

## 2022 Tax Organizer Personal Information

### Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

### Filing status at the end of 2022

- Single     
  Married     
  Widowed - If widowed and your spouse died in 2022, enter the date of death \_\_\_\_\_  
 Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2022? \_\_\_\_\_

### Yes No

- Are you or your spouse blind?  
  Are you or your spouse disabled?  
  Are you or your spouse a full-time student?  
  Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?  
  At any time during 2022 did you:  
     (a) receive (as a reward, award, or payment for property or service) a digital asset  
     (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)

### Identification Information

#### Taxpayer's type of photo ID

- Driver's license     
  State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

#### Spouse's type of photo ID

- Driver's license     
  State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

### Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2022 appointment is scheduled for \_\_\_\_\_

### Dependent and Other Information

Name: \_\_\_\_\_

#### Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

#### Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

#### Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2021	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Income

Name:

#### Wages & Salaries

Provide all copies of Form W-2

TS	Employer name	2022 federal wages

#### Retirement

Provide all copies of Form 1099-R

TS	Payer name	2022 distribution

- Yes  No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
- Yes  No Did you use any of the distributions for disaster relief?

### Income

Name:

#### Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

TSJ	Account number Payer name	2022 ordinary dividends	2022 qualified dividends

#### Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

TSJ	Account number Payer name	2022 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: \_\_\_\_\_

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

TSJ	Description of property	Date purchased	Date sold	Sales price	Cost

Installment Sale Income

Description of property: \_\_\_\_\_

Date acquired _____ Date sold _____	2022	Prior years
Selling price . . . . .	_____	_____
Mortgages assumed . . . . .	_____	_____
Cost of property sold . . . . .	_____	_____
Depreciation allowed . . . . .	_____	_____
Commissions and expense of sale . . . . .	_____	_____
Gross profit percentage . . . . .	_____	_____
Interest received . . . . .	_____	_____
Principal payments received . . . . .	_____	_____

Property was sold to a related party

### Other Income and Adjustments

Name: \_\_\_\_\_

#### Other Income

	2022 Taxpayer	2022 Spouse
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____
Unemployment compensation repaid in 2022 . . . . .	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____
Alaska Permanent Fund . . . . .	_____	_____
Jury duty pay . . . . .	_____	_____
ABLE distributions . . . . .	_____	_____
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

#### Adjustments

	2022 Taxpayer	2022 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____
Alimony paid Name _____ SSN _____ Divorce or separation date _____	_____	_____
Name _____ SSN _____ Divorce or separation date _____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K . . . . .	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____
Interest paid on a student loan . . . . .	_____	_____
Other adjustments: _____	_____	_____

### Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Professional product or service \_\_\_\_\_ Employer ID number \_\_\_\_\_

Business name \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

Accounting Method:  Cash  Accrual  Other (specify) \_\_\_\_\_

This business started or was acquired during 2022.  This business was disposed of during 2022.

Select if this business is for:

- Professional gambler  Newspaper delivery and you are under 18 years of age
- Exempt Notary income  A clergy

Yes No

- Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
- If "Yes," did you file Forms 1099 for the individuals?
- You received a Paycheck Protection Program (PPP) loan for this business.
- If "Yes," was any portion of the loan forgiven?

**Income**

	2022	2022
Gross receipts or sales . . . . .	_____	Other income . . . . . _____
Returns & allowances . . . . .	_____	_____

**Expenses**

	2022	2022
Advertising . . . . .	_____	Repairs & maintenance . . . . . _____
Car & truck expenses . . . . .	_____	Supplies . . . . . _____
Commissions & fees . . . . .	_____	Taxes & licenses . . . . . _____
Contract labor . . . . .	_____	Travel . . . . . _____
Depletion . . . . .	_____	Total meals . . . . . _____
Employee benefit programs . . . . .	_____	Utilities . . . . . _____
Insurance (other than health) . . . . .	_____	Wages . . . . . _____
Interest - mortgage . . . . .	_____	Family health coverage payments for taxpayer, spouse or dependents . . . . . _____
Interest - other . . . . .	_____	Other expenses (list) . . . . . _____
Legal & professional services . . . . .	_____	_____
Office expenses . . . . .	_____	_____
Pension & profit sharing plans . . . . .	_____	_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____	_____
Rent (other business property) . . . . .	_____	_____

**Cost of Goods Sold**

	2022	2022
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . . _____
Purchases . . . . .	_____	Other costs . . . . . _____
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . . _____
Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method.

**Income**

Name:

**Form 1099-MISC Income**

Provide all copies of Form 1099-MISC

TS	Payer name	2022 amount

**Form 1099-NEC Income**

Provide all copies of Form 1099-NEC

TS	Payer name	2022 amount



### Expenses Related to Business

Name: \_\_\_\_\_

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- |   |   |
|---|---|
| Yes No<br><input type="checkbox"/> <input type="checkbox"/> Was this vehicle available for use during off-duty hours?<br><input type="checkbox"/> <input type="checkbox"/> Was another vehicle is available for personal use? | Yes No<br><input type="checkbox"/> <input type="checkbox"/> Do you have evidence to support your deduction?<br><input type="checkbox"/> <input type="checkbox"/> If "Yes," is the evidence written? |
|---|---|

#### Mileage

Number of miles the vehicle was driven during 2022

Business:	Before July 1, 2022 . . . . . _____	Commuting . . . . . _____
	After June 30, 2022 . . . . . _____	Other . . . . . _____

#### Expenses

Garage rent . . . . . _____	Repairs . . . . . _____
Gas . . . . . _____	Tires . . . . . _____
Insurance . . . . . _____	Tolls . . . . . _____
Licenses . . . . . _____	Lease addback . . . . . _____
Oil . . . . . _____	Other expenses _____
Parking fees . . . . . _____	_____
Rental fees . . . . . _____	_____
Interest . . . . . _____	_____
Property tax . . . . . _____	_____

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

#### Expenses

#### Office expenses

#### Home expenses

Mortgage interest . . . . . _____	_____	_____
Real estate taxes . . . . . _____	_____	_____
Excess mortgage interest . . . . . _____	_____	_____
Excess real estate taxes . . . . . _____	_____	_____
Insurance . . . . . _____	_____	_____
Rent . . . . . _____	_____	_____
Repairs & maintenance . . . . . _____	_____	_____
Utilities . . . . . _____	_____	_____
Other expenses . . . . . _____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

## Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

### General Property Information

TSJ \_\_\_\_\_

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |  |                          |                          |  |
|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> This property was placed in service during 2022.      | Yes                      | No                       | Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.<br>If "Yes," did you file Forms 1099 for the individuals? |
| <input type="checkbox"/> This property was disposed of during 2022.            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> This property is your main home or second home.       | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> This property was owned as a qualified joint venture. | <input type="checkbox"/> | <input type="checkbox"/> |  |

### Income

	2022	2022
Rent income . . . . .		
Royalties from oil, gas, mineral, copyright or patent . . . . .		

### Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising . . . . .			If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel . . . . .			
Cleaning & maintenance . . . . .			
Commissions . . . . .			
Insurance . . . . .			
Legal & professional fees . . . . .			
Management fees . . . . .			
Mortgage interest . . . . .			
Other interest . . . . .			
Repairs . . . . .			
Supplies . . . . .			
Taxes . . . . .			
Utilities . . . . .			
Depletion . . . . .			
Other expenses			
_____			
_____			
_____			
_____			
_____			
_____			



### Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

**General Information**

TS \_\_\_\_\_ Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

Accounting method, if not cash:  Accrual

This farm was disposed of during 2022.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

You received a Paycheck Protection Program (PPP) loan for this business.

If "Yes," was any portion of the loan forgiven?

**Income**

	2022	2022
Sale of livestock / other items . . . . .	_____	Custom hire income . . . . . _____
Cost of items bought for resale . . . . .	_____	Beginning inventory for accrual . . . . . _____
Sale of products you raised . . . . .	_____	Ending inventory for accrual . . . . . _____
Total cooperative distributions (Provide 1099-PATR) . . . . .	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.
Total agricultural payments . . . . .	_____	Other income . . . . . _____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____
Crop insurance proceeds:		
Amount received in 2022 . . . . .	_____	_____
<input type="checkbox"/> You elect to defer to 2023		
Amount deferred from 2021 . . . . .	_____	_____

**Expenses**

	2022	2022
Car & truck expenses . . . . .	_____	Rent - other (land, animals, etc.) . . . . . _____
Chemicals . . . . .	_____	Repairs & maintenance . . . . . _____
Conservation expenses . . . . .	_____	Seeds & plants purchased . . . . . _____
Custom hire (machine work) . . . . .	_____	Storage & warehousing . . . . . _____
Employee benefit programs . . . . .	_____	Supplies purchased . . . . . _____
Feed purchased . . . . .	_____	Taxes . . . . . _____
Fertilizers & lime . . . . .	_____	Utilities . . . . . _____
Freight & trucking . . . . .	_____	Veterinary, breeding, & medicine . . . . . _____
Gasoline, fuel, & oil . . . . .	_____	Family health coverage payments for taxpayer, spouse or dependents . . . . . _____
Insurance (other than health) . . . . .	_____	Other expenses . . . . . _____
Interest - mortgage (paid to banks, etc.) . . . . .	_____	
Interest - other . . . . .	_____	
Non-W-2 labor hired . . . . .	_____	
W-2 wages paid . . . . .	_____	
Pension & profit-sharing plans . . . . .	_____	
Rent - vehicles, machinery, & equipment . . . . .	_____	

### Form 4835 - Farm Rental Income and Expenses

Name: \_\_\_\_\_

#### General Information

TSJ \_\_\_\_\_ Employer ID Number \_\_\_\_\_

Description \_\_\_\_\_

This farm was disposed of during 2022

#### Income

	2022		2022
Income from production of livestock, produce, grains, & other crops . . . . .	_____	Crop insurance proceeds:	
Total cooperative distributions . . . . .	_____	Amount received in 2022 . . . . .	_____
Total agricultural payments . . . . .	_____	<input type="checkbox"/> You elect to defer to 2023	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2021 . . . . .	_____
CCC loans reported . . . . .	_____	Other income . . . . .	_____
CCC loans forfeited . . . . .	_____		_____

#### Expenses

	2022		2022
Car & truck expenses . . . . .	_____	Seeds & plants purchased . . . . .	_____
Chemicals . . . . .	_____	Storage & warehousing . . . . .	_____
Conservation expenses . . . . .	_____	Supplies purchased . . . . .	_____
Custom hire (machine work) . . . . .	_____	Taxes . . . . .	_____
Employee benefit programs . . . . .	_____	Utilities . . . . .	_____
Feed purchased . . . . .	_____	Veterinary, breeding, & medicine . . . . .	_____
Fertilizers & lime . . . . .	_____	Other expenses	
Freight & trucking . . . . .	_____		_____
Gasoline, fuel, & oil . . . . .	_____		_____
Insurance (other than health) . . . . .	_____		_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other . . . . .	_____		_____
Labor hired (less jobs credit) . . . . .	_____		_____
Pension & profit-sharing plans . . . . .	_____		_____
Rent - vehicles, machinery & equipment . . . . .	_____		_____
Rent - other (land, animals, etc.) . . . . .	_____		_____
Repairs & maintenance . . . . .	_____		_____

### Household Employment

Name: \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes No**

- Did you pay any one household employee cash wages of \$2,400 or more in 2022?
- Did you withhold federal income tax during 2022 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2022 by April 18, 2023?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

**2022**

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax . . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

Qualified sick leave wages . . . . . \_\_\_\_\_

Qualified family leave wages . . . . . \_\_\_\_\_

Qualified health plan expenses . . . . . \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes No**

- Did you pay any one household employee cash wages of \$2,400 or more in 2022?
- Did you withhold federal income tax during 2022 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2022 by April 18, 2023?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

**2022**

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax . . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

Qualified sick leave wages . . . . . \_\_\_\_\_

Qualified family leave wages . . . . . \_\_\_\_\_

Qualified health plan expenses . . . . . \_\_\_\_\_

Schedule A - Itemized Deductions

Name: \_\_\_\_\_

Medical and Dental Expenses

Health insurance premiums (paid by you, not through work)
Amount that is for Medicare premiums
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Before July 1, 2022
After June 30, 2022
Out of pocket medical & dental expenses
Doctor, dental, etc
Prescription medicines
Glasses & contacts
Hearing aids
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

State and local income taxes
General sales tax (vehicle, boat, home, etc.)
Real estate taxes
Personal property taxes
Auto registration taxes not deductible for state
Other taxes (list)

Interest Paid

Home mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home.
Home mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Points not reported on Form 1098
Investment interest

Charitable Contributions

Donations to charity
Cash Noncash Amount
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument
Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Union dues
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other
Home equity interest.

**Other Information**

Name: \_\_\_\_\_

**Mortgage Interest** Provide all copies of Form 1098

TSJ	Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Employee Business Expenses**

TS \_\_\_\_\_

Select if you are:

- A qualified performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed Forces reservist
- You are a member of the clergy

Select if you:

- Used your personal vehicle for your job during 2022

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation . . . . .	_____	_____
Meals . . . . .	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Casualties and Thefts**

TSJ _____ FEMA code _____	TSJ _____ FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Fair market value before incident _____	Fair market value before incident _____
Fair market value after incident _____	Fair market value after incident _____
Insurance reimbursement _____	Insurance reimbursement _____



**Other Information**

Name: \_\_\_\_\_

**Health Savings Account**

TS \_\_\_\_\_

The taxpayer's coverage is under a high-deductible health plan for:

- Taxpayer only     Family

**2022**

HSA contributions made for 2022 . . . . . \_\_\_\_\_

Total distributions from all HSAs during 2022 . . . . . \_\_\_\_\_

Distributions included above that were rolled over into another account . . . . . \_\_\_\_\_

Qualified medical expenses paid using HSA distributions . . . . . \_\_\_\_\_

**Education Expenses** Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Job-related Moving Expenses**

T SJ \_\_\_\_\_

- Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

**2022**

Number of miles from old home to old workplace . . . . . \_\_\_\_\_

Number of miles from old home to new workplace . . . . . \_\_\_\_\_

Expenses to transport and store household goods and personal effects . . . . . \_\_\_\_\_

Travel and lodging expenses while traveling to your new home . . . . . \_\_\_\_\_

Form 1099-G Unemployment Compensation

Name:

Provide all copies of Form 1099-G

TSJ \_\_\_\_\_ Payer's Federal ID Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

U.S. only State, ZIP: \_\_\_\_\_

Foreign only Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_

Account number: \_\_\_\_\_

	2022	2021		2022	2021
Unemployment compensation . . . . .	_____	_____	State _____ State ID _____	_____	_____
Unemployment compensation repaid in current year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
State/local tax refunds/credits . . . . .	_____	_____	State withholding . . . . .	_____	_____
Tax year . . . . .	_____	_____	Locality name _____	_____	_____
Federal tax withheld . . . . .	_____	_____	Local wages . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	Local withholding . . . . .	_____	_____
Taxable grants . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad.		
Agriculture . . . . .	_____	_____			
<input type="checkbox"/> Trade/business					
Market gain . . . . .	_____	_____			

TSJ \_\_\_\_\_ Payer's Federal ID Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

U.S. only State, ZIP: \_\_\_\_\_

Foreign only Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_

Account number: \_\_\_\_\_

	2022	2021		2022	2021
Unemployment compensation . . . . .	_____	_____	State _____ State ID _____	_____	_____
Unemployment compensation repaid in current year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
State/local tax refunds/credits . . . . .	_____	_____	State withholding . . . . .	_____	_____
Tax year . . . . .	_____	_____	Locality name _____	_____	_____
Federal tax withheld . . . . .	_____	_____	Local wages . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	Local withholding . . . . .	_____	_____
Taxable grants . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad.		
Agriculture . . . . .	_____	_____			
<input type="checkbox"/> Trade/business					
Market gain . . . . .	_____	_____			

### Installment Sale Income

Name: \_\_\_\_\_

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

	Date acquired _____	Date sold _____	2022	Prior years
Selling price . . . . .				
Mortgages assumed . . . . .				
Cost of property sold . . . . .				
Depreciation allowed . . . . .				
Commissions and expense of sale . . . . .				
Gross profit percentage . . . . .				
Interest received . . . . .				
Principal payments received . . . . .				
Property was sold to a related party <input type="checkbox"/>				

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

	Date acquired _____	Date sold _____	2022	Prior years
Selling price . . . . .				
Mortgages assumed . . . . .				
Cost of property sold . . . . .				
Depreciation allowed . . . . .				
Commissions and expense of sale . . . . .				
Gross profit percentage . . . . .				
Interest received . . . . .				
Principal payments received . . . . .				
Property was sold to a related party <input type="checkbox"/>				

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

	Date acquired _____	Date sold _____	2022	Prior years
Selling price . . . . .				
Mortgages assumed . . . . .				
Cost of property sold . . . . .				
Depreciation allowed . . . . .				
Commissions and expense of sale . . . . .				
Gross profit percentage . . . . .				
Interest received . . . . .				
Principal payments received . . . . .				
Property was sold to a related party <input type="checkbox"/>				

### Education Credits

Name: \_\_\_\_\_

**Provide all Form(s) 1098-T**

Student's first and last name: \_\_\_\_\_ SSN(Last 4): \_\_\_\_\_

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? .....  Yes

Was the student enrolled at least half-time for at least one academic period that began in 2022 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? .....

Did the student complete the first four years of post-secondary education before 2022? .....

Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance? .....

Is the student pursuing a degree? .....

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution ..... **2022** **2021**

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution ..... **2022** **2021**

Tax-free education assistance received in 2022 allocable to the academic period ..... **2022** **2021**

Tax-free education assistance received in 2023 (and before 2022 return is filed) allocable to the academic period ..... **2022** **2021**

Refunds of qualified education expenses paid in 2022 if the refund is received before the 2022 return is filed ..... **2022** **2021**

Did the student receive Form 1098-T from this institution for 2022?  Yes  No

Did the student receive Form 1098-T from this institution for 2021 with box 7 checked?  Yes  No

Educational Institution | EIN \_\_\_\_\_  
Name \_\_\_\_\_  
Street address, city, state, and ZIP \_\_\_\_\_

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? .....  Yes

Was the student enrolled at least half-time for at least one academic period that began in 2022 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? .....

Did the student complete the first four years of post-secondary education before 2022? .....

Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance? .....

Is the student pursuing a degree? .....

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution ..... **2022** **2021**

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution ..... **2022** **2021**

Tax-free education assistance received in 2022 allocable to the academic period ..... **2022** **2021**

Tax-free education assistance received in 2023 (and before 2022 return is filed) allocable to the academic period ..... **2022** **2021**

Refunds of qualified education expenses paid in 2022 if the refund is received before the 2022 return is filed ..... **2022** **2021**

Did the student receive Form 1098-T from this institution for 2022?  Yes  No

Did the student receive Form 1098-T from this institution for 2021 with box 7 checked?  Yes  No

Educational Institution | EIN \_\_\_\_\_  
Name \_\_\_\_\_  
Street address, city, state, and ZIP \_\_\_\_\_

Residential Energy Credits

Name:

[Redacted Name Field]

TSJ \_\_\_\_\_

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs
Qualified solar water heating property costs
Qualified small wind energy property costs
Qualified geothermal heat pump property costs
Qualified biomass fuel property costs
Was qualified fuel cell property installed on or in your main home in U.S.?
Address of main home
City, state, and ZIP
Qualified fuel cell property costs
Kilowatt capacity of qualified fuel cell property entered above
Amount of unused credit from 2021 Form 5695, line 16

Part II - Nonbusiness Energy Property Credit

Were improvements or costs made to your main home located in the US?
Address of main home
City, state, and ZIP
Were improvements or costs related to the construction of this main home?

Enter the nonbusiness energy property credit that you took in:

2006 2010 2013 2016 2019
2007 2011 2014 2017 2020
2009 2012 2015 2018 2021

Qualified Energy Efficient Improvements

Insulation material or systems primarily designed to reduce heat loss or gain
Exterior doors that meet or exceed Energy Star 6.0 requirements
Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain
Exterior windows and skylights that meet or exceed Energy Star 6.0 requirements

Enter the amount of window expense you claimed in:

2006 2010 2013 2016 2019
2007 2011 2014 2017 2020
2009 2012 2015 2018 2021

Residential Energy Property Costs

Energy efficient building property costs
Qualified natural gas, propane, or oil furnace or hot water boiler
Advanced main air circulating fan used in a natural gas, propane, or oil furnace

### Healthcare Coverage Questionnaire

Name: \_\_\_\_\_

**Healthcare Information**

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

**YES    NO**

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

- Employer     Medicare     Medicaid     Marketplace (Exchange)     Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

- Was your previous insurance policy canceled in 2022?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
  - Became homeless
  - Evicted in the past six months, or facing eviction or foreclosure
  - Received a shut-off notice from a utility company
  - Recently experienced domestic violence
  - Recently experienced the death of a close family member
  - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

### Asset Listing for 2022

Name:

**Assets for:**

For	Multi	Description of property	Date acquired	Cost/Basis	Method	Life	Prior depreciation	Sec 179 exp	Date sold	Sales price	Expense of sale

### Noncash Charitable Contributions

Name: \_\_\_\_\_



TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_ Date contributed \_\_\_\_\_  Bargain sale was capital gain property

**Property type (if over \$5,000)**  Donated property is publicly traded security

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Art valued more than \$20,000                         | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual property        |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher     | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles                     |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Clothing and household items |
| <input type="checkbox"/> Qualified conservation                                | <input type="checkbox"/> Collectibles                  | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Equipment   |  |   |

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_ Date contributed \_\_\_\_\_  Bargain sale was capital gain property

**Property type (if over \$5,000)**  Donated property is publicly traded security

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Art valued more than \$20,000                         | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual property        |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher     | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles                     |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Clothing and household items |
| <input type="checkbox"/> Qualified conservation                                | <input type="checkbox"/> Collectibles                  | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Equipment   |  |   |





**Funds Belonging to the Person You Supported**

- 1. Enter the total funds belonging to the person you supported, including income received (taxable and nontaxable) and amounts borrowed during the year, plus the amount in savings and other accounts at the beginning of the year. Don't include funds provided by the state; include those amounts on line 23 instead ..... **1.**
- 2. Enter the amount on line 1 that was used for the person's support ..... **2.**
- 3. Enter the amount on line 1 that was used for other purposes ..... **3.**
- 4. Enter the total amount in the person's savings and other accounts at the end of the year ..... **4.**
- 5. Add lines 2 through 4. (This amount should equal line 1.) ..... **5.**

**Expenses for Entire Household** (where the person you supported lived)

- 6. Lodging (complete line 6a or 6b):
  - a. Enter the total rent paid ..... **6a.**
  - b. Enter the fair rental value of the home. If the person you supported owned the home, also include this amount in line 21 ..... **6b.**
- 7. Enter the total food expenses ..... **7.**
- 8. Enter the total amount of utilities (heat, light, water, etc., not included in line 6a or 6b) ..... **8.**
- 9. Enter the total amount of repairs (not included in line 6a or 6b) ..... **9.**
- 10. Enter the total of other expenses. Don't include expenses of maintaining the home, such as mortgage interest, real estate taxes, and insurance ..... **10.**
- 11. Add lines 6a through 10. These are the total household expenses ..... **11.**
- 12. Enter total number of persons who lived in the household ..... **12.**

**Expenses for the Person You Supported**

- 13. Divide line 11 by line 12. This is the person's share of the household expenses ..... **13.**
- 14. Enter the person's total clothing expenses ..... **14.**
- 15. Enter the person's total education expenses ..... **15.**
- 16. Enter the person's total medical and dental expenses not paid for or reimbursed by insurance ..... **16.**
- 17. Enter the person's total travel and recreation expenses ..... **17.**
- 18. Enter the total of the person's other expenses ..... **18.**
- 19. Add lines 13 through 18. This is the total cost of the person's support for the year ..... **19.**

**Did the Person Provide More Than Half of His or Her Own Support?**

- 20. Multiply line 19 by 50% (0.50) ..... **20.**
- 21. Enter the amount from line 2, plus the amount from line 6b, if the person you supported owned the home. This is the amount the person provided for his or her own support ..... **21.**
- 22. Is line 21 more than line 20?

**No.** You meet the support test for this person to be your qualifying child. If this person also meets the other tests to be a qualifying child, stop here; don't complete lines 23–26. Otherwise, go to line 23 and fill out the rest of the worksheet to determine if this person is your qualifying relative.

**Yes.** You don't meet the support test for this person to be either your qualifying child or your qualifying relative. **Stop here.**

**Did You Provide More Than Half?**

- 23. Enter the amount others provided for the person's support. Include amounts provided by state, local, and other welfare societies or agencies. Don't include any amounts included on line 1 ..... **23.**
- 24. Add lines 21 and 23 ..... **24.**
- 25. Subtract line 24 from line 19. This is the amount you provided for the person's support ..... **25.**
- 26. Is line 25 more than line 20?

**Yes.** You meet the support test for this person to be your qualifying relative.

**No.** You don't meet the support test for this person to be your qualifying relative. You can't claim this person as a dependent unless you can do so under a multiple support agreement, the support test for children of divorced or separated parents, or the special rule for kidnapped children. See *Multiple Support Agreement*, *Support Test for Children of Divorced or Separated Parents (or Parents Who Live Apart)*, or *Kidnapped child* under *Qualifying Relative*.