

## 2022 INCOME TAX DATA ORGANIZER

**This organizer is designed to help you organize your documents & information. Page 1 is the most important!**

### PERSONAL INFORMATION

<b>Name</b>		<b>Social Security #</b>	<b>Birthdate</b>		<b>Occupation</b>	<b>Cell Phone #</b>
<b>Taxpayer</b>						
<b>Spouse</b>						
<b>Street Address</b>		<b>City</b>	<b>State &amp; ZIP</b>	<b>County</b>	<b>Township</b>	<b>School District</b>
						<b>Home Phone</b>
<b>E-Mail Address</b>		<b>Taxpayer:</b>		<b>Spouse:</b>		
<b>Direct Deposit Information (if married, provide a joint account):</b>						
<b>Bank</b>		<b>Routing #</b>		<b>Account #</b>		<input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>

	<b>Taxpayer</b>	<b>Spouse</b>	<b>Marital Status</b>
Give \$3 to Presidential Campaign?	___Y___N	___Y___N	___Single
Dependent on another return?	___Y___N	___Y___N	___Married
Did you receive, sell, exchange virtual currency?	___Y___N	___Y___N	___Separated as of ___Date
Did you retire in 2022? If yes, provide date. Date: ___		Date: ___	___Divorced as of ___Date
Did you move in 2022 / 23? If yes, provide date. Date: ___		Date: ___	

### DEPENDENT CHILDREN

Name	Social Security #	Birthdate	Relationship	Filed a Return (Y/N)	Student (Y/N)	College Grade Level (see page 3)	Childcare Cost (see page 4)
							\$
							\$
							\$
							\$

### OTHER INDIVIDUALS OR OTHER DEPENDENTS RESIDING IN YOUR HOME

Name	Social Security #	Birthdate	Relationship	Resident's income	\$ Support by you	\$ Support by others	# Months in home
				\$	\$	\$	#

**Include the following documents with your information.**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Forms W2 &amp; Year-End Payout (Wages)</li> <li><input type="checkbox"/> Forms 1099 INT, DIV, B (Investment)</li> <li><input type="checkbox"/> Forms 1099 SSA, 1099 RRB, 1099R (Retirement)</li> <li><input type="checkbox"/> Forms 1099 B (Stocks &amp; Mutual Funds)</li> <li><input type="checkbox"/> Forms 1099 K, MISC, NEC (Self-Employed)</li> <li><input type="checkbox"/> Forms K-1's (Partnerships &amp; Corporations)</li> <li><input type="checkbox"/> Forms 1095 A, B, C (Health Insurance)</li> <li><input type="checkbox"/> Forms 1099-SA (Health Savings Account)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Forms 1098-T &amp; 1098-E (College Students)</li> <li><input type="checkbox"/> 529 Education Account Year-End Statements</li> <li><input type="checkbox"/> Real Estate Information (RE Tax Bills &amp; 1098 Mortgage)</li> <li><input type="checkbox"/> Settlement Sheets (Purchase or Sale of Home or Rental)</li> <li><input type="checkbox"/> Crypto &amp; Virtual Currency Sale / Purchase Information</li> <li><input type="checkbox"/> Electric or Hybrid Vehicle Invoice</li> <li><input type="checkbox"/> Dependent(s) Tax Return(s) if 'Self-Prepared'</li> <li><input type="checkbox"/> Home Energy Improvements Paperwork &amp; Receipts</li> </ul> |
|--|--|

**Please answer the following questions.**

1. Do you have a will? \_\_\_Y\_\_\_N
2. Do you believe you have sufficient life insurance for you and your family? \_\_\_Y\_\_\_N
3. If you have a tax overpayment, would you like it applied to next year's estimated taxes? \_\_\_Y\_\_\_N
4. Did you receive any tax adjustments or correspondence from IRS, State, or Local? \_\_\_Y\_\_\_N (Include copy)
5. Did you give a gift of more than \$16,000 to one or more people? \_\_\_Y\_\_\_N
6. Did you contribute to a 529 College Education Savings Account? \_\_\_Y\_\_\_N (Include 2022 statements & amount)
7. Did you make any home improvements that qualify for an energy credit? \_\_\_Y\_\_\_N (Include paperwork)
8. Did you have a foreign bank account, foreign trust, or foreign business? \_\_\_Y\_\_\_N
9. Did you withdraw money or write checks from a mutual fund? \_\_\_Y\_\_\_N
10. Did you receive, sell, send, exchange, or otherwise acquire any virtual currency? \_\_\_Y\_\_\_N
11. Did you provide a home for anyone or help support anyone "not listed" above? \_\_\_Y\_\_\_N
12. Did you pay \$600+ to a contractor or business as a self-employed person or landlord? \_\_\_Y\_\_\_N (Contact us prior to 1/31 for info)
13. Did you have: \_\_\_Y\_\_\_N
  - Self-employment or hobby income? \_\_\_Y\_\_\_N
  - Rental income from real estate or other property? \_\_\_Y\_\_\_N (See page 3)
  - Farm income from animals, crops, or subsidies? \_\_\_Y\_\_\_N
  - Income from timber, minerals, oil, gas, copyrights, patents? \_\_\_Y\_\_\_N
14. Total Purchases / Services (internet, out-of-state, etc.) for which no PA Sales Tax was paid. \$ \_\_\_\_\_

### ESTIMATED TAX PAYMENTS

	Prior-Year Carryover	First Quarter <i>(Due 4/15/22)</i>		Second Quarter <i>(Due 6/15/22)</i>		Third Quarter <i>(Due 9/15/22)</i>		Fourth Quarter <i>(Due 1/16/23)</i>		TOTALS
<b>Federal</b>	Check #	Check #		Check #		Check #		Check #		\$
	\$	\$	Date	\$	Date	\$	Date	\$	Date	
<b>State</b>	Check #	Check #		Check #		Check #		Check #		\$
	\$	\$	Date	\$	Date	\$	Date	\$	Date	
<b>Local</b>	Check #	Check #		Check #		Check #		Check #		\$
	\$	\$	Date	\$	Date	\$	Date	\$	Date	

#### INTEREST INCOME *Include Form(s) 1099-INT*

Payer Name	Amount
	\$
	\$
	\$
	\$
	\$
<b>SELLER FINANCED INTEREST</b>	<b>Amount</b>
Payer Name	\$
Address	
SSN or EIN	

#### DIVIDEND & CAPITAL GAIN INCOME *Include Form(s) 1099-DIV & 1099-B*

Payer Name	Dividends	
	Ordinary	Qualified
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Payer Name	Capital Gains	
	\$	
	\$	
	\$	
	\$	

#### INVESTMENTS SOLD

*Include Form(s) 1099-B & Year End Statements*

# of Shares	Investment	Date Acquired	Date Sold	Sales Price	Cost
				\$	\$
				\$	\$
				\$	\$
				\$	\$

#### PENSION, SOCIAL SECURITY, IRA, ANNUITY

*Include Form(s) 1099-R, 1099-SSA, 5498 & Year-End IRA Statements*

Taxpayer or Spouse	Payer	Amount Received	IRA USED FOR				
			Rollover	Qualified Charitable Distribution	Education	First Home	Medical
		\$	\$	\$	\$	\$	\$
		\$					
		\$					
		\$					
		\$					
<b>Taxpayer</b>	<b>Social Security</b>	\$	<b>Date Retired</b>				
<b>Spouse</b>	<b>Social Security</b>	\$	<b>Date Retired</b>				

#### IRA CONTRIBUTIONS

*Contribution you made or will make by 4/17/23*

#### SALE OF PROPERTY

*Include Form 1099-S (if applicable)  
Include Settlement Sheet / HUD 1 (from property purchase & sale)*

	Traditional	Roth	Land, Primary, Vacation Home	Date Acquired	Purchase Price + Improvements
<b>Taxpayer</b>	\$	\$			\$
<b>Spouse</b>	\$	\$			\$

RENTAL INCOME				
	Property #1	Property #2	Property #3	Property #4
Description				
Address				
Income (Gross Rent)	\$	\$	\$	\$
Advertising	\$	\$	\$	\$
Travel	\$	\$	\$	\$
Cleaning & Maintenance	\$	\$	\$	\$
Commissions	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Legal & Accounting	\$	\$	\$	\$
Mortgage Interest	\$	\$	\$	\$
Other Interest	\$	\$	\$	\$
Repairs	\$	\$	\$	\$
Supplies	\$	\$	\$	\$
Real Estate Taxes	\$	\$	\$	\$
Utilities	\$	\$	\$	\$
Improvement(s) of \$500+ (provide type, date, & cost and/or invoice for each)	\$	\$	\$	\$
# of miles driven for rental	Miles	Miles	Miles	Miles
# of days you occupied	Days	Days	Days	Days
Average # of hours carrying out the duties of the rental?	Hours	Hours	Hours	Hours
Vacation Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you issue any Forms 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Separate bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER INCOME	
<b>Commissions &amp; Fees</b>	
\$ _____ T ___ S ___	
<b>Tax Refunds</b>	
State \$ _____	
Local \$ _____	
<b>Unemployment (1099G)</b>	
\$ _____ T ___ S ___	
<b>Royalties</b>	
\$ _____ T ___ S ___	
<b>Lottery &amp; Gambling</b>	
Income \$ _____	
Expense \$ _____	
<b>Jury Duty</b>	
\$ _____ T ___ S ___	
<b>Farm &amp; Other</b>	
\$ _____ T ___ S ___	
<b>ALIMONY RECEIVED</b>	
From (Name) _____	
SSN _____	
Amount \$ _____	
Date divorced: _____	
<b>ALIMONY PAID</b>	
To (Name) _____	
SSN _____	
Amount \$ _____	
Date divorced: _____	

**EDUCATION EXPENSES PAID FOR UNDERGRADUATE & GRADUATE SCHOOL**

Student Name	Institution Name	Tuition	Date Paid	Required Fees (Enrollment & Books)	Scholarship Received
		\$		\$	\$
		\$		\$	\$

MEDICAL & DENTAL PAID IN 2022		TAXES PAID IN 2022		
<b>Expense Type</b>		<b>Real Estate Taxes (MAIN HOME)</b>		
(1) Out-of-Pocket Medical Insurance	\$	County / Township		\$
(2) Medicare Insurance	\$	School		\$
(3) Long Term Care Insurance T ___ S ___	\$	<b>Real Estate Taxes (2<sup>nd</sup> HOME)</b>		
(4) Prescriptions	\$	County / Township		\$
(5) Doctor / Dentist / Orthodontist / Etc.	\$	School		\$
(6) Eyeglasses / Medical Aids / Etc.	\$	<b>Personal Taxes</b>		
(7) Hospitals / Ambulance	\$	County		\$
(8) Nursing Home / Skilled Care	\$	Township		\$
(9) LESS: Insurance Reimbursements	\$	LST / OPT Tax		\$
(10) TOTAL (1 + 2 + 3 + 4 + 5 + 6 + 7 + 8 - 9)	\$	UE / SUI Tax		\$
Number of Miles Driven To & From Medical Care	Miles	<b>Sales Tax – Vehicle / Boat (include bill of sale)</b>		\$

**INTEREST EXPENSE**

**Paid to Bank:**

Mortgage Interest \$ \_\_\_\_\_  
 Home Equity Loan Interest \$ \_\_\_\_\_  
 For what was Home Equity used? \_\_\_\_\_

**Interest Paid to Individual:**

\$ \_\_\_\_\_  
 Individual's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security # \_\_\_\_\_

**Refinance:** Loan Date \_\_\_\_\_ # of Years \_\_\_\_\_  
 (Please include Refinance Settlement Documents)

**UNREIMBURSED EXPENSES: W-2 EMPLOYEES**

	Taxpayer	Spouse
Union Name _____ # _____	\$ _____	\$ _____
Union Name _____ # _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Tools, Equipment, Safety Equipment	\$ _____	\$ _____
Uniforms (include cleaning)	\$ _____	\$ _____
Other - _____	\$ _____	\$ _____
Other - _____	\$ _____	\$ _____
Travel (# Days away from home)	\$ _____	\$ _____
Air Fare, Train, etc.	\$ _____	\$ _____
Lodging	\$ _____	\$ _____
Taxi, Uber, Rental Car, etc.	\$ _____	\$ _____
Rental Car - Fuel Expense	\$ _____	\$ _____
Meals Expense	\$ _____	\$ _____
<b>REIMBURSEMENT from Employer</b>	\$ _____	\$ _____

**VEHICLE MILEAGE**

	Taxpayer	Spouse
Vehicle Make/Year	_____	_____
Date Vehicle Purchased	_____	_____
Total Miles (personal + business)	_____	_____
Business Miles	_____	_____
Interest Paid on Vehicle Loan	_____	_____
Parking & Tolls	_____	_____
Gas / Oil / Repairs (actual records)	_____	_____
Vehicle Insurance	_____	_____
<b>REIMBURSEMENT from Employer</b>	_____	_____

**\*\*MILEAGE RECORD KEEPING REQUIREMENT**

-Do you have written records \_\_\_\_\_ Yes \_\_\_\_\_ No  
 -Maintenance/Repair Records \_\_\_\_\_ Yes \_\_\_\_\_ No  
 -Mileage Log \_\_\_\_\_ Yes \_\_\_\_\_ No  
 -Year-End Odometer Reading \_\_\_\_\_ Yes \_\_\_\_\_ No  
 -Do you lease the vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

**CHARITABLE CONTRIBUTIONS**

**Cash or Check Donations:**

Organization: \_\_\_\_\_ \$ \_\_\_\_\_  
 Organization: \_\_\_\_\_ \$ \_\_\_\_\_  
 Qualified Charitable Distribution (QCD) \$ \_\_\_\_\_  
 IRA from which the QCD was paid \_\_\_\_\_

**Non-Cash Donations:**

Organization: \_\_\_\_\_ \$ \_\_\_\_\_  
 Organization: \_\_\_\_\_ \$ \_\_\_\_\_  
 Charitable Miles # \_\_\_\_\_ miles

**HOME OFFICE**

Total Square Feet of Home \_\_\_\_\_ sq. ft.  
 Square Feet Used for Business \_\_\_\_\_ sq. ft.  
 Insurance \$ \_\_\_\_\_  
 Maintenance & Repairs \$ \_\_\_\_\_  
 Rent \$ \_\_\_\_\_  
 Utilities  
 Garbage \$ \_\_\_\_\_ Water/Sewer \$ \_\_\_\_\_  
 Electric \$ \_\_\_\_\_ Other- \$ \_\_\_\_\_  
 Oil \$ \_\_\_\_\_ Other- \$ \_\_\_\_\_

**Provide the following (If you did not previously provide)**

Purchase Price + Renovations \$ \_\_\_\_\_  
 Date of Purchase \_\_\_\_\_

**OTHER PERSONAL EXPENSES**

Prior Year Tax Preparation Fee \$ \_\_\_\_\_  
 Penalty Fee (Early Withdraw from Savings) \$ \_\_\_\_\_

**CHILDCARE INFORMATION**

Provider's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security # \_\_\_\_\_ or E.I.N. \_\_\_\_\_  
 Child cared for: \_\_\_\_\_  
 Amount Paid \$ \_\_\_\_\_

Provider's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security # \_\_\_\_\_ or E.I.N. \_\_\_\_\_  
 Child cared for: \_\_\_\_\_  
 Amount Paid \$ \_\_\_\_\_

**REIMBURSEMENT from Employer** \$ \_\_\_\_\_

**To the best of my knowledge, the enclosed information is correct and includes all income, deductions and other information necessary to prepare my tax return. I am aware that I am responsible for maintaining adequate records.**

\_\_\_\_\_  
 Signature Required Date \_\_\_\_\_

\_\_\_\_\_  
 Signature Required Date \_\_\_\_\_

**We look forward to serving you!**