

Glenmar CPAs
PO Box 12629
Covington, KY 41012-0629
859-379-5311

Dear Client:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2022 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2021 personal income tax return.

Enter 2022 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Driver's license(s) for taxpayer (and spouse, if applicable).
- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, digital assets, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- Statements from U.S. Department of Education supporting federal student loan forgiveness.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- All Forms 1099-QA and/or 5498-QA related to ABLE (Achieving a Better Life Experience) account.
- All Forms 1099-H related to Health Coverage Tax Credit (HCTC) advance payments.
- Statements supporting deductions for mortgage interest (Forms 1098), taxes, and charitable contributions (including any Form 1098-C).
- Statements supporting the receipt, exchange, sale, use, or any other disposition of a digital asset.
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Six-digit Identity Protection PIN for use during calendar year 2022, if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a

secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

The due date for individual income tax returns is April 18, 2023. In order to meet this filing deadline, substantially all information (including the questionnaire and due diligence checklist) needed to complete the return should be received by us no later than March 15, 2023. Calendar year S corporation and Partnership owners must turn in substantially all of their information and questionnaires by February 15, 2023 to have their business and individual income tax returns completed by the applicable filing deadlines.

Clients who turn in their information after this date will require extensions. It is your responsibility to let us know if you would like to make a payment with your extension(s). Please note that an extension of time to file is not an extension of time to pay. Any tax that may be due with your return(s) must be paid with your extension(s). Any amounts not paid by the filing deadline are subject to interest and penalties.

Thank you for the opportunity to serve you.

Sincerely,

Glenmar CPAs

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Information		
Did you receive State and Local Fiscal Recovery Funds (SLFR) under a program to support those negatively impacted by the COVID-19 pandemic for helping you with your mortgage insurance and/or home purchases, such as funds to pay some or all of the down payment and closing costs associated with your purchase of a home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,300?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Savings Information		
Did you make any contributions to a Health Savings Account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any retirement contributions not reported on your W-2 such as contributions to a traditional or Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Information		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Itemized Deduction Information		
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? <u>If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.</u>	<input type="checkbox"/>	<input type="checkbox"/>
Was any interest reported to you on a Mortgage Interest Statement (Form 1098) used for purposes other than buying, building, or substantially improving the home that secures the loan?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

- Did you make gifts of more than \$16,000 to any individual?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?
- Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?
- Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services)?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

Due Diligence Checklist

If you believe one or more of the below sections do not apply to you, please write "N/A" next to the section title.

IRS regulations require paid tax preparers to perform a series of due diligence requirements for the Earned Income Credit, Child Tax Credit, American Opportunity Tax Credit, and Head of Household Filing Status. As part of our engagement with you and to comply with these requirements, we ask all clients for whom returns are prepared to answer the following due diligence questions. Please respond to the questions below by entering Y (yes) or N (no) and return to our office.

Note - some sections may ask for additional documentation. Please include this with your tax information.

Earned Income Credit - Y or N

Were you (taxpayer(s)) a US citizen or resident alien for all of 2022? _____

Are dependent(s) claimed on your tax return your: son, daughter, stepchild, foster child, or a descendant of any of them (for example, your grandchild), or brother, sister, half-brother, half-sister, stepbrother, stepsister, or a descendant of any of them (for example, your niece or nephew)? _____

Did any dependent(s) file a joint return with another person for 2022? _____

Did dependent(s) live with you in the United States for more than half of 2022? _____

*You can't claim the EIC for a child who didn't live with you for more than half of the year, even if you paid most of the child's living expenses.

Do you believe dependent(s) could also meet the qualifications to be a qualifying child of another tax filer? _____

*Sometimes a child meets the tests to be a qualifying child of more than one person. However, only one of these persons can actually treat the child as a qualifying child. Only that person can use the child as a qualifying child.

Child Tax Credit - Y or N

Are dependent(s) claimed on your tax return your: son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half-brother, half-sister, or a descendant of any of them (for example, your grandchild, niece, or nephew)? _____

Did dependent(s) provide over half of his or her own support for 2022? _____

Did dependent(s) live with you for more than half of 2022? _____

Did dependent(s) file a joint return with another person for 2022? _____

Are dependent(s) a U.S. citizen, a U.S. national, or a U.S. resident alien? _____

If the child(ren) did not live with you for more than half of the year, has the child's custodial parent released a claim to exemption? Please attach Form 8332 (if post-2008 divorce or separation) or a copy of the divorce decree or separation agreement (if pre-2009). _____

Please provide one of the following proving the existence and residence of the child: school record or statement, landlord or property management statement, health care provider

statement, medical records, child care provider records, placement agency statement, social service records or statement, or place of worship statement.

American Opportunity Tax Credit- *Y or N*

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses. ____

As of the beginning of 2022, has the student completed the first 4 years of postsecondary education (generally, the freshman through senior years of college), as determined by the eligible educational institution? ____

For the student, has either the American Opportunity Tax credit or the Hope Scholarship credit been claimed by you or anyone else for this student for any 4 tax years before 2022? ____

*If the American Opportunity Tax credit (and Hope Scholarship credit) has been claimed for this student for any 3 or fewer tax years before 2022, this requirement is met.

For at least one academic period beginning (or treated as beginning) in 2022, has the student met both of the following? ____

(a) Was enrolled in a program that leads to a degree, certificate, or other recognized educational credential; and

(b) Carried at least one-half the normal full-time workload for his or her course of study.

*The standard for what is half of the normal full-time work load is determined by each eligible educational institution. However, the standard may not be lower than any of those established by the U.S. Department of Education under the Higher Education Act of 1965. For 2022, treat an academic period beginning in the first 3 months of 2022 as if it began in 2022 if qualified education expenses for the student were paid in 2022 for that academic period.

As of the end of 2022, has the student been convicted of a federal or state felony for possessing or distributing a controlled substance? ____

Head of Household Filing Status - *Y or N*

Are you, the taxpayer, unmarried on 12/31/22 and do you provide more than half of the cost of keeping up a home for the year for a qualifying person? ____

General - *Y or N*

Can you provide documentation to substantiate the above answers? ____

Have you ever had any of these credits disallowed or reduced in the past? ____

Completed By: _____

Date: _____

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) [1]

Mark if you were married but living apart all year [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

Social security number Taxpayer [4] Spouse [5]

First name [6] [7]

Last name [8] [9]

Occupation [10] [11]

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) [12] [14]

Mark if dependent of another taxpayer [15] [16]

Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) [17]

Mark if legally blind [20] [21]

Date of birth [22] [24]

Date of death [26] [27]

Work/daytime telephone number/ext number [28] [29] [30] [31]

Home/evening telephone number [32] [33]

Do you authorize us to discuss your return with the IRS? (Y, N) [34]

Present Mailing Address

Address [40]

Apartment number [41]

City, state postal code, zip code [42] [43] [44]

Foreign country name [46]

Foreign phone number [49]

In care of addressee [51]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

Table with 8 columns: First Name, Last Name, Date of Birth, Social Security No., Relationship, Months in home, Dep Codes, Care expenses paid for dependent.

Name of child who lived with you but is not your dependent [53]

Social security number of qualifying person [54]

Dependent Codes

- *Basic 1 = Child who lived with you, 2 = Child who did not live with you due to divorce/separation, 3 = Other dependent, 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC), 5 = Qualifying child for Earned Income Credit only, 6 = Children who lived with you, but do not qualify for Earned Income Credit, 7 = Children who lived with you, but do not qualify for Child Tax Credit, 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit.
**Other 1 = Student (Age 19 - 23), 2 = Disabled dependent, 3 = Dependent who is both a student and disabled.
***Months 77 = Reported on odd year return, 88 = Reported on even year return, 99 = Not reported on return.

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [20]

Mobile telephone number _____ [12] _____ [21]

Mobile telephone #2 number _____ [13] _____ [22]

Pager number _____ [14] _____ [23]

Other: _____ [15] _____ [24]

Telephone number _____ [16] _____ [25]

Extension _____ [17] _____ [26]

Preferred method of contact: _____ [18] _____ [27]

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [27]

NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____ [1]

Primary account:

Financial institution routing transit number _____ [3]
 Name of financial institution _____ [4]
 Your account number _____ [5]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [6]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [9]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [10]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Secondary account #1:

Financial institution routing transit number _____ [27]
 Name of financial institution _____ [28]
 Your account number _____ [29]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [30]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [31]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [32]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Secondary account #2:

Financial institution routing transit number _____ [33]
 Name of financial institution _____ [34]
 Your account number _____ [35]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [36]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [37]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [38]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [17] or Percent (xxx.xx) _____ [18]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [15] or Percent (xxx.xx) _____ [16]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]
 Owner's name (First Last) _____ [40] _____ [41]
 Co-owner or beneficiary (First Last) _____ [42] _____ [43]
 Mark if the name listed above is a beneficiary _____ [44]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [23] or Percent (xxx.xx) _____ [24]
 Owner's name (First Last) _____ [45] _____ [46]
 Co-owner or beneficiary (First Last) _____ [47] _____ [48]
 Mark if the name listed above is a beneficiary _____ [49]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____ [1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____ [2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____ [9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____ [7]

Spouse self-selected Personal Identification Number (PIN) _____ [8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____[1]
Identification number _____[3]
Issue date _____[4]
Expiration date (mm/dd/yyyy) _____[5]
Location of issuance (State issued only) _____[6]
Document number (New York only) _____[7]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____[10]
Identification number _____[12]
Issue date _____[13]
Expiration date (mm/dd/yyyy) _____[14]
Location of issuance (State issued only) _____[15]
Document number (New York only) _____[16]

NOTES/QUESTIONS:

If you have an overpayment of 2022 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2023 estimated tax liability _____ [53]

Do you expect a considerable change in your 2023 income? (Y, N) _____ [54]

If yes, please explain any differences: _____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2023? (Y, N) _____ [59]

If yes, please explain any differences: _____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2023 withholding? (Y, N) _____ [64]

If yes, please explain any differences: _____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2023? (Y, N) _____ [69]

If yes, please explain any differences: _____ [70]

_____ [71]

_____ [72]

_____ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) _____ [74]

2022 Federal Estimated Tax Payments

2021 overpayment applied to 2022 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/22	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/22	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/22	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/17/23	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

***Method of payment indicated in prior year**

EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
 Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J)

__ [1]

State postal code

__ [2]

Amount paid with 2021 return

+ _____ [3]

2021 overpayment applied to '22 estimates

+ _____ [4]

Treat calculated amounts as paid

__ [8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]	<div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ _____ </div>
2nd quarter payment	_____ [11]	+	_____ [12]	
3rd quarter payment	_____ [13]	+	_____ [14]	
4th quarter payment	_____ [15]	+	_____ [16]	
Additional payment	_____ [17]	+	_____ [18]	

2022 City Estimated Tax Payments

City #1		City #2	
City name	_____ [28]	City name	_____ [50]
Amount paid with 2021 return	+ _____ [31]	Amount paid with 2021 return	+ _____ [53]
2021 overpayment applied to '22 estimates	+ _____ [32]	2021 overpayment applied to '22 estimates	+ _____ [54]
Treat calculated amounts as paid	__ [36]	Treat calculated amounts as paid	__ [58]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name	_____ [72]	City name	_____ [94]
Amount paid with 2021 return	+ _____ [75]	Amount paid with 2021 return	+ _____ [97]
2021 overpayment applied to '22 estimates	+ _____ [76]	2021 overpayment applied to '22 estimates	+ _____ [98]
Treat calculated amounts as paid	__ [80]	Treat calculated amounts as paid	__ [102]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Please provide all copies of Form W-2.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
Employer name _____ [3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
Mark if this is your current employer _____ [6]
Federal wages and salaries **(Box 1)** + _____ [10]
Federal tax withheld **(Box 2)** + _____ [12]
Social security wages **(Box 3)** (If different than federal wages) + _____ [14]
Social security tax withheld **(Box 4)** + _____ [16]
Medicare wages **(Box 5)** (If different than federal wages) + _____ [18]
Medicare tax withheld **(Box 6)** + _____ [21]
SS tips **(Box 7)** + _____ [23]
Allocated tips **(Box 8)** + _____ [25]
Dependent care benefits **(Box 10)** + _____ [27]
Box 13 -
Statutory employee _____ [29]
Retirement plan _____ [30]
Third-party sick pay _____ [31]
State postal code **(Box 15)** _____ [32]
State wages **(Box 16)** (If different than federal wages) + _____ [34]
State tax withheld **(Box 17)** + _____ [36]
Local wages **(Box 18)** + _____ [38]
Local tax withheld **(Box 19)** + _____ [40]
Name of locality **(Box 20)** _____ [43]

Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
Employer name _____ [3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
Mark if this your current employer _____ [6]
Federal wages and salaries **(Box 1)** + _____ [10]
Federal tax withheld **(Box 2)** + _____ [12]
Social security wages **(Box 3)** (If different than federal wages) + _____ [14]
Social security tax withheld **(Box 4)** + _____ [16]
Medicare wages **(Box 5)** (If different than federal wages) + _____ [18]
Medicare tax withheld **(Box 6)** + _____ [21]
SS tips **(Box 7)** + _____ [23]
Allocated tips **(Box 8)** + _____ [25]
Dependent care benefits **(Box 10)** + _____ [27]
Box 13 -
Statutory employee _____ [29]
Retirement plan _____ [30]
Third-party sick pay _____ [31]
State postal code **(Box 15)** _____ [32]
State wages **(Box 16)** (If different than federal wages) + _____ [34]
State tax withheld **(Box 17)** + _____ [36]
Local wages **(Box 18)** + _____ [38]
Local tax withheld **(Box 19)** + _____ [40]
Name of locality **(Box 20)** _____ [43]

Control Totals +

Interest Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals	+	Income	Form ID: B-1
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Dividend Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code (**See codes below)	Ordinary Dividends	[2] Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer											
	Amounts	+										
2	Payer											
	Amounts	+										
3	Payer											
	Amounts	+										
4	Payer											
	Amounts	+										
5	Payer											
	Amounts	+										
6	Payer											
	Amounts	+										
7	Payer											
	Amounts	+										
8	Payer											
	Amounts	+										
9	Payer											
	Amounts	+										
10	Payer											
	Amounts	+										

**Dividend Codes
Blank = Other 3 = Nominee

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of payer _____	_ [3]	
State postal code _____	_ [6]	
Gross distributions received (Box 1)	+ _____ [8]	
Taxable amount received (Box 2a)	+ _____ [10]	
Federal withholding (Box 4)	+ _____ [12]	
Distribution code (Box 7)	_ [15]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	_ [17]	
State withholding (Box 14)	+ _____ [18]	
Local withholding (Box 17)	+ _____ [20]	
Amount of rollover	+ _____ [22]	
Mark if distribution was due to a pre-retirement age disability	_ [24]	

	Control Totals +	
--	-------------------------	--

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of payer _____	_ [3]	
State postal code _____	_ [6]	
Gross distributions received (Box 1)	+ _____ [8]	
Taxable amount received (Box 2a)	+ _____ [10]	
Federal withholding (Box 4)	+ _____ [12]	
Distribution code (Box 7)	_ [15]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	_ [17]	
State withholding (Box 14)	+ _____ [18]	
Local withholding (Box 17)	+ _____ [20]	
Amount of rollover	+ _____ [22]	
Mark if distribution was due to a pre-retirement age disability	_ [24]	

	Control Totals +	
--	-------------------------	--

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of payer _____	_ [3]	
State postal code _____	_ [6]	
Gross distributions received (Box 1)	+ _____ [8]	
Taxable amount received (Box 2a)	+ _____ [10]	
Federal withholding (Box 4)	+ _____ [12]	
Distribution code (Box 7)	_ [15]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	_ [17]	
State withholding (Box 14)	+ _____ [18]	
Local withholding (Box 17)	+ _____ [20]	
Amount of rollover	+ _____ [22]	
Mark if distribution was due to a pre-retirement age disability	_ [24]	

	Control Totals +	
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NOTES/QUESTIONS:

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)

__ [1]

State postal code

___ [3]

Social Security Benefits

2022 Information

Prior Year Information

If you received a Form SSA - 1099, please complete the following information:

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ _____ [7]

Prescription drug (Part D) premiums

+ _____ [9]

Net Benefits for 2022 (Box 3 minus Box 4) (Box 5)

+ _____ [12]

Voluntary Federal Income Tax Withheld (Box 6)

+ _____ [14]

Grey box for Prior Year Information with three horizontal lines.

Tier 1 Railroad Benefits

2022 Information

Prior Year Information

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2022 (Box 5)

+ _____ [22]

Federal Income Tax Withheld (Box 10)

+ _____ [25]

Medicare Premium Total (Box 11)

+ _____ [27]

Grey box for Prior Year Information with three horizontal lines.

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2022 or receive any prior year benefits in 2022. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

Five horizontal lines for additional information with labels [40] through [44] on the right.

NOTES/QUESTIONS:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2022	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2022	+ _____ [5]	+ _____ [6]
Enter the nondeductible contribution amount made in 2023 for use in 2022	+ _____ [7]	+ _____ [8]
Traditional IRA basis	+ _____ [17]	+ _____ [18]
Value of all your traditional IRA's on December 31, 2022:	+ _____ [19]	+ _____ [20]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2021 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [29]	__ [30]
Enter the total Roth IRA contributions made for use in 2022	+ _____ [31]	+ _____ [32]
Enter the amount a 2022 Roth IRA conversion should be adjusted by	+ _____ [39]	+ _____ [40]
Enter the total contribution Roth IRA basis on December 31, 2021	+ _____ [43]	+ _____ [44]
Enter the total Roth IRA contribution recharacterizations for 2022	+ _____ [45]	+ _____ [46]
Enter the Roth conversion IRA basis on December 31, 2021	+ _____ [47]	+ _____ [48]
Value of all your Roth IRA's on December 31, 2022:	+ _____ [49]	+ _____ [50]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

1 Preparer use only

	2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	[6]	
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	[15]	
City/State/Zip	[16] [17]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	[19]	
If other:	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	[22]	
If other enter explanation:	[24]	
Enter an explanation if there was a change in determining your inventory:	[25]	
Did you "materially participate" in this business? (Y, N)	[26]	
If not, number of hours you did significantly participate	[28]	
Mark if you began or acquired this business in 2022	[30]	
Did you make any payments in 2022 that require you to file Form(s) 1099? (Y, N)	[31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[33]	
Mark if this business is considered related to qualified services as a minister or religious worker	[35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	[37]	
Medical insurance premiums paid by this activity	+ [40]	
Long-term care premiums paid by this activity	+ [44]	
Amount of wages received as a statutory employee	+ [47]	

Business Income

	2022 Information	Prior Year Information
Gross receipts and sales	+ [52]	
	+ [53]	
	+ [54]	
Returns and allowances	+ [55]	
Other income:	+ [57]	
	+ [58]	
	+ [59]	

Cost of Goods Sold

	2022 Information	Prior Year Information
Beginning inventory	+ [59]	
Purchases	+ [61]	
Labor:	+ [63]	
	+ [64]	
Materials	+ [65]	
Other costs:	+ [67]	
	+ [68]	
	+ [69]	
Ending inventory	+ [69]	

Control Totals +

Business

1 Preparer use only

		2022 Information	Prior Year Information
Description		[2]	
Taxpayer/Spouse/Joint (T, S, J)	T [3]	State postal code [5]	
Physical address: Street		[6]	
City, state, zip code		[7] [8] [9]	
Foreign country		[11]	
Foreign province/county		[12]	
Foreign postal code		[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)		[14]	
Description of other type (Type code #8)		[15]	
Did you make any payments in 2022 that require you to file Form(s) 1099? (Y,N)		[16]	—
If "Yes", did you or will you file all required Forms 1099? (Y, N)		[18]	—
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)		[20]	
Percentage of ownership if not 100%		[22]	
Business use percentage, if not 100% (Not vacation home percentage)		[24]	

Rent and Royalty Income

Rents and royalties	2022 Information	Prior Year Information
	+ [33]	

Rent and Royalty Expenses

	2022 Information	Percent if not 100%	Prior Year Information
Advertising	+ [35]	[36]	
Auto	+ [38]	[39]	
Travel	+ [41]	[42]	
Cleaning and maintenance	+ [44]	[45]	
Commissions:			
	+ [47]	[49]	
Insurance:			
	+ [50]	[52]	
Legal and professional fees	+ [54]	[55]	
Management fees:			
	+ [57]	[59]	
Mortgage interest paid to banks, etc (Form 1098)			
	+ [60]	[62]	
Other mortgage interest	+ [63]	[65]	
Qualified mortgage insurance premiums	+ [66]	[67]	
Other interest:			
	+ [69]	[71]	
Repairs	+ [72]	[73]	
Supplies	+ [75]	[76]	
Taxes:			
	+ [78]	[80]	
Utilities	+ [81]	[82]	
Depreciation	+ [84]	[85]	
Depletion	+ [87]	[88]	
Other expenses:			
	+ [90]		

Alimony Paid:

T/S	Date*	2022 Information	Prior Year Information
		+ _____ [4]	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+ _____	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+ _____	
	Recipient name and SSN		
	Address		
	City, state and zip code		

* Date of divorce/separation agreement

	2022 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ _____ [6]	+ _____ [7]	
	+ _____	+ _____	
Other adjustments:	+ _____ [9]	+ _____ [10]	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	

NOTES/QUESTIONS:

T/S/J		2022 Interest Paid [2]	2022 Points Paid	Type*	Prior Year Information
	Home mortgage interest: From Form 1098				
[1]	_____	+ _____	+ _____	---	
-	_____	+ _____	+ _____	---	
-	_____	+ _____	+ _____	---	
-	_____	+ _____	+ _____	---	
-	_____	+ _____	+ _____	---	
-	_____	+ _____	+ _____	---	
-	_____	+ _____	+ _____	---	
-	_____	+ _____	+ _____	---	
-	_____	+ _____	+ _____	---	
-	_____	+ _____	+ _____	---	

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2022 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]	_____	_____	+ _____ [5]	
	Address _____			
	City, state and zip code _____			
	_____	_____	+ _____	
	Address _____			
	City, state and zip code _____			

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

-	Payer's/Borrower's name _____ [7]		
	Street Address _____		
	City/State/Zip code _____		
	Refinancing Points paid in 2022 -		
	Taxpayer/Spouse/Joint (T, S, J) _____ [11]		
	Recipient/Lender name _____		
	Total points paid at time of refinance _____		
	Points deemed as paid in 2022 (Preparer use only) + _____ [12]		
	Date of refinance _____		
	Term of new loan (in months) _____		
	Reported on Form 1098 in 2022 _____		
	Taxpayer/Spouse/Joint (T, S, J) _____		
	Recipient/Lender name _____		
	Total points paid at time of refinance _____		
	Points deemed as paid in 2022 (Preparer use only) + _____		
	Date of refinance _____		
	Term of new loan (in months) _____		
	Reported on Form 1098 in 2022 _____		

T/S/J		2022 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:		
[15]	_____	+ _____ [16]	
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J	2022 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[1] _____	+ _____ [2]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Union dues, other than amounts reported on Form W-2:		
[4] _____	+ _____ [5]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[7] Tax preparation fees		
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
[10] _____	+ _____ [11]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[13] Safe deposit box rental		
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
[16] _____	+ _____ [17]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

NOTES/QUESTIONS:

2022 Information

Prior Year Information

Taxpayer

Spouse

Self-employed health insurance premiums: (Not entered elsewhere)

_____ + _____ [2] + _____ [3]
_____ + _____ [3]

Self-employed long-term care premiums: (Not entered elsewhere)

_____ + _____ [5] + _____ [6]
_____ + _____ [6]

Grey rectangular box with three horizontal lines inside, representing a placeholder for prior year information.

NOTES/QUESTIONS:

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) _____

Social security number _____