

2022 PERSONAL TAX DATA ORGANIZER

The information required on this form is pertinent to the preparation of your PERSONAL income tax return and relates to you and your family personally, and not to any business operations that you might have. All your records used in the preparation of your tax return must be retained for no less than 3 years.

The prompt completion of this form with accompanying data support will ensure that your return is prepared & filed on time with the respective tax agencies.

PLEASE SIGN AND RETURN THIS FORM AS SOON AS POSSIBLE - NO LATER THAN **MARCH 15, 2023** TO GUARANTEE TIMELY FILING

PERSONAL INFORMATION

Taxpayer (TP)

Name _____
Social Security # _____
Driver's License # State: ____ Lic # _____
Issue Date _____
Expiration Date _____
Date of Birth _____
Occupation _____
Email address _____
Work Phone _____
Cell Phone _____
Home Phone _____

Spouse (SP)

State: ____ Lic # _____

HOME ADDRESS

Number, Street, City, State & Zip Code (If foreign, provide country and other address info)

FILING STATUS

Single Married Filing Jointly Married Filing Separately Head of Household

DEPENDENTS

<u>Name</u>	<u>Social Security Number or ITIN</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u># of Months Lived at Home</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HEALTH INSURANCE

* Market Place/Exchange provider issues **Form 1095-A** which needs to be included in your tax documents

INCOME

SALARIES (Form W-2)

INTEREST AND DIVIDENDS (Form 1099-INT, 1099-DIV)

<u>EMPLOYER'S NAME</u>	<u>TP/SP</u>	<u>STILL THERE?</u>	<u>FROM WHOM RECEIVED?</u>	<u>AMOUNT</u>	<u>FORM 1099</u>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>

*If more lines are needed, please attach a separate sheet

CAPITAL GAINS (LOSSES) - sale of securities, personal property, bonds, etc.

<u>ITEM OR SECURITY SOLD</u>	<u>DATE SOLD</u>	<u>SALE PRICE</u>	<u>DATE BOUGHT</u>	<u>PURCHASE PRICE</u>	<u>GAIN/LOSS</u>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

*Broker documents and/or closing documents must be provided

IRA/401k/RETIREMENT DISTRIBUTIONS (Form 1099-R must be provided)

<u>PAYER</u>	<u>GROSS DISTRIBUTION</u>	<u>TAXABLE DISTRIBUTION</u>	<u>FEDERAL TAX</u>	<u>STATE TAX</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER INCOME:

- Alimony Received
- Social Security (Form 1099-SSA)
- K-1 Share of Income (Form K-1)
- Unemployment Comp (Form 1099-G)
- State Income Tax Refund (Form 1099-G)
- Lottery Winnings (Form W2-G)
- Installment Sales Proceeds (Form 1099-S)

SELF-EMPLOYED BUSINESS (Schedule C) *If more lines are needed, please attach a separate sheet

Income:	_____		
Expenses:		Home Office Expenses (if applicable):	
Purchases/Inventory	_____	Electric	_____
Advertising Expense	_____	Telephone	_____
Dues/Subscriptions	_____	Cable/Internet	_____
Rent/Storage	_____	Cleaning	_____
Operating Supplies	_____	Repairs/Maintenance	_____
Office Supplies	_____	Outside Maintenance	_____
Insurance	_____	Trash	_____
Outside Labor	_____	Homeowner's Insurance	_____
Repair/Maintenance	_____		
Misc.	_____		

INCOME – CONTINUED...

RENTAL PROPERTY INCOME

	<u>Property #1</u>	<u>Property #2</u>	<u>Property #3</u>
Address/Description	_____	_____	_____
Gross Rent	_____	_____	_____
Advertising Expense	_____	_____	_____
Cleaning	_____	_____	_____
Commission	_____	_____	_____
Insurance	_____	_____	_____
Mortgage Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Utilities	_____	_____	_____
Other	_____	_____	_____

EXPENSES

MEDICAL

Prescription Medications	_____	X-Rays and lab fees	_____
Health Insurance Premiums	_____	Eyeglasses and contact lenses	_____
<i>(Paid out of pocket post-tax)</i>		Medical Equipment	_____
Medicare Premiums	_____	Medical Miles Driven	_____ \$ _____
LTC Premiums – TP	_____	Lodging for medical	_____
LTC Premiums – SP	_____	LTC costs – Medical Portion	_____
Doctor and dentist co-pays	_____	Other:	_____
Hospitals/Clinics	_____		_____

*Medical expenses may be deductible to the extent they exceed 7.5% of your adjusted gross income, if you itemize

TAXES PAID

Real Estate Taxes:	Primary	_____
	2 nd Home	_____
Auto Taxes		_____
Sewer/Water Taxes (NOT use fee)		_____
DMV		_____
Sales Tax		_____
State Income Taxes		_____

INTEREST PAID (attach form(s) 1098)

Mortgage Interest:	Primary	_____
	2 nd Home	_____
Home Equity (LOC)		_____
*Only if used for the construction or maintenance of the primary residence		
Home Mortgage Insurance (PMI)		_____
Points		_____
Other		_____

EXPENSES – CONTINUED...

CHARITABLE DONATIONS (Cash, Credit Card, or Check)

NON-CASH DONATIONS (Goodwill, Veterans, Big Brothers)

<u>Organization</u>	<u>Amount</u>	<u>Organization</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER ADJUSTMENTS TO INCOME

CONTRIBUTION:

TRADITIONAL IRA

Taxpayer

Spouse

ROTH IRA

SEP

INDIVIDUAL 401K OR OTHER

_____	_____
_____	_____
_____	_____
_____	_____

ALIMONY PAID	TO WHOM	DIVORCE DATE
_____	<i>Name of former spouse</i>	_____
	<i>Social Security #</i>	_____

TUITION & FEES PAID

*Attach form 1098-T

STUDENT LOAN INTEREST

*Attach form 1098-E

CASUALTY LOSSES

*Personal casualty loss is deductible only if it is attributable to a federally declared disaster

DEPENDENT CARE PAID

*Facility name, address, and Federal ID# required for proper credit

NAME: _____

ADDRESS: _____

EIN: _____

ESTIMATED TAX PAYMENTS (paid toward 2022 tax liability)			
Federal	4/15/22 _____	6/15/22 _____	State 4/15/22 _____ 6/15/22 _____
	9/15/22 _____	1/15/23 _____	9/15/22 _____ 1/15/23 _____

E-FILING AND BANK INFORMATION

FEDERAL & STATE ELECTRONIC FILING YES NO

DIRECT DEPOSIT INFORMATION

BANK NAME _____ ROUTING # _____ ACCOUNT # _____

DIRECT DEBIT, IF APPLICABLE

YES NO

DATE TO DEBIT PAYMENT _____