2022 TAX ORGANIZER

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PERSONAL INFORMATION - Update if any changes or new client

Name	______________________	**Spouse's** name	______________________
Occupation	______________________	Occupation	______________________
E-Mail	______________________	Email	______________________
Cell phone	______________________	Cell phone	______________________
Other phone	______________________	Other phone	______________________
Date of birth	______________________	Date of birth	______________________

Address ____

Preferred method of contact ______________

Was health insurance purchased through Exchange? Y or N **If YES, you must provide Form 1095-A from Healthcare.gov.**

Unemployment received Self $____________ Spouse $____________ Print Form 1099-G from website, will not be mailed!

Did you buy an Electric Vehicle that qualifies for a credit? Y or N If Yes, please provide copy of invoice.

Dependents	**1**	**2**	**3**	**4**
Name	__________	__________	__________	__________
Birthdate	__________	__________	__________	__________
Relationship	__________	__________	__________	__________
Social Security #	__________	__________	__________	__________
Grade	__________	__________	__________	__________
School Name	__________	__________	__________	__________
School City	__________	__________	__________	__________
K-12 Tuition/Fees	$__________	$__________	$__________	$__________

↪ *Illinois education credits are available for tuition and fees paid for kindergarten through high school.*

Childcare costs	$__________	$__________	$__________	$__________

↪ *Federal credits are available for daycare and preschool fees. Provide the name, address, and EIN of the daycare provider on the next page.*

College Tuition paid	$__________	$__________	$__________	$__________

↪ *To receive college credits,* ***attach Form 1098-T and statement from the college/university*** *showing payments made.*

BrightStart contributions	$__________	$__________	$__________	$__________

↪ *To receive Illinois credit for BrightStart,* ***Illinois requires the account number****. Please provide copy of BrightStart year-end statement.*

529 Plan distributions	$__________	$__________	$__________	$__________

↪ *Provide 1099Q for all distributions from Education Savings Accounts.* Were all distributions used for qualified education expenses? Y/N

Direct deposit my refund (yes or no) ______ ☐ Deposit my refund in the same account as last year

If new account - Routing #____________________ Account # ________________

Bank name ____________________ Checking or Savings (circle one)

Balance due tax returns can be paid with direct debit from bank account. Are you interested in this option? (yes/no) ____

Income - Please provide copies of **all** W-2's and 1099's. Provide Form 1099-B for stock and mutual fund sales.

For Rental Income, please complete Supplemental Schedule for Rental or Self-Employment Income (page 3)

If you received 1099-Misc or 1099-NEC forms, list related expenses on the Supplemental Schedule for Rental or Self-Employment Income.

Interest Income - From whom? Amount

______________________ $____________

______________________ $____________

______________________ $____________

Pensions & IRA Distributions - provide Form 1099R Amount

______________________ $____________

______________________ $____________

Social Security Income - provide Form SSA-1099

Self $______________ Spouse $______________

Dividend Income - From whom? Amount

______________________ $____________

______________________ $____________

______________________ $____________

Alimony Received $__________________

Date divorce finalized or amended __________________

Do you have a foreign bank or investment account? Y or N (If yes, provide statement and include income above)

Did you buy, sell, send, or exchange crypto currency (Bitcoin, Etherum, etc.)? Y or N

Traditional and Roth IRAs - 2022 Limit is $6,000. If you are 50 or older, limit is $7,000.

2022 Traditional IRA contributions **must** be made by 4/18/23 Self $______________ Spouse $______________

2022 Roth IRA Contributions **must** be made by 4/18/23 Self $______________ Spouse $______________

Are you covered by an employer retirement plan? Yes/No Self ______________ Spouse ______________

Did you rollover an amount from an IRA? Self $______________ Spouse $______________ Attach Form 1099R

Did you convert an amount to a Roth IRA? Self $______________ Spouse $______________ Attach Form 1099R

TAXES, DEDUCTIONS & CREDITS

Estimated Tax Pmts	Date	Federal	State
1st (due 4/18/22)	____________	$__________	$__________
2nd (due 6/15/22)	____________	$__________	$__________
3rd (due 9/15/22)	____________	$__________	$__________
4th (due 1/17/23)	____________	$__________	$__________

HSA contributions $________________ Attach Form 5498-SA

HSA distributions* $________________ Attach Form 1099-SA

*Were all HSA distributions used for medical purposes? Y or N

2022 limits- Self only $3,650 Family $7,300

If you are age 55 or older an additional $1,000 is allowed.

Alimony Paid $________________ Recipient's Name ________________________ SS# ________________________

Date divorce finalized or amended _________ Address ____

ITEMIZED DEDUCTIONS

Taxes Paid

Primary residence property taxes $________________________

Other property taxes paid $________________________

Sales tax vehicle purchases $________________________

Sales tax major purchases-description ___________________

$________________________

Interest Paid

Mortgage interest ________________ $____________________

__________________________________ $____________________

__________________________________ $____________________

Refinance points paid _____________ Loan years ______

Charitable Contributions - Cash

Name _________________________ $____________________

Name _________________________ $____________________

Name _________________________ $____________________

Contributions over $250 require a receipt

Medical Expenses

Doctors & dentists $____________________

Prescriptions $____________________

Glasses, hearing aids etc. $____________________

Medical miles driven ____________________

Medical insurance paid $____________________

If health insurance acquired on Exchange, provide Form 1095-A

Long term care premiums Self $_______________

Spouse $_______________

Noncash Contributions $____________________

____

(Description, fair market value, organization name and address must be provided for combined donations over $500)

Miles driven for charity __________________

MISCELLANEOUS CREDITS

Child Care Credit (paid for care of child under 13 which enables you to work) Enter amount paid per child on front page.

Provider Name ____ SSN or FEIN _____________________

Provider Address ____

College Tuition paid for self or spouse $____________ Books/supplies_________Year in school _________

If tuition is paid for a dependent, fill in the amount and year in school on the front page dependent section. Provide Form 1098-T

Student loan interest $______________________

Other Miscellaneous Information

Did you sell your house in 2022? _____ If yes, provide closing papers from sale, purchase date and cost of prior residence.

Other information - ____

____

____

____

____

SUPPLEMENTAL SCHEDULE FOR RENTAL OR SELF-EMPLOYMENT INCOME

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Complete this optional worksheet if you have Rental Income or Self-Employment Income

PROVIDE CLOSING STATEMENT FOR ANY PROPERTIES PURCHASED OR SOLD DURING THE YEAR.

	Property 1	Property 2	Property 3
RENTAL PROPERTIES - address	______	______	______
Rental Income	$______	______	______
Expenses:			
Advertising	$______	______	______
Auto & travel	$______	______	______
Cleaning & maintenance	$______	______	______
Commissions	$______	______	______
Insurance	$______	______	______
Interest	$______	______	______
Legal & professional fees	$______	______	______
Repairs	$______	______	______
Supplies	$______	______	______
Real estate tax	$______	______	______
Utilities	$______	______	______
Other (description) ______	$______	______	______
Major repairs & purchases	$______	______	______

(provide details on major purchases & repairs)

Were Form 1099's issued to any subcontractors? Y/N

PROFIT OR LOSS FROM BUSINESS (Non-employee compensation including amounts reported on Form 1099-NEC or 1099-Misc)

Description of Self-Employment -	______	______
Total gross income	$______	$______
Costs of Good Sold (if applicable)		
Purchases	$______	$______
Expenses -		
Advertising	$______	$______
Auto expenses	$______	$______
Business # of miles driven	______	______
Bank charges & fees	$______	$______
Commissions	$______	$______
Computer/internet	$______	$______
Insurance	$______	$______
Interest - mortgage/other	$______	$______
Uniforms/laundry & cleaning	$______	$______
Legal & professional fees	$______	$______
Office supplies, postage & expenses	$______	$______
Outside services	$______	$______
Parking & tolls	$______	$______
Rent or lease - vehicle or machinery	$______	$______
Rent - other business property	$______	$______
Repairs & maintenance	$______	$______
Supplies	$______	$______
Taxes and licenses	$______	$______
Travel	$______	$______
Meals - business	$______	$______
Entertainment - other than meals	$______	$______
Utilities	$______	$______
Telephone/cell phone	$______	$______
Other (description) ______	$______	$______
Major purchases	Desc. ______ $______	Desc. ______ $______
	Desc. ______ $______	Desc. ______ $______

(provide details on major purchases & repairs over $2,500)

Were Form 1099's issued to any subcontractors? Y/N

Square footage of dedicated home office ______

Total square footage of home ______