage or take out a home equity loan during 2022?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you or your spouse pay any educational expenses for yourselves?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did you pay alimony?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did you donate non-cash donations?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you donate a vehicle?

Yes	No	<b><u>Miscellaneous</u></b>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you make gifts of more than \$16,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you engage the service of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	4	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	5	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2022?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	8	Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes  No

**Return preparation and filing**

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account:  Checking  Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return  Credit card

Installment Agreement

Direct debit (please provide a voided blank check)

Type of account:  Checking  Savings

3

Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's  
name \_\_\_\_\_

Phone  
Number \_\_\_\_\_

Personal identification  
Number (5 digit PIN) \_\_\_\_\_









Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

<b>"X"</b> <b>if</b> <b>spouse</b>	<b>Employer's Name</b>	<b>Box 1</b> <b>Wages, Tips</b> <b>Other Comp</b>	<b>Box 2</b> <b>Federal Income</b> <b>Tax Withheld</b>	<b>Box 16</b> <b>State</b> <b>Wages</b>	<b>Box 17</b> <b>State Income</b> <b>Tax Withheld</b>
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
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<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Retirement Income

#### 1099-R Information

<b>"X" if spouse</b>		<b>Payer's Name</b>	<b>Box 1 Gross Distribution</b>	<b>Box 4 Federal Income Tax Withheld</b>	<b>Box 16 State Distribution</b>	<b>Box 14 State Income Tax Withheld</b>
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
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<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Alimony Received

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Payer	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	1	
<input type="checkbox"/>	2 _____	_____	2	
<input type="checkbox"/>	3 _____	_____	3	
<input type="checkbox"/>	4 _____	_____	4	
<input type="checkbox"/>	5 _____	_____	5	
<input type="checkbox"/>	6 _____	_____	6	
<input type="checkbox"/>	7 _____	_____	7	
<input type="checkbox"/>	8 _____	_____	8	
<input type="checkbox"/>	9 _____	_____	9	

### Alimony Paid

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Recipient's Name	Recipient's SSN	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	_____	1	
<input type="checkbox"/>	2 _____	_____	_____	2	
<input type="checkbox"/>	3 _____	_____	_____	3	
<input type="checkbox"/>	4 _____	_____	_____	4	
<input type="checkbox"/>	5 _____	_____	_____	5	
<input type="checkbox"/>	6 _____	_____	_____	6	
<input type="checkbox"/>	7 _____	_____	_____	7	
<input type="checkbox"/>	8 _____	_____	_____	8	
<input type="checkbox"/>	9 _____	_____	_____	9	

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Social Security and Railroad Retirement

**Filer**

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 4
- 5 Enter the total amount of Medicare B Premiums withheld. . . . . 5
- 6 Enter the total amount of Medicare D Premiums withheld. . . . . 6

Current Year Amount	Prior Year Amount

**Spouse**

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 10
- 11 Enter the total amount of Medicare B Premiums withheld. . . . . 11
- 12 Enter the total amount of Medicare D Premiums withheld. . . . . 12


Name \_\_\_\_\_

SSN \_\_\_\_\_

## IRA and Other Contribution Information

### Traditional IRA Contributions

**Filer**

- 1 Enter total traditional IRA contributions made for 2022 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2022 and before 04/15/2023 . . . . . 2
- 3 Enter value of all traditional IRAs on 12/31/2022 . . . . . 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2023 . . . . . 4

Current Year Amount	Prior Year Amount

**Spouse**

- 5 Enter total traditional IRA contributions made for 2022 . . . . . 5
- 6 Enter contributions, on line 5, made after 12/31/2022 and before 04/15/2023 . . . . . 6
- 7 Enter value of all traditional IRAs on 12/31/2022 . . . . . 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2023 . . . . . 8


### Roth IRA Contributions

**Filer**

- 1 Enter 2022 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2022 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2022 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2022 . . . . . 4


### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2022 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2022 . . . . . 2

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### Education (Coverdell ESA)

**Filer**

- 1 Enter 2022 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2022 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2022 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2022 . . . . . 4


### Other

**Filer**

- 1 Repayment of qualified reservist distributions . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Repayment of qualified reservist distributions . . . . . 2

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Name \_\_\_\_\_

SSN \_\_\_\_\_

**Medical and Dental - Itemized Deductions**

		Current Year Amount	Prior Year Amount
<b>1</b>	Prescription medications . . . . .	<b>1</b>	
<b>2</b>	Fees for doctors, dentists, etc. . . . .	<b>2</b>	
<b>3</b>	Fees for hospitals, clinics, etc. . . . .	<b>3</b>	
<b>4</b>	Lab and X-ray fees . . . . .	<b>4</b>	
<b>5</b>	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. . . . .	<b>5</b>	
<b>6</b>	Medical equipment and supplies . . . . .	<b>6</b>	
<b>7</b>	Medical mileage (number of miles driven)	<b>7</b>	
	January 1 to June 30 . . . . .		
	July 1 to December 31 . . . . .		
<b>8</b>	Medical parking, tolls and local transportation . . . . .	<b>8</b>	
<b>9</b>	Lodging for medical purposes (up to \$50 per night per person) . . . . .	<b>9</b>	
<b>10</b>	Health/Dental/Other ins. premiums (do not include self-employed plans) . . . . .	<b>10</b>	
<b>11</b>	Long Term Care insurance premiums (taxpayer) . . . . .	<b>11</b>	
<b>12</b>	Long Term Care insurance premiums (spouse) . . . . .	<b>12</b>	
<b>13</b>	Expenses to stop smoking . . . . .	<b>13</b>	
<b>14</b>	Health insurance premiums - coverage established under your business (1) . . . . .	<b>14</b>	
<b>15</b>	Health insurance premiums - coverage established under your business (2) . . . . .	<b>15</b>	
<b>16</b>	Long Term Care insurance premiums - coverage est. under your business (1) . . . . .	<b>16</b>	
<b>17</b>	Long Term Care insurance premiums - coverage est. under your business (2) . . . . .	<b>17</b>	
<b>18</b>	_____	<b>18</b>	
<b>19</b>	_____	<b>19</b>	
<b>20</b>	_____	<b>20</b>	
<b>21</b>	_____	<b>21</b>	
<b>22</b>	Insurance reimbursement for any medical and dental expense listed above	<b>22</b>	

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Taxes - Itemized Deductions

		Current Year Amount	Prior Year Amount
<b>Real Estate Taxes</b>			
23	Principal residence . . . . .	23	
24	Real estate taxes from Schedule E properties . . . . .	24	
<b>Real Estate Not Held For Investment</b>			
25	_____	25	
26	_____	26	
27	_____	27	
28	_____	28	
29	_____	29	
<b>Real Estate Held For Investment</b>			
30	_____	30	
31	_____	31	
32	_____	32	
33	_____	33	
34	_____	34	
<b>Personal property taxes</b>			
35	Non-business portion of vehicle personal property taxes . . . . .	35	
36	_____	36	
37	_____	37	
38	_____	38	
39	_____	39	
40	_____	40	
<b>Non-Personal Property Taxes</b>			
41	K1 (1065) - Other deductions/taxes . . . . .	41	
42	K1 (1120S) - Other deductions/taxes . . . . .	42	
43	K1 (1041) - Other deductions/taxes . . . . .	43	
44	Foreign Taxes . . . . .	44	
45	From Schedule E properties . . . . .	45	
46	_____	46	
47	_____	47	
48	_____	48	

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest - Itemized Deductions**

**Home Mortgage Interest and Points Reported on Form 1098**

Current Year Amount	Prior Year Amount

49 Lender \_\_\_\_\_ 49

50 Lender \_\_\_\_\_ 50

51 Lender \_\_\_\_\_ 51

52 Lender \_\_\_\_\_ 52

**Home Mortgage Interest Not Reported on Form 1098**

53 Name: \_\_\_\_\_ 53

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

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54 Mortgage insurance premiums paid on 2022 acquisition indebtedness for principal residence . . . . . 54

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**Refinancing Points**

55 Description . . . . . 55

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2022 . . . . .


56 Description . . . . . 56

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2022 . . . . .


57 Description . . . . . 57

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2022 . . . . .


58 Description . . . . . 58

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2022 . . . . .


59 Investment interest paid . . . . . 59

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Name \_\_\_\_\_

SSN \_\_\_\_\_

### Noncash Charitable Contributions (Total of Contributions more than \$500)

**Information on Donated Property**

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
<b>1</b>	Name Address City State Zip Code	
<b>2</b>	Name Address City State Zip Code	
<b>3</b>	Name Address City State Zip Code	
<b>4</b>	Name Address City State Zip Code	
<b>5</b>	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Employee Business Expenses

Enter "X" in one box:  Filer  Spouse

Occupation in which you incurred the expenses \_\_\_\_\_

Enter "X" if expenses incurred while working as a reservist, performing artist or fee-based gov't official

**IMPORTANT: Per TCJA updates only reservists, qualified performing artists, fee-basis gov't officials, and employees with impairment-related work expenses can deduct the following business expenses on the federal return. All others, enter information below for certain applicable states that allow the deduction(s).**

		Current Year Amount	Prior Year Amount
<b>Meals</b>			
1	Meals . . . . .		
2	Enter "X" in the box if subject to DOT hours of service limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

<b>Travel Expenses</b>		Current Year Amount	Prior Year Amount
3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. . . . .		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals . . . . .		

<b>Other Employment Related Expenses</b>		Current Year Amount	Prior Year Amount
5	Business gifts . . . . .		
6	Employment related education expenses . . . . .		
7	Trade publications . . . . .		
8	_____		
9	_____		
10	_____		
11	_____		
12	_____		

<b>Employer Reimbursements</b>		Current Year Amount	Prior Year Amount
13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2 . . . . .		
14	Enter other employer reimbursements not reported to you in box 1 of Form W-2 . . . . .		
15	Enter the total expense for meals and entertainment for the period covered by the reimbursements . . . . .		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2021 and paid in 2022 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

#### Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	February . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	March . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	April . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	May . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	June . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	July . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	August . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	September . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	October . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	November . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	December . . . . .	_____

#### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2022
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

#### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2022	
1	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
2	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
3	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
4	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
5	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Household Employment Taxes

Enter "X" in one box:

Filer

Employer Identification Number \_\_\_\_\_

Spouse

A household employee, generally, does not include spouse, children, parents or a person under age 18.

### Social Security, Medicare, and Income Taxes

Enter "X" in the appropriate boxes

1 Did you pay ANY ONE household employee cash wages of \$2,400 or more in 2022? . . . 1  Yes  No  
If yes, skip to line 4.

2 Did you withhold Federal income tax during 2022 for any household employees? . . . . . 2  Yes  No  
If yes, skip to line 5.

3 Did you pay TOTAL cash wages of \$1,000 or more in ANY calendar QUARTER  
of 2021 or 2022 to household employees? . . . . . 3  Yes  No

	Current Year Amount	Prior Year Amount
4 Enter the total amount of wages paid to all employees, who were each paid in excess of \$2,400 during the year. . . . . 4		
5 Total Federal income tax withheld . . . . . 5		

Unemployment Tax - If wages above were in excess of \$1,000 in any one quarter, include the following information:

Enter "X" in the appropriate boxes

6 Did you pay unemployment contributions to only one state? . . . . . 6  Yes  No

7 Did you pay all state unemployment contributions by April 18, 2023? . . . . . 7  Yes  No

8 Were all wages that are taxable for federal unemployment also taxable  
for your state unemployment tax? . . . . . 8  Yes  No

If you checked the "Yes" box on ALL the lines above, complete Section A. Otherwise complete Section B.

### Section A

9 Name of State where you paid unemployment contributions . . . . . 9	
10 State reporting number as shown on State unemployment return . . . . . 10	
11 Amount of contributions paid to the State unemployment fund . . . . . 11	
12 Total cash wages subject to FUTA . . . . . 12	

### Section B

	State Unemployment	State Unemployment
13 Name of State where you paid unemployment contributions . . . . . 13		
14 State reporting number as shown on State unemployment return . . . . . 14		
15 Wages, subject to state unemployment tax, reported to State . . . . . 15		
16 State experience rate . . . . . 16		
17 State experience rate period a. From . . . . . 17a		
b. To . . . . . 17b		
18 Amount of contributions paid to the State unemployment fund . . . . . 18		