		PERSONAL	INFORM	IATION 🖟							
		TAXPAYER					SF	OU	SE		
Last name											
First name					ļ <u></u>				***		
Middle initial and suffix		Suffi	x		MI	···· —	_	Si	uttix		
Social security number								_			
Occupation											
Work phone/extension									_		
Cell phone E-mail address									_		
					-						_
Driver's License/Id issuing state											
License /ld number											
License/Id expiration date		<del></del>			-						
Birthdate		<del></del>			MM/DD/	YYYY	<del></del>				
Blind			No			Yes				No	
Contribute to Presidential Election											
Campaign Fund	Yes		No			Yes	Ш			No	Ш
Eligible to be claimed as a dependent on another return	Yes		No			Yes				No	
Street address											
City						ZIP cod	e	• • • • •			
Home phone				′y :							
Fax								W.S.	TE 19712.	rsis,200.3	
		FILIN	G STATI	JS (1914)							
1 Single 2 Married filing jointly 3 Married filing separately Check this box if you d Check this box if you a Check this box if your s	re eligible to cla	im spouse's exe	mption								▶ 🛄
4 Head of household											
If the qualifying person is	a child but not yo	ur dependent, ent	er								
Child's name				Child's s	ocial secur	ity numl	ber	• • • • •			
5 Qualifying surviving spouse									<b>-</b> 200	, <sub>□</sub>	2024 🗆
Check the box for the y	ear the spouse	died						••••	▶ 2020	, <u> </u>	2021 📋
		DEPENDENT	INFOR	NATION.							
	l Name		Sc	cial Security I	Number	**Code	Not qui		ate of Birtl	'	22 Child Care Expense
(first name, middle i	nitial, last name	, suffix)		Relations	hip	+Months in U.S.	Other o		Not Citize	n 202	21 Child Care Expense
							<u>,</u>	,			
			-					4	Ш.		
							<u></u>	r -			•••••
			<del> </del>					<del>'</del>  -			
							 	,			
** Fortha Danandant Cada antarth - 4	iollowing:	I - dependent d	aild who !!	ed with you			<u>L</u>				
** For the Dependent Code, enter the following:  L = dependent child who lived with you  N = dependent child who didn't live with you due to divorce or separation  O = other dependent  Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)											
<ul><li>+ Enter the number of months depend</li><li>* Check this box if dependent child is</li></ul>			use if marr	ied filing joint	tly, in the U.S	<b>.</b>					
check this box if dependent child is	a 0.3. CILIZEII 0	- restuette dilett									

	PERSONAL INFORMATION		
		Yes	No
1	Did your marital status change during 2022?		
	If yes, explain		
2	Do you want to allow your tax preparer to discuss this year's return with the IRS?		
	Phone Number ▶ Personal Identification Number (5 digit PIN) ▶		
3	Do you or your spouse plan to retire in 2023?	$\sqcup$	Ц
4	Were you or your spouse permanently and totally disabled in 2022?	Ш	Ш
5	Enter date of death for taxpayer or spouse (if during 2022 or 2023 ): Taxpayer: Spouse:		
6	Were you or your spouse a member of the U.S. Armed Forces during 2022 ?	Ш	Ш
	DEPENDENT INFORMATION		
		Yes	No
	a Do you have dependents who must file?	$\sqcup$	Ц
	olf yes, do you want us to prepare the return(s)?	Ш	Ш
8 a	a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,300?		
l k	p If yes, do you want to include your child's income on your return?		
l	Are any of your dependents <b>not</b> U.S. citizens or residents?	_	П
	Did you provide over half the support for any other person during 2022 ?		百
1	Did you incur adoption expenses during 2022 ?	H	H
11	Did you incur adoption expenses during 2022 ?	Ш	Ш
	IRA, PENSION AND EDUCATION SAVINGS PLANS		
1000		Yes	No
	Did you take a retirement account distribution related to the corona virus or a natural disaster?		$\sqcup$
13	Did you receive payments from a pension or profit-sharing plan?	Ш	Ш
14	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?		
15 a	a Did you convert all or part of a regular IRA into a Roth IRA?		
ŀ	b Did you roll over all or part of a qualified plan into a Roth IRA?		
16	Did you contribute to a Coverdell Education Savings Account?	inu Mushapaniki	
1	ITEMS RELATED TO INCOME/LOSSES	is <sub>de</sub>	
1.55.94		Yes	No
17	Did you receive any disability payments in 2022 ?	Π̈́	$\Box$
18	Did you receive tip income <b>not</b> reported to your employer?	Ħ	$\exists$
	a Did you buy sell, refinance, or abandon a principal residence or other real property in 2022?		
١.	(Attach copies of any escrow statements or Forms 1099.)	$\exists$	
	c Are you planning to purchase a home soon?	Ħ	Ħ
	Did you incur any casualty or theft losses during 2022?	$\exists$	$\exists$
20		$\vdash$	片
21	Did you incur any non-business bad debts?	e Lui	
	PRIOR YEAR TAX RETURNS	<b>V</b>	ATT.
22	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?	Yes	No
	If <b>yes</b> , enclose agent's report or notice of change.		
23	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?		П

## **General Questions (continued)**

5 89 EF S	FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES		<b>1</b>
- Shirkone will		Yes	No
	Did you have foreign income or pay any foreign taxes in 2022 ?  At any time during2022 , did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?		
b	Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2022 ? Report all interest income	$\overline{}$	
26	on Org 11	Ш	믜
	beneficial interest in the trust?		
27	Did you at any time during 2022, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?		
	HEALTH AND LIFE INSURANCE		
Marks #1 Mg		Yes	No
28	Did you receive Form 1095-A (Health Coverage)? If so, please attach		
29 a	Did you or your spouse have self-employed health insurance?		
b	If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?		
30	Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries		
31	named by you?	H	님
J.			
	MISCELLANEOUS	Yes	No
32	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2022 ? If yes, please attach details		$\Box$
33	Did you start paying mortgage insurance premiums in 2022 ? If <b>yes,</b> please attach details		
34	Did you purchase a motor vehicle or boat during 2022 ?		
25	If yes, attach documentation showing sales tax paid.  Did you purchase an energy efficient vehicle in 2022 ?		
35		Ш	
36	If <b>yes</b> , enter year, make, model, and date purchased:  Did you donate a vehicle in 2022 ? If yes, attach Form 1098C		
37	What was the sales tax rate in your locality in 2022 ? % State ID		
38	Did you or your spouse make gifts of over \$16,000 to an individual or contribute to a prepaid tuition plan?	H	님
39 40	Did you make gifts to a trust?	$\Box$	
	the association?	Ш	
41	If yes, please attach details.  Did you or your spouse participate in a medical savings account in 2022?	П	П
İ	If ves, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)	_	
42	Did you make a loan at an interest rate below market rate?	닏	닏
43	Did you pay any individual for domestic services in2022 ?	H	H
44	Did you pay interest on a student loan for yourself, your spouse, or your dependents?		뉘
46	Did a lender cancel any of your debt in 2022 ? (Attach any Forms 1099-A or 1099-C)		Ħ
47	Did you receive any income not included in this Tax Organizer?		
10	If <b>yes</b> , please attach information. At any time during 2022, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?		
	Did you obtain a Paycheck Protection Program (PPP) loan?	Ħ	Ħ
k	If yes, has any portion of that loan been forgiven?		
50 a	Do you want to change the language with which the IRS communicates with you?		
l de la companya de l	olf yes, which language?ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND		1. 3.14
CHEST	ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND	Yes	No
51	If your tax return is eligible for Electronic Filing, would you like to file electronically?		
52	The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund,		
Caut	would you like direct deposit?	Ш	Ш
53	If <b>yes</b> , please provide the following information:		
	Name of your financial institution		
	Account number		
_ 0	What type of account is this?		
	Please attach a voided check (not a deposit slip) if your bank account information has changed.		

## **Business/Investment Questions**

ORG4

		Yes	No
1	Did you receive stock from a stock bonus plan with your employer?		
2	Did you buy or sell any stocks or bonds in 2022?		
3	Did you surrender any U.S. savings bonds during 2022 ?		
4	Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?		
5	Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?		
6	Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?		
7	Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)?		
8	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2022 ?		
9	Did you sell property or equipment on installment in 2022?		
10	Did you have any business related educational expenses?		
11	Did you do a 'like-kind' exchange of property in 2022 ?		
12	Deductions for travel and meals may be allowed under certain circumstances.  Adequate records must be presented. Information must include:  1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient Do you have records to support expenses?  Did you purchase special fuels for non-highway use?  If yes, please list the type of use and the number of gallons for each fuel.		

	W-2 — WAGES, SA	LARIE	S	TIPS, AND OTHER	COMPENSATIO			
V	Attach all copies of your W-2 forms here.							
	Employer's name				Check if not applic	cable for 2022		
	Employer's name				Check if for spous	ie		
	1 Check if this employer hired an on-staff ca	are prov	ide	r or furnished dependen	t care at your workpla	ice		
1	2 Enter any amounts forfeited from a flexible	e spend	ling	account				
	3 Check if the income reported is from a fore	_					• • • • •	
	4 a Clergy: Enter your designated housing or p							
	b Clergy: Enter smallest of (a) the designate qualifying housing expenses, or (c) fair ren							
	c Check SE tax on: (a) housing or parsonag							
	Employer's name					cable for 2022		
	Employer's name				-	se		
	<ol> <li>Check if this employer hired an on-staff ca</li> </ol>							
2	2 Enter any amounts forfeited from a flexible							
	3 Check if the income reported is from a fore	-					••••	
	4 a Clergy: Enter your designated housing or p							
	b Clergy: Enter smallest of (a) the designate qualifying housing expenses, or (c) fair ren							
Mar. C	c Check SE tax on: (a) housing or parsonag	e allow	an	ce <b>∐ (b)</b> ∨	V-2 wages	(c) both	WEDNESS OF	
	Attach all copies of your 1099-R forms here.  Payer's name				Check if not appli	cable for 2022		
	Payer's name					se		
	1 Check if either box applies: Rollover.		<u> </u>		•	ı IRA		
_	2 a If a partial rollover, enter the amount rolled over							
1	<b>b</b> If a <b>partial</b> conversion to a Roth IRA, enter							
	3 Health insurance premiums deductible on	Schedu	lle	A				
	4 a If entire distribution is a Required Minimun	n Distril	but	ion (RMD), check this bo	x		•	
	<b>b</b> If <b>only part</b> of distribution is RMD, enter th	ne part t	tha	t is RMD				
	Payer's name					cable for 2022		
	Payer's name				Check if for spous	se		
	1 Check if either box applies: Rollover.				Conversion to Roth	ı IRA		
2	2 a If a partial rollover, enter the amount rolle	d over.						
	<b>b</b> If a <b>partial</b> conversion to a Roth IRA, enter	r the an	noı	unt converted to Roth IRA	٩			
3 Health insurance premiums deductible on Schedule A								
	4 a If entire distribution is a Required Minimun	n Distril	but	ion (RMD), check this bo	x		•	
	<b>b</b> If <b>only part</b> of distribution is RMD, enter th	ne part t	tha	t is RMD			Salencer	
	W-2 <b>G</b> – G	AMBI	<u>.</u>	NG OR LOTTERY W	INNINGS	Compared to the state of the st		
•	Attach all copies of your W-2G forms here.			700				
	Name of Payer	Check Spou		Reportable Winnings (Box 1)	Federal Tax Withheld (Box 4)	State Tax Withheld (Box 15)	St Co (Bo	
			]					
			]					
		1 -	ī					

	SOCIAL SECURITY  Attach all copies of SSA and RRB forms.		Taxpayer	Spouse
1	Social Security Benefits from Form SSA-1099		тахраует	Spouse
	Federal income tax withheld from Form SSA-1099			
	Medicare B premiums withheld from Form SSA-1099			
	Medicare C premiums withheld from Form SSA-1099			
5	Medicare D premiums withheld from Form SSA-1099			
-	Railroad Retirement Benefits from Form RRB-1099			
	Federal income tax withheld from Form RRB-1099			
8	Medicare premiums withheld from Form RRB-1099	A CONTRACTOR OF THE PROPERTY O		
	FORM 109	19 <b>-G</b>		
	Attach all copies of 1099-G forms.			T
Вох	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse			
	Check if Joint			
	Payer's name			
1	Unemployment compensation			
	Unemployment benefits you repaid in 2022			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
а	If tax year is 2021 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld			
5	RTAA payments			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business			
9	Market gain			
10 a	Two-letter state abbreviation			
	Two or three-letter local abbreviation			
b	State identification number			
11	State income tax withheld			
l del	OTHER INC	OME		
		2022	2022	2021
	Nature and Source	Taxpayer	Spouse	Combine
1	Alimony received			
2	Recovery of bad debts previously deducted			
3	Jury duty pay			
4	Gambling winnings not reported on W2G/1099			
5	Income from not for profit activities (hobbies)		-	
6	Income from the rental of personal property			
7	Non-Government unemployment received/repaid in 2022			
8	Other Taxable income:			
а	Union unemployment benefits	_		
b	Private fund unemployment benefits			
_				
С	Other miscellaneous income items:			
с 9	Description:			

	axpay	er, <b>3</b> = Spouse, <b>J</b> = Joint	in Theodolic	TERESTING	OME:		To the second of the second				
	**Typ blank = ME1 =	ME bond interest in federal income	MA1 = MA bank interest NH1 = NH nontaxable interest — taxable federal				OK1 = OK bank interest TN1 = TN nontaxable interest — taxable federal WV1 = WV bond interest in federal income				
TSJ	X*	Payer Name		2022 Box 1 Interest	Type of Interest**	2022 Box 3 US/Treasury Interest	2022 Box 8 Tax Exempt	State	2021 Box 1 + 3		

TSJ	X*	Payer Name	Box 1 Interest	Type of Interest**	Box 3 US/Treasury Interest	Box 8 Tax Exempt	State	Box 1 + 3
								-

X\* Check if you did not receive income from this account in 2022.

## **DIVIDEND INCOME** Attach all copies of your Form 1099-DIVs here. 2022 2022 2022 Box 1a Ordinary Dividends Box 1b Qualified Box 2a Capital 2021 TSJ **X**\* **Payer Name** State Box 1a + 2a Dividends Gains

 $<sup>\</sup>mathbf{X}^{\!*}$  Check if you did not receive income from this account in 2022 .

CHILD AND DEPENDENT CARE EXPENSES								
Enter below the persons or organizations	who provided the child and dependent care.							
First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second	Amount Paid					
Provider Phone		line						
1								
	Care at above address?	Tax-Exempt ▶	Foreign ▶					
2								
	Care at above address?	Tax-Exempt ▶	Foreign ▶					
3								
	Care at above address?	Tax-Exempt ▶	Foreign ▶					
4								
	Care at above address?	Tax-Exempt ▶	Foreign ▶					
	EXPENSES:	2022	2021					
	ges for child care expenses							
	incurred in 2022							
	not paid in 2022for the machine							
4 Medical expenses paid for quantying	persons unable to care for themselves							
STUDENT/DISABLED F	PERSON INFORMATION FOR 2022	Taxpayer	Spouse (*)					
5 If taxpayer or spouse was a full-time following questions:	e student or disabled in 2022, answer the							
a Number of months that taxpayer/spo	ouse was a full-time student or disabled							
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here								

## **State Information Worksheet**

ORG60

	GENERAL INFORMATION							
1	Enter your state of residence	Taxpayer	Spouse					
a l	Check the appropriate box if:  Taxpayer  Spouse  Full year resident	Date	of exit:					
3	Resident locality:							
4	County: School district: School of	district number: _						
5	Check if disabled		Taxpayer Spouse					
	STATE CREDITS							
6	Description/type of credit (for example, solar energy, carpool)	Code	Amount					
a H	ab							
0								
•								
	VOLUNTARY STATE CONTRIBUTIONS							
7	Description/type of contribution (for example, wildlife, cancer)	Code	Amount					
١.								
0	: 							
•								
	MISCELLANEOUS QUESTIONS							
8	Did you file a state return for 2021?		Yes No					
9	Do you want state forms and instructions sent to you next year?							
10	Do you want any applicable penalty and interest calculated and added to the return?							
11 8	11 How do you want your state refund (if any) applied?  a Refunded							
12	Additional state information:							
			<del></del>					
	•							