

2022 TAX DEDUCTION FINDER

Your Name _____ Soc. Sec. No. _____
 Spouse's Name _____ Soc. Sec. No. _____
 Your Occupation _____ Date of Birth _____ Home Phone _____
 Spouse's Occupation _____ Date of Birth _____ Work Phone _____
 Address _____ eMail _____

DOCUMENTS TO BRING: ▶ Last year's return (if new client) ▶ W-2 Forms ▶ Purchase & sale info for all property sold
 ▶ 1099 Forms for: interest · dividends · soc. sec. · unemployment · self-employment · debt cancellation · retirement · HSA/MSA
 ▶ 1098 Forms for: mortgage interest · tuition · student loan interest · auto/boat donations ▶ Health insurance (form 1095)
 ▶ Foreign account statements ▶ Bitcoin & other cryptocurrency account details ▶ Other documents referenced in following pages

FEDERAL STATE Last year I received refunds of: _____ Last year I had to pay: _____ <input type="checkbox"/> I want my refunds directly deposited into my bank, IRA ... (bring a voided check / account info)	DEPENDENTS Name First, Initial & Last Social Security # (required) Relationship Birthdate Grade Number of months lived in your home ▼																														
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																														

INCOME (other than income shown on W-2s)

SOURCE (include foreign income)	T/S/J	AMOUNT
INTEREST (Bring in 1099s or Statements)		
If Individual, list Name, Address & Soc. Sec. #		
Include all tax exempt and Municipal Bonds		
Excludable Series EE Savings Bonds		

SOURCE (include foreign income)	T/S/J	AMOUNT
DIVIDENDS (Bring in 1099s or Statements)		
Include all tax exempt		

OTHER INCOME NOT INCLUDED ABOVE OR ON W-2 (see page 4 for self-employment & rental income details)

UNEMPLOYMENT (Bring in 1099)		
ALIMONY		
TIPS		
COMMISSIONS/BONUSES		
PRIZES/AWARDS/GAMBLING/LOTTERY		
JURY/ELECTION DUTY		
PARTNER./CORP/ESTATE/TRUST (Bring K-1)		
STOCK & PROPERTY SALES (Bring 1099, Cost, Dates)		
SCHOLARSHIPS/FELLOWSHIPS, if not on W-2		
STRIKE PAY		
BUSINESS/FARM/RENTAL (details on page 4)		
FOREIGN INCOME		
HOBBY INCOME		
OTHER INCOME (please specify)		

LEGAL SETTLEMENTS / AWARDS		
DISABILITY/RETIREMENT		
PENSIONS / IRAs (Bring all 1099-R forms)		
SOCIAL SECURITY (Bring in SSA-1099)		
SOCIAL SECURITY (Bring in SSA-1099)		
RAILROAD RETIREMENT (Bring in RRB-1099)		
RAILROAD RETIREMENT (Bring in RRB-1099)		
DEBT CANCELLATION – BRING 1099-C or A		
BITCOIN / CRYPTOCURRENCY (bring details)		

NON-TAXABLE INCOME

VETERANS PENSION/DISABILITY		
CHILD SUPPORT/ASSISTANCE		
WORKER'S COMPENSATION		
MEDICAID WAIVER INCOME (bring details)		
OTHER (please specify)		

ESTIMATE PAYMENTS PAID IN/FOR 2022				FEDERAL			STATE		
	Date Paid	Check #	Amount	Date Paid	Check #	Amount	Date Paid	Check #	Amount
4th Qtr. Prior Year									
1st Qtr. This Year									
2nd Qtr. This Year									
3rd Qtr. This Year									
4th Qtr This Year									

RETIREMENT PLANS
 If you or your spouse has an IRA, SEP, SIMPLE or Keogh Retirement Plan, list the amount you have contributed for 2022 and the date of contribution.

IRA: Regular Roth You \$ _____ Date _____ Spouse \$ _____ Date _____
SEP: You \$ _____ Date _____ Spouse \$ _____ Date _____
Keogh: You \$ _____ Date _____ Spouse \$ _____ Date _____
SIMPLE: You \$ _____ Date _____ Spouse \$ _____ Date _____

If amount listed is not the maximum, do you want to contribute the maximum deductible amount? Yes _____ No _____
 Did you convert any funds from a regular IRA to a Roth IRA? You \$ _____ Spouse \$ _____

MEDICAL SAVINGS ACCOUNTS (MSAs) / HEALTH SAVINGS ACCOUNTS (HSAs)
 Amount Contributed: You _____ Spouse _____ Amount withdrawn for Qualified Expense _____
 Amount of Insurance Deductible _____ Type of Plan: Single _____ Family _____

ITEMIZED DEDUCTIONS & ADJUSTMENTS TO AGI

MEDICAL EXPENSES

Net amount paid by
you -- NOT PRETAX

Medical Insurance Premiums: Payroll Deduction		
Paid directly by you		
Medicare B/C/D deducted from Social Security		
Dental Insurance		
Long Term Care Insurance		
	Mileage	
Alcohol or Drug Addiction Therapy		
Ambulance		
Anesthesiology		
Child Birth Class		
Doctors, Dentists, Chiropractors, etc.		
Eye Glasses, Contact Lenses, Exams		
Hearing Aid, Batteries, Repairs		
Hospitals		
Insulin		
Laser eye surgery		
Lodging (limited to \$50/day per person)		
Parking		
Prescribed Medical Attire (support hose, shoes, etc.)		
Prescribed Medical Equip: Cost/Rental		
Prescribed weight loss program		
Prescriptions (not over-the-counter)		
Required nursing home care		
Special Schooling for Mentally or Physically Handicapped		
Transportation (airfare, taxi, bus, train, etc.)		
Other		

TAXES

Real Estate: Home	
2nd Home	
Other	
Personal Property	
Auto / Truck Tabs	
Sales Tax on New Vehicle	
Other Sales Tax Paid (from receipts)	

INTEREST

Home Mortgage (paid to financial institution) Bring in Form(s) 1098	
Home Mortgage (paid to individual) List Name, Social Security Number & Address	
2nd Home Mortgage (paid to financial institution)	
2nd Home Mortgage (paid to individual) List Name, Social Security Number & Address	
Home Equity Loan: Bring in Form(s) 1098	
Points (bring closing papers if purchased this yr.)	
Have you refinanced above properties this year? If yes, bring closing papers.	
Investment Interest (provide details)	

CONTRIBUTIONS (receipts from the charity are required)

A. Cash Contributions for which you have receipts, canceled checks, payroll deductions, etc.	
B. Direct Charitable Distribution from IRA (QCD)	
C. Non-cash items: Fair market value or garage sale price on clothing, furniture, appliances, etc. Give organization, item and value (if over \$500, bring detailed information and receipts.) Autos, boats, airplanes bring 1098-C.	
D. Transportation / Travel for Volunteer Work	
Mileage	
Parking	
Out of pocket expenses (receipted)	

CASUALTY & THEFT LOSSES

(Must exceed 10% of Adjusted Gross Income) (See page 4 for business casualty and theft losses)	
Date of Casualty _____	Date Acquired _____
Kind of Property _____	How Destroyed _____
FMV Before _____	FMV After _____
Cost plus improvements	
Insurance reimbursements	
Federally Declared Disaster Area? <u> </u> Y <u> </u> N	bring details

OTHER ITEMIZED DEDUCTIONS

Gambling Losses	
Disabled person's impairment related non-reimbursed employee expenses	

ADJUSTMENTS TO AGI

Classroom materials for educators	
Payments to HSA/MSA (taxpayer)	See page 1 for details
Payments to HSA/MSA (spouse)	See page 1 for details
Taxpayer payments to an IRA: Regular <input type="checkbox"/> , Roth <input type="checkbox"/> SEP <input type="checkbox"/> , SIMPLE <input type="checkbox"/>	See page 1 for details
Spouse payments to an IRA: Regular <input type="checkbox"/> , Roth <input type="checkbox"/> SEP <input type="checkbox"/> , SIMPLE <input type="checkbox"/>	See page 1 for details
Penalty for early withdrawal of savings	
Alimony paid (include recipients SS# and date of divorce)	
Self employed health insurance premiums	
Student loan interest (form 1098-E)	

CHILD and DEPENDENT CARE ▶ *If you or your spouse paid for dependent care to be gainfully employed.*

Were the Dependent Care services performed in your home? Yes ___ No ___
 Were you reimbursed by your employer for child care: Yes ___ No ___ If so \$ _____ Amount forfeited, if any \$ _____

Even though your reimbursement equaled your child care expenses, you are required to show the following information on your tax return:

Name(s) and Age(s) _____
 of Dependents _____

Name(s) of Individual/Organization Who Provided Care	Address: Number, Street City, State & Zip	Social Security or Employer ID Number	Amount Paid In 2022

▶ If more space is needed, attach statement. ▶ You cannot take a credit for amounts paid to your dependent.

EDUCATION CREDITS, DEDUCTIONS (The college/university issues form 1098-T to the student, please bring)

Tuition and required fees you paid for yourself, your spouse or dependent(s) for post-secondary education \$ _____ Date Paid _____

Date education began _____ Student's Name _____ Degree Program? Yes ___ No ___

Was the student enrolled at least half time? _____ Year in School -- Fr / So / Jr / Sr / Graduate Employer Reimbursement? \$ _____

YES

PLEASE CHECK ALL APPLICABLE QUESTIONS

- _____ Are you being claimed as a dependent on another Tax Return?
- _____ Do any of your dependents have earned income or investment income? Bring details for each dependent.
- _____ Did you change your marital status during the year? If yes, date _____
- _____ Are you paying towards the support of a relative other than dependents claimed above, and if so, what is their *taxable* income?
- _____ Did you or your spouse become disabled or legally blind during the tax year?
- _____ Did you purchase a business vehicle or other business equipment during the year? If yes, bring details.
- _____ Are you making payments on a boat or recreational vehicle that has a toilet, sleeping and basic living facilities?
- _____ Have you received an income statement on your Social Security # which is reported on another tax return?
- _____ Do you have a non-collectible debt? If so, bring details.
- _____ Are you involved in bartering your services or property for other services or property?
- _____ Do you have income, expenses or deductions not mentioned in this organizer? Bring details.
- _____ Did you pay someone who performed services as an employee at your home in 2022?
- _____ Were you notified by the IRS or State of any change in a prior year's tax return? Bring notice.
- _____ Do you (and/or your spouse) wish to designate \$3.00 to the Presidential Election Fund? Taxpayer _____ Spouse _____
- _____ In 2022, did you pay adoption fees, court costs, attorney fees and/or other expenses directly related to an adoption?
 Amount _____ Was it finalized? _____ Was the adoption international? _____ Special Needs Child? _____
- _____ Did you receive combat pay in 2022?
- _____ Did you have debts canceled or forgiven? Bring the 1099-C and/or 1099-A.
- _____ Did you buy or sell a home in 2022 or did you refinance? Bring the settlement statement.
- _____ Did you distribute/spend funds from an HSA? Bring from 1099-SA.
- _____ Did you contribute to a 529 education savings plan (for yourself or others). If yes, how much in 2022 ? _____
- _____ Did you distribute/spend funds from a 529 plan in 2022? Bring form 1099-Q and details about qualifying educational expenses.
- _____ Are you paying towards health insurance for a child under the age of 19, a full-time student under the age of 24, or, if disabled, an individual of any age? If yes, \$ _____
- _____ Did you enclose a copy of your 2022 Property Tax Statement for your principal residence? Is it paid? _____
- _____ Did you receive a \$7,500.00 First Time Homebuyer Credit for a purchase in 2008?
- _____ Do you have foreign accounts or assets? Bring details.
- _____ Did you earn or sell any Bitcoin and/or cryptocurrency (a.k.a. virtual currency)? Bring details.
- _____ Did you buy a plug-in electric vehicle during 2022? If yes, bring receipt with date, make/model, VIN, & purchase price.
- _____ Did you make energy efficient home improvements (e.g. solar, geothermal, windows, doors, insulation, furnace, AC, metal roof)?

QUESTIONS YOU WOULD LIKE TO ASK _____

BUSINESS / RENTAL / FARM INCOME & EXPENSES

Name of Business (if any) _____ Federal ID# (if any) _____

Address of Business/Property _____

Product Sold or Service Performed _____

Income

Gross Sales/Receipts	Include all income, even if not reported on form 1099		<ul style="list-style-type: none"> Bring <u>all</u> 1099 forms. Do your records agree with the amount reported as non-employee compensation? Y___ N___ Did you receive \$10,000 in actual cash from any individual at any one time (or cumulative) during the year?
Returns/Refunds	Amount included in gross that was refunded to your clients		
Other Income	Directly related to your business		
Employee Retention Credits: \$ _____ Tax Year of Credit (you might need to amend): _____			

Sale of Equipment, Machinery, Land, Buildings Held for Business Use

Kind of Property	Date Acquired	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost

Cost of Goods Sold & Inventory

*Purchase of Product & Supplies for Resale:		Inventory at End of Year
*Cost of Labor:		How did you arrive at your inventory value? Actual Cost <input type="checkbox"/> Other (explain): _____
*Purchase of Materials for Jobs:		Promotional Use: Cost of inventory used for marketing: \$ _____
*Other-Costs (describe):		Personal Use: Cost of inventory used by yourself or family: \$ _____

*Do not list the same expense in more than one category

Other Expenses

Advertising/Promotion		Repairs & Maintenance
Commissions & Fees		Supplies
Contract Labor		Taxes
Employee Benefits		Business Meals
Insurance		Gifts
Business Loan Interest		Utilities
Legal & Professional Fees		Wages (paid to employees)
Office Expenses		Equipment (describe items/costs on separate list)
Pension/Profit Sharing (employees only)		Other:
Rent		Business Related Casualty or Theft Losses? ___Y___N (bring details)

Automobile Expenses

Office in Home

Travel

	Vehicle #1	Vehicle #2	Date Acquired Home	
Total Miles			Total Cost	Lodging
Business Miles (1/1/22 – 6/30/22)			Cost of Land	Airfare
Business Miles (7/1/22 – 12/31/22)			Cost of Improvements	Auto Rental
Commuting Miles			Sq. Footage of Home	Taxi/Uber/Lyft
Personal Miles			Sq. Footage of Office Area	Bus/Train
Jan. 1, 2022 Odometer Beginning			Rent Paid (if you rent)	Meals
Dec. 31, 2022 Odometer Ending			Interest	Other (incidentals, laundry, etc.)
Gas & Oil			Taxes	Convention Fees
Interest			Utilities	Travel (# of nights away)
Tolls and Local Transportation			Insurance	City _____ Nights Out _____
Lease Payments			Repairs/Maintenance	City _____ Nights Out _____
Repairs & Maintenance			Other expenses:	City _____ Nights Out _____

Final Checklist:

<ul style="list-style-type: none"> <input type="checkbox"/> Check all information and amounts listed to be sure of accuracy. <input type="checkbox"/> Enclose all W2s, Interest, Dividends, and other 1099s. If you received any correspondence or materials from the IRS or state, please bring them. <input type="checkbox"/> Enclose purchase/sales/contract agreements/closing papers. Dates are important! 	<ul style="list-style-type: none"> <input type="checkbox"/> I consent to have the IRS discuss my tax return with my preparer <input type="checkbox"/> TIMELY RECORDS must be maintained to support deductions. Records must indicate who, what, why, where, and when. Check if you have receipts or log. <p>I have reviewed this information and to the best of my knowledge it is correct.</p> <p>Please sign _____</p>
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