Datamate Bookkeeping & Tax, Inc.
7881 Church Street, Suite F
Gilroy, CA 95020

January 24, 2023

,

Dear ,

Re: ENGAGEMENT LETTER

WELCOME

Thank you for allowing Datamate Bookkeeping & Tax, Inc. to prepare, amend, and/or review your 2022 tax return. We appreciate your business and will work hard to make sure you are satisfied with our services. Our goal is to get you the best result possible and provide you with financial services that set us apart from any other preparer.

This letter will outline what you can expect from us as well as what we need from you to provide you with excellent service and accurate results; it will also cover our policies, procedures, and services. The signatures you provide will be a record of your understanding of the letter and your selection of Datamate Bookkeeping & Tax, Inc. to prepare, amend, and/or review your returns.

RESPECT FOR YOUR PRIVACY

Datamate Bookkeeping & Tax, Inc. knows your privacy is important to you, and we recognize that the information we must collect from you to prepare, amend, and/or review your tax return is sensitive and personal. As a result, we do not disclose any information about you to anyone and we maintain safeguards to ensure this protection. For more details, please contact us.

It is important you know that Federal law does not extend the Accountant-Client privilege with respect to tax preparation services. What this means is that if we are questioned by any Federal and/or State authorities, we are required to provide the information requested.

TAX SERVICES – OUR PART, YOUR PART

Our commitment to you: Datamate Bookkeeping & Tax, Inc. will prepare, amend, and/or review your tax return(s) in a professional manner for a reasonable price. For our new Clients, we do a thorough interview to learn the details of your financial life that will affect your taxes. For our returning Clients, we update current information and ask questions of any changes that might have occurred during the year.

Datamate Bookkeeping & Tax, Inc. uses advanced technology in preparing, amending, and or reviewing your return. Our software provides us with constant tax updates and allows us to e-file your return. This relieves you from the hassle of mailing in your return and also provides a faster refund. Our software also allows us to provide you with an electronic copy of your return via PDF format. At times, the initial preparation of your return may be done by our offshore team.

We will maintain copies of your submitted documents for the statute of limitations – 4 years. After that, your files and documents will be destroyed. It will be your responsibility to maintain any records that may have an impact on your future. All original documents will be returned to you after the tax return is prepared.

Our work does not include any procedures to discover fraud, theft, embezzlement, or irregularities, should any exist. We will not audit or verify the data you submit, although we may ask you to clarify or furnish us with additional data.

Datamate Bookkeeping & Tax, Inc. will use its professional judgment in resolving questions in your favor where the tax law is unclear or where there may be conflicts between the taxing authorities' interpretation of the law and other supportable positions. We will explain the possible positions that may be taken on your return. Datamate Bookkeeping & Tax, Inc. will follow whatever position you request, as long as it is consistent with the law. If a tax authority should later contest this issue, there may be an assessment of additional tax, interest, and penalties. We assume no liability for any such assessment. Datamate Bookkeeping & Tax, Inc. is not responsible for the governmental authorities' disallowance of doubtful deductions or deductions unsupported by adequate documentation or for resulting taxes, penalties, and interest.

Your commitment to us: Our fee structure assumes that you gather your tax information in an orderly manner, and you complete

ALL documents given to the best of your ability. Your use of the forms provided will assist us in keeping our fee to a minimum. We will ask you for supporting documents (W-2's, 1099's, etc.) that will help us accurately record your income, credits, and deductions. You agree to provide this needed information to the best of your ability.

As you can imagine, the weeks leading up to the tax deadline are very busy for us. We operate on a first-in/first-out basis. If you want to file your return by the deadline, **we require that you provide all documentation 30 days prior to any tax deadline** if you are an existing client or **45 days prior to any tax deadline for new clients** (March 15th, April 15th, September 15th, or October 15th.) If you do not submit the requested documents by this 30-day deadline AND wish to file the return by the IRS deadline, Datamate Bookkeeping & Tax, Inc. may impose **a rush fee of 25%** of your tax prep fee. **No work will begin until ALL documentation and retainer are received.**

If you need more time to organize your documentation, you can request an extension to the IRS. In doing so, you will avoid paying any failure to file penalties. However, if you owe taxes, you will be charged interest and penalties for filing after the initial due date. We encourage mailing an estimated tax payment before the deadline. If you would like Datamate Bookkeeping & Tax, Inc. to file the extension on your behalf, you will be charged the normal hourly rate for tax services. A written request for the extension is all that is needed to show your consent.

To our business clients: You are required to keep adequate records regarding your business. Please understand that "adequate records" is a diary or log-book that gives details about expenses. Understand that a log is required for travel, meals, entertainment, vehicles and miles, computers, home office, gifts, sales promotions, and education. This log includes date, place, and purpose with the name of the person you may have purchased the item for. If you lack receipts for these expenditures, then the IRS will not allow the deduction. The IRS will almost always ask questions about bartering transactions. It is your responsibility to have all the receipts and documentation required.

GUARANTEES

Datamate Bookkeeping & Tax, Inc. guarantees that if you are audited for a return we prepared, we will assist you by answering questions about how we arrived at the amounts in your return. This agreement is not for assistance to neither represent you in an audit nor advise you on how to represent yourself.

If you owe penalties or interest due to our error on the return we prepared, we will pay those penalties and you would owe the tax and interest due. However, this guarantee does not apply to the penalties due for information you did not supply to us or inaccurate information you supplied. In this case you will owe the taxes, penalties, and interest.

If you are audited by the Federal or State agency, please know that the IRS shares information with the FTB and vice versa. Since Datamate Bookkeeping & Tax, Inc. cannot control that the Client replies timely or pays timely, Datamate Bookkeeping & Tax, Inc. will only pay penalties and interest up to the date of the first notification from the governmental authority if Datamate Bookkeeping & Tax, Inc. made an error as described above.

Datamate Bookkeeping & Tax, Inc. is not responsible for the Client's failure to file or resolve the issue. Datamate Bookkeeping & Tax, Inc. will not be responsible for any technical difficulties. This would include computer problems with electronically filing or returns lost in the mail. If returns are e-filed three business days prior to the deadline, we can address and correct the situation. Returns electronically filed or mailed after this date are not guaranteed. Also, the Client assumes responsibility if their bank does not permit a direct deposit of joint refunds into an individual bank account.

It is your responsibility to carefully examine and approve your completed tax return before signing it. In the event of an audit or other inquiry, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on your tax return. Datamate Bookkeeping & Tax, Inc. does not maintain copies of your original documents. It is your responsibility to retain possession of your completed tax return and all documents and records substantiating this information for a period of seven years and provide such information, if required, for an audit examination.

PAYMENT

Our fees are based upon a combination of our standard rates for the type of forms and schedules required to be filed, the time incurred to prepare, amend, and/or review the return, how organized you provide the data, and out-of-pocket expenses. If business clients do not provide the appropriate financial statements, Datamate Bookkeeping & Tax, Inc. will charge for bookkeeping services. Your tax preparation fee does not cover additional services requested by you, such as tax planning, projections, research, responding to notices, drafting letters to lenders, IRS/FTB correspondence, or audit representation. These services will be billed separately. Datamate Bookkeeping & Tax, Inc. will charge the client the hourly rate of **$195 - 395/hour, depending on team member assigned,** for all tax-related services. **Services will begin after receiving a retainer fee** which will be applied to the last invoices of the engagement. The entire tax preparation fees will be due in full prior to filing your return electronically.

For current clients, the cost of the return will be similar to what was paid last year, with a standard increase, if the activity is the same. If the situation changes, with purchasing a rental, adding a business, or selling stocks, our fee will increase due to additional forms/ schedules required to be filed and additional time on our part. For new clients, we will provide allclients an estimate before the work is started, getting approval of the fee so there are no surprises to our fee.

If the return will be mailed, payment is due when you pick up your return or before Datamate Bookkeeping & Tax, Inc. mails the return to you. If payment is received with non-sufficient funds, a **$25** bank fee will be added, and Datamate Bookkeeping & Tax, Inc. has the right to be reimbursed for any cost of collection of funds. If for any reason the payment for our invoice has not been received within 10 days of receipt, Datamate Bookkeeping & Tax, Inc. may impose a **1.5%** monthly finance charge.

Additional fees may be charged if the Client submits information several times (changing the same numbers previously submitted). Datamate Bookkeeping & Tax, Inc. is in no way responsible for the origin or amount of any of the figures that you supplied.

For efficiency purposes, we request that clients provide us electronic copies of their information. If Datamate Bookkeeping & Tax, Inc. needs to copy/scan any documents provided, we will charge the client the standard hourly rate. There is an additional fee for mailing original documents of $25.

MISCELLANEOUS

In order to "go paperless", it will NOT be our policy to mail out a hardcopy of your return. Instead, we will provide access to a secure client portal where you will have 24/7 access to your tax return information. If you would prefer a hard copy in addition to the portal access, please let us know in advance, and we would be glad to provide the hard copy for an additional assembling/printing fee of **$25.** Electronic copies are provided free of charge. If the Client selects or is required to paper file, there is a **$25** fee per year.

If for any reason the Client chooses not to have Datamate Bookkeeping & Tax, Inc. finalize the return, the Client will be liable for time **($195 - 395/hour**) and expenses as of the date of notification. The Client will be responsible for paying Datamate Bookkeeping & Tax, Inc. within 10 days of receiving the invoice. All original documents will be returned to the Client. Any notes, calculations or a copy of the tax return will be given to the Client after payment is received.

In connection with this engagement, we may communicate with you or others via email transmission.As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

Except for matters that fall in the jurisdiction of small claims court, if any disputes cannot be resolved between Datamate Bookkeeping & Tax, Inc. and the Client, Datamate Bookkeeping & Tax, Inc. may choose to contact our county's Dispute Resolution Program. With mediation, a neutral third party can help communicate and provide a resolution which can usually be more beneficial for all parties than the judgment of a court. Damages will not exceed the total contract amount.

This agreement is governed by the laws of California, in the county of Santa Clara and the city of Gilroy.
Signing below certifies that Datamate Bookkeeping & Tax, Inc. assisted you in preparing your tax return and demonstrates your understanding of this document. If filing a joint return, both spouses MUST sign below.

We are honored to have you as a client and hope this will continue a long and pleasant business relationship.

Sincerely,

Datamate Bookkeeping & Tax, Inc.

______________________________________ ____

Primary Tax Payer Signature (Spouse 1) Print Name Date Signed

__________________________________ ____

Spouse's Signature (Spouse 2) Print Name Date Signed

As your trusted CPA firm, we are always seeking ways to be more effective and efficient in the work we do on your behalf. Our goal is to provide the highest quality services, as proficiently and timely as possible. An important part of this effort is our relationship with our outside contractors. These outside contractors enter basic data and information provided by our clients into our electronic tax preparation software program.

We periodically work with contractors to assist with basic data entry. This leaves time for us tofocus on the things that add value to the process like tax strategies, tax planning, client communication and consulting. The contractors we work with have impeccable security protocols. All data remains stored on our local servers and is accessed through a secure VPN.

Because we periodically use contractors, the Internal Revenue Service (IRS) requires that we obtain your consent before allowing them to input your data. The IRS also requires that the following three paragraphs be included in any consent form of this type. We are not allowed to alter them in any way. Nevertheless, much of their text does not apply to the consent sought by this form. Specifically, signing this consent form will not result in the disclosure of your personal information to anyone for any reason other than data entry related to the preparation of your return. Furthermore, your tax return information is protected from further use or distribution by a legally enforceable non-disclosure agreement with any contractor we may use. Finally, we will provide you service regardless of whether you sign this consent form. Keep in mind the cost of your return will be dependent on whether or not you sign the consent form.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return and, in certain limited circumstances, for purposes involving tax return preparation. If you consent to the disclosure of your tax return infomation, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. Because our ability to disclose your tax return information to another tax return preparer affects the service that we provide to you and its cost, we may decline to provide you with tax preparation services or change the terms of service that we provide to you if you do not sign this form. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration ofyour consent, your consent is valid for one year. This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, including your personally identifiable information such as your Social Security Number ("SSN"). Both the tax return preparer in the United States that will disclose your SSN and the tax return preparer located outside the United States that will receive your SSN maintain an adequate data protection safeguard (as required by the regulations under 26 U.S.C. Section 7216) to protect privacy and prevent unauthorized access of tax return information. If you consent to the disclosure of your tax return information, Federal agencies may not be able to enforce US laws that protect the privacy of your tax return information against a tax return preparer located outside of the US to which the information is disclosed.

____ ________________________ December 31, 2029

Primary Tax Payer Signature (Spouse 1) Date Signed Consent Valid Until

____ ________________________ December 31, 2029

Spouse's Signature (Spouse 2) Date Signed Consent Valid Until

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Payment Authorization Form

Terms and Conditions
I authorize Datamate Bookkeeping & Tax, Inc. to make an automatic draft/charge on my credit card OR bank account for services as described by the Service Agreement.

My Authorization will remain in effect until the terms of the agreement are completed. I understand that I can cancel the services at any time with a 30 day advance *written* notice.

Datamate Bookkeeping & Tax, Inc. will keep my credit card or bank information confidential. The charge on my credit card and/or bank account will show from Datamate Bookkeeping & Tax, Inc.

I agree to pay the prevailing service fee plus any merchant account charge back fees levied against Datamate Bookkeeping & Tax, Inc. in the event a charge is returned to Datamate Bookkeeping & Tax, Inc. for any reason.
General Information

____
Name

____
Address

____
City State Zip

____
Phone Email

____
Signature Date

Choose *ONE* Payment Method Below

CREDIT CARD PAYMENT

Credit Card Type: (Circle One) Visa MasterCard

____
Credit Card Number

____
Expiration Date Validation Code

Amount $______________

BANK ACCOUNT PAYMENT

Bank Account Type: (Circle One) Personal Business AND Checking Savings

____

Account Number

____

Routing Number

Amount $______________

TAX ORGANIZER

Dear ,

Enclosed is your Tax Organizer for tax year 2022.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as $35 for each $100 in deductible expenses you find in your 2022 records.

If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer. **If you file a Schedule C** and we currently do your monthly bookkeeping, you may disregard that section of your organizer unless there is information that has not been given to us throughout the year.

As you can imagine, the weeks leading up to the tax deadline are very busy for us. We operate on a first-in/first-out basis. If you want to file your return by the deadline, **we require that you provide all documentation 30 days prior to any tax deadline** if you are an existing client or **45 days prior to any tax deadline for new client**s (March 15th, April 15th, September 15th or October 15th.) If you do not submit the requested documents by this 30-day deadline AND wish to file the return by the IRS deadline, Datamate Bookkeeping & Tax, Inc. may impose **a rush fee of 25%** of your tax prep fee. **No work will begin until ALL documentation is received.**

Please upload the completed organizer to your secure client portal along with any of the following documentation that relates to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

Please complete the Payment Authorization form at the end of this letter. Your return will be e-filed as soon as payment is received.

If you have any questions, please give us a call.

Sincerely,

Datamate Bookkeeping & Tax, Inc.
7881 Church Street, Suite F
Gilroy, CA 95020
408-848-2293
info@datamatebookkeeping.com

Organizer Mailing Slip

General Information

	Taxpayer	Spouse
First Name		
Middle Initial		
Last Name		
Suffix		
Social Security Number		
Date of Birth		
Date of Death		

Check ("X") which phone number to list on return.

	Taxpayer	Spouse
Home Phone		
Work Phone		
Cell Phone		
Fax Number		
Legally Blind		
Totally Disabled		
Claimed as a Dependent		
Presidential Election Fund ($3)		
Occupation		
E-mail address		
State of Residence as of 12/31		
County of Residence as of 12/31		
School District as of 12/31		
Sales tax rate of locality in 2022	%	%
If Part Year, Period of Residency	to	to

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

	Taxpayer	Spouse
ID type	Driver's license OR State Issued ID	Driver's license OR State Issued ID
ID number		
ID issuing state		
ID issue date		
ID expiration date		

Filing Status

Status on 2021 return :

Status as of 12/31/2022 :

Enter ("X") in the box

1 Single

2 Married filing joint

3 Married filing separately
(Enter spouse's name and SSN above)

4 Head of Household Non-dependent name:

Non-dependent SSN:

5 Qualifying surviving spouse (QSS) Year spouse died

Taxpayer's Address

Street Apt/Suite :

City State Zip Code

If address is in a foreign country, enter that country

Foreign province/county Foreign postal code

If a bona fide resident of a U.S. territory, enter territory

Preparer's Information

Preparer's name

Firm's name

Street

City State Zip Code

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign Date

here Date

Name ______________________ SSN ______________________

Questions

Yes	No		Personal Information
☐	☐	1	Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
☐	☐	2	Did you purchase or sell your principal residence or did your address change?
☐	☐	3	Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
☐	☐	4	Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2022?
☐	☐	5	Were either you or your spouse in the military or National Guard?
☐	☐	6	Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
☐	☐	7	Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?

Yes	No		Dependents
☐	☐	1	Are there any changes in your dependents from last year?
☐	☐	2	Did you have any children under 19 (or 24 if a full time student) who received more than $1,150 in investment income?
☐	☐	3	Did you pay education expenses for your dependent children?
☐	☐	4	Did anyone in your family receive a scholarship of any kind during 2022?
☐	☐	5	Did you pay any dependent care expenses for a child or a parent?
☐	☐	6	Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
☐	☐	7	Are all of your dependents either US residents or citizens?

Yes	No		Health Care Coverage
☐	☐	1	Did you or a member of your family have minimum essential coverage in 2022? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes	No		Income (In 2022, did you or your spouse have any of the following?)
☐	☐	1	Wages? (include form(s) W-2)
☐	☐	2	Non-employee compensation? (include form(s) 1099-NEC)
☐	☐	3	Miscellaneous Income? (include form(s) 1099-MISC)
☐	☐	4	Interest income? (include form(s) 1099-INT)
☐	☐	5	Dividend income? (include form(s) 1099-DIV)
☐	☐	6	Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
☐	☐	7	Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
☐	☐	8	Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
☐	☐	9	Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
☐	☐	10	Disability income? (include form(s) W-2 or 1099)
☐	☐	11	Unemployment compensation? (include form(s) 1099-G)
☐	☐	12	Alimony?
☐	☐	13	Did you receive tip income NOT reported to your employer?
☐	☐	14	Did you receive payments from a Long-Term Care insurance contract?
☐	☐	15	Did you barter your services for goods or services from someone else?
☐	☐	16	Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
☐	☐	17	Did you receive employer-provided adoption benefits for a previous year?
☐	☐	18	Did you cash in any U.S. savings bonds?
☐	☐	19	Did you make a loan to someone at an interest rate below market rate?
☐	☐	20	Did you receive a housing allowance for ministerial services you provided?
☐	☐	21	Did you receive any income not reported in this Organizer?
☐	☐	22	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
☐	☐	23	Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes	No		Foreign Reporting
☐	☐	1	Did you have an interest in or signature authority over a financial account in a foreign country?
☐	☐	2	Were you the grantor of or transferor to a foreign trust?
☐	☐	3	Did you receive income from a foreign source or pay taxes to a foreign government?

Yes	No		Retirement & Other Plans
☐	☐	1	Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
☐	☐	2	Did you rollover a retirement plan distribution into another plan?
☐	☐	3	Did you convert a traditional IRA to a Roth IRA?
☐	☐	4	Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	5	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
☐	☐	6	Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
☐	☐	7	Did you make any contributions to an HSA (Health Savings Account) in 2022?
☐	☐	8	Did you receive a qualified disaster distribution in 2022?
☐	☐	9	Did you receive an early distribution for a qualified birth or adoption distribution?

Yes	No		Purchases, Sales, Gains and Losses
☐	☐	1	Did you exchange any securities or investments for something other than cash?
☐	☐	2	Do you have any short sales, commodity sales, or straddles?
☐	☐	3	Did you receive Form 2439?
☐	☐	4	Did you buy or sell any bonds?
☐	☐	5	Did you receive stock from a stock bonus plan with your employer?
☐	☐	6	Did you sell any other personal assets at a gain?
☐	☐	7	Did you sell any real estate (other than your home) during the year?
☐	☐	8	Did you sell any assets using the installment method?
☐	☐	9	Did you receive proceeds from a prior year installment sale?
☐	☐	10	Did you purchase a rental property?
☐	☐	11	Did you exchange any property for other property?
☐	☐	12	Did you incur a loss because of damaged or stolen property?
☐	☐	13	Did you purchase a new vehicle, aircraft or boat?
☐	☐	14	Did any security become worthless during 2022?
☐	☐	15	Did any debts become uncollectible during 2022?
☐	☐	16	Did you puchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No		Business and Rental Property Income & Deductions
☐	☐	1	If you own rental property, do you qualify as a Real Estate Professional?
☐	☐	2	Did you start or acquire a new business?
☐	☐	3	Did you sell any part of an existing business, or sell business assets?
☐	☐	4	Did you cease operating any business or rental property?
☐	☐	5	Did you remove any of your business assets for personal use?
☐	☐	6	Did you use part of your home for business purposes?
☐	☐	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2022?
☐	☐	8	Do you pay for any health or long term care insurance through your business?
☐	☐	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
☐	☐	10	Did you purchase any furniture or equipment for your business?
☐	☐	11	Did you make any improvements to your rental properties?
☐	☐	12	Did you receive income from raising animals or crops?

Yes	No		Other Deductions
☐	☐	1	Did you use your car on the job (other than to and from work)?
☐	☐	2	Did you work out of town for part of the year?
☐	☐	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
☐	☐	4	Did you incur any travel and entertainment expenses for business purposes?
☐	☐	5	Did you pay expenses for the care of your child or other dependent so you could work?
☐	☐	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2022?
☐	☐	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2022?
☐	☐	8	Did you contribute less than an entire interest in any property to charity?
☐	☐	9	Did you refinance a mortgage or take out a home equity loan during 2022?
☐	☐	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
☐	☐	11	Did you or your spouse pay any educational expenses for yourselves?
☐	☐	12	Did you pay any student loan interest?
☐	☐	13	Did you make any federal or state estimated payments?
☐	☐	14	Did you pay alimony?
☐	☐	15	Did you donate non-cash donations?
☐	☐	16	Did you donate a vehicle?

Yes	No		Miscellaneous
☐	☐	1	Did you make gifts of more than $16,000 to any one person?
☐	☐	2	Did you engage the service of any household employees?
☐	☐	3	Did your bank account information change within the last twelve months?
☐	☐	4	Do you want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	5	Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2022?
☐	☐	7	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
☐	☐	8	Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes	No		**Return preparation and filing**
☐	☐	**1**	Do you want to e-file your return?
		2	If you are due a refund, how do you want to receive it?

☐ Check sent to you in the mail ☐ Other quick refund via a bank product

☐ Apply to next year's estimates ☐

☐ Direct deposit (please provide voided blank check) Type of account: ☐ Checking ☐ Savings

If you owe taxes, how do you want to pay them? ☐

☐ Paper check sent with my return ☐ Credit card ☐ Installment Agreement

☐ Direct debit (please provide a voided blank check) Type of account: ☐ Checking ☐ Savings

Yes	No		
☐	☐	**3**	Do you want to allow your tax preparer to discuss this year's return with the IRS? If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name __________ Phone Number __________ Personal identification Number (5 digit PIN) ______

Name ____________________ SSN ____________________

Comments

Name ______________________ SSN ______________

Federal, State and Local Estimated Taxes Paid

Federal Estimates

Enter Payment Information

	Filer and/or Joint Payments Date Paid	Filer and/or Joint Payments Amount		Spouse Only Payments Date Paid	Spouse Only Payments Amount
1 Overpayment from last year			1		
2 First quarter payment			2		
3 Second quarter payment			3		
4 Third quarter payment			4		
5 Fourth quarter payment			5		
6			6		
7			7		

State Estimates

Enter two-letter state abbreviation **State** ______ **State** ______ **State** ______ **State** ______

Enter Payment Information		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year	1								
2 First quarter payment	2								
3 Second quarter payment	3								
4 Third quarter payment	4								
5 Fourth quarter payment	5								
6	6								
7	7								
8	8								

Local Estimates

Enter locality name **Locality** ______ **Locality** ______ **Locality** ______ **Locality** ______

Enter Payment Information		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year	1								
2 First quarter payment	2								
3 Second quarter payment	3								
4 Third quarter payment	4								
5 Fourth quarter payment	5								
6	6								
7	7								
8	8								

Name ______________________ SSN ______________

Dependent Information

							Enter "X" if applicable			
First Name	Last Name	No. of Months in Home in 2022	Relationship	Date of Birth	SSN	Amount Paid for Dependent Care Expenses	US Citizen	Full- time Student or Disabled	Paid Education Expenses	Not a Dependent this Year

Name ______________________________ SSN ____________________

Wages

W-2 Information

"X" if spouse		Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
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	39					
	40					
	41					
	42					
	43					

Name ______________________________ SSN ____________________

Retirement Income

1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
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	36					
	37					
	38					
	39					
	40					
	41					
	42					
	43					

Name ____________________ SSN ____________________

Foreign Employer Compensation & Pension

"X" if spouse		Foreign employer's name	Employer Compensation	Gross Pension	Taxable Pension
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
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	41				
	42				
	43				
	44				

Name ____________________ SSN ____________________

Business Assets Placed in Service in Prior Years

	Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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39					
40					
41					
42					
43					
44					

Name ____________________ SSN ____________

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: ☐ Filer ☐ Spouse

General Information

Employer Identification Number ____________ (do not enter Social Security Number)
Principal business or profession ____________
Business name . . . . ____________
Business address . . . . . . ____________
City . . . . ____________ State ______ Zip ______
Foreign Country . . . . ____________
Foreign Province/State . . . . ____________ Postal Code ______

General Check Boxes (Enter "X" where applicable)

1 Accounting Method . . . . . . ☐ Cash ☐ Accrual ☐ Other - (Specify) ____________

2 Did you "materially participate" in this business? ☐ Yes ☐ No

3 Check ('X') if you started or acquired this business in 2022. ☐

4 Did you make any payments in 2022 that would require you to file Form(s) 1099? ☐ Yes ☐ No

Business Income

* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

			Current Year Amount	Prior Year Amount
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
11		11		
12		12		
13		13		
14		14		
15	Income reported on 1099 MISC	15		
16	Gross amount of payment card/third party network transactions from Form 1099-K .	16		
17	Professional gambler winnings from Form W2-G	17		
18	Gross installment sales less cost of goods sold	18		
19	Returns and allowances	19		
20	Other income	20		

Inventory (Enter "X" where applicable)

21 Method(s) used to value closing inventory . . . ☐ Cost ☐ Lower of cost or market ☐ Other

22 Any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No

			Current Year Amount	Prior Year Amount
23	Inventory at the beginning of year	23		
24	Purchases less cost of items withdrawn for personal use	24		
25	Cost of labor	25		
26	Materials and supplies	26		
27	Other Costs	27		
28	Inventory at end of year	28		

Assets Placed in Service This Year

	Description:		Date Placed In Service	Purchase Amount
A		A		
B		B		
C		C		
D		D		
E		E		
F		F		
G		G		

Name

Business

SSN

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
29 Advertising	29		
30 Contract labor	30		
31 Commissions and fees	31		
32 Depletion	32		
33 Employee benefit programs (other than on line 39)	33		
34 Insurance (other than health)	34		
Interest:			
35 Mortgage (paid to banks, etc.)	35		
36 Other	36		
37 Legal and professional services	37		
38 Office expense	38		
39 Pension and profit-sharing plans	39		
Rent or Lease:			
40 Machinery rental or lease	40		
41 Equipment rental or lease	41		
42	42		
43	43		
44	44		
Other business property rental or lease			
45	45		
46	46		
47	47		
48 Repairs and maintenance	48		
49 Supplies (not included in inventory cost of goods sold)	49		
50 Taxes and licenses	50		
Travel and Meals:			
Travel			
51	51		
52	52		
53	53		
54	54		
Meals			
55 Enter "X" in the box if subject to DOT hours of service limits	55	☐	☐
56 Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied	56		
Meals subject to percentage limitation			
57	57		
58	58		
59	59		
60	60		
61	61		
Meals not subject to percentage limitation (100% allowed)			
62	62		
63	63		
64	64		
65	65		
66 Utilities	66		
67 Wages	67		
Other Expenses:			
68	68		
69	69		
70	70		
71	71		
72	72		
73	73		
74	74		
75	75		
76	76		

Name ____________________ SSN ____________________

Business ____________________

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . 4				
	January 1 to June 30				
	July 1 to December 31				
5	Commuting miles included on line 3 . . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	____________________ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . 4				
	January 1 to June 30				
	July 1 to December 31				
5	Commuting miles included on line 3 . . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	____________________ 13				

Name ______________________ SSN ______________

Home Office Number ______________

Description of Home Office ______________________

Address ______________________

City ______________________ State ______ Zip ______________

Check ("X") box: ☐ Daycare

Home Office Expenses

		Current Year Amount	Prior Year Amount
Area of Home			
1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples	**1**		
2 Total area of home	**2**		
Daycare only - Part of Home Used Nonexclusively for Daycare			
3 Multiply days used for daycare during year by hours used per day	**3**		
4 Enter total hours home was available for daycare during year	**4**		
Expenses related to entire home including business portion (Indirect)			
5 Casualty losses	**5**		
6 Excess mortgage interest	**6**		
7 Excess real estate taxes	**7**		
8 Insurance	**8**		
9 Rent	**9**		
10 Repairs and maintenance	**10**		
11 Utilities	**11**		
12 Other Expenses:			
a	**12a**		
b	**12b**		
c	**12c**		
d	**12d**		
e	**12e**		

	Current Year Allocation %	Prior Year Allocation %
Business Allocation:		
Business 1:		
Business 2:		
Business 3:		
Business 4:		

Business: ______________________

		Current Year Amount	Prior Year Amount
Additional expenses related to business portion only (Direct)			
13 Casualty losses	**13**		
14 Excess mortgage interest	**14**		
15 Excess real estate taxes	**15**		
16 Insurance	**16**		
17 Rent	**17**		
18 Repairs and maintenance	**18**		
19 Utilities	**19**		
20 Other Expenses:			
a	**20a**		
b	**20b**		
c	**20c**		
d	**20d**		
e	**20e**		

Name ______________________ SSN ______________

Real Estate Rentals and Royalties

Property Description ______________________

Address ______________________

City ______________ State ________ Zip ________

Foreign Country ______________________

Foreign Province/State ______________ Postal Code ______________

			Current Year Info	Prior Year Info
1a	Owner of property (Enter Filer, Spouse, or Joint)	**1a**		
1b	Enter property type number (1 to 8) (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other	**1b**		
2	Enter "X" If you actively participated?	**2**		
3	Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	**3**		
3a	If entered ("X"), enter the number of days of personal use?	**3a**		
3b	If entered ("X"), enter the number of days rented?	**3b**		

Income

			Current Year Amounts	Prior Year Amounts
4	Royalty received	**4**		
5	Rent received	**5**		
a	If rental real estate, enter the percent of ownership if less than 100%	**5a**		
b	Rental use percentage for property used partially for personal use only	**5b**		
6	Other Income	**6**		

Property Expense

			Current Year Amounts	Prior Year Amounts
7	Advertising	**7**		
8	Cleaning and maintenance	**8**		
9	Commissions	**9**		
10	Insurance	**10**		
11	Legal and other professional fees	**11**		
12	Management fees	**12**		
13 a	Qualified mortgage interest paid to banks, etc.	**13a**		
b	Other mortgage interest paid to banks, etc.	**13b**		
14	Other interest	**14**		
15	Repairs	**15**		
16	Supplies	**16**		
17 a	Real estate taxes	**17a**		
b	Other Taxes	**17b**		
18	Utilities	**18**		

Assets Placed in Service This Year

	Description:		Date Placed In Service	Purchase Amount
A		**A**		
B		**B**		
C		**C**		
D		**D**		
E		**E**		
F		**F**		
G		**G**		

Name ______________________ SSN __________

Property ______________________

Other Expenses (Schedule E)

Other Expenses:

	Description		Current Year	Prior Year
19		19		
20		20		
21		21		
22		22		
23		23		
24		24		
25		25		
26		26		

Travel Expenses:

	Description		Current Year	Prior Year
27		27		
28		28		
29		29		
30		30		
31		31		
32		32		
33		33		
34		34		

Meals Expenses:

	Description		Current Year	Prior Year
35		35		
36		36		
37		37		
38		38		
39		39		
40		40		
41		41		
42		42		

Name ______________________ SSN ______________________

Property ______________________

Vehicle Information (Schedule E)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . 4				
	January 1 to June 30				
	July 1 to December 31				
5	Commuting miles included on line 3 . . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
	Actual Expenses				
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	______________________ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . 4				
	January 1 to June 30				
	July 1 to December 31				
5	Commuting miles included on line 3 . . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
	Actual Expenses				
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	______________________ 13				

Name ______________________ SSN ______________

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Entity Name	Enter "S" if K1 (1120S) Enter "P" if K1 (1065) Enter "E" if K1 (1041)		Unreimbursed Partnership Exp. Current Year
	1			1	
	2			2	
	3			3	
	4			4	
	5			5	
	6			6	
	7			7	
	8			8	
	9			9	
	10			10	
	11			11	
	12			12	
	13			13	
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	35			35	
	36			36	
	37			37	
	38			38	
	39			39	
	40			40	
	41			41	
	42			42	
	43			43	

Name ______________________ SSN ______________

Additional Income

		Filer Current Year Amount	Filer Prior Year Amount		Spouse Current Year Amount	Spouse Prior Year Amount
1	Refund from state			1		
2	Unemployment compensation			2		
3	Other income (Prizes and Awards, etc.)			3		
4	Scholarships and fellowships			4		
5	Income from rental of personal property, if not in the business of renting such property			5		
6	Net operating loss carryover (negative no.)			6		
7	Canceled debts (1065 K-1)			7		
8				8		
9				9		
10				10		
11	Other income not provided for in this Organizer			11		

Adjustments to Income

		Filer Current Year Amount	Filer Prior Year Amount		Spouse Current Year Amount	Spouse Prior Year Amount
1	Educator expenses			1		
2	Certain business expenses of reservists, performing artists, and fee-basis government officials			2		
3	Health Savings account deduction			3		
4	Moving expenses (members of armed forces)			4		
5	Self-employed SEP, SIMPLE, or other qualified plans			5		
6	Self-employed health insurance deduction			6		
7	Penalty on early withdrawal of savings			7		
8	Alimony paid			8		
9	IRA contribution			9		
10	Student loan interest deduction			10		
11	Tuition and fees (Total education expenses)			11		
12	Foreign housing deduction			12		
13	Jury duty pay given to your employer			13		
14	Reforestation amortization			14		
15	Repayment of sub-pay under the Trade Act of 1974			15		
16	Contributions to Section 501(c)(18)(D) pension plans			16		
17	Attorney fees and court costs paid for actions involving certain unlawful discrimination claims, but only to the extent of gross income from such actions			17		
18	Expenses from the rental of personal property but were not in the business of renting such property			18		
19	Contributions by chaplains to section 403(b) plans			19		
20	Archer MSA deduction			20		
21	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the amount of the award includible in your gross income			21		
22	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money			22		
23	Excess deductions on termination of an estate/trust - Section 67(e) expenses			23		
24				24		
25				25		
26				26		
27				27		

Name ____________________ SSN ____________________

IRA and Other Contribution Information

Traditional IRA Contributions

			Current Year Amount	Prior Year Amount
Filer				
1	Enter total traditional IRA contributions made for 2022	1		
2	Enter contributions, on line 1, made after 12/31/2022 and before 04/15/2023	2		
3	Enter value of all traditional IRAs on 12/31/2022	3		
4	Enter amount of any outstanding traditional rollovers as of 1/1/2023	4		
Spouse				
5	Enter total traditional IRA contributions made for 2022	5		
6	Enter contributions, on line 5, made after 12/31/2022 and before 04/15/2023	6		
7	Enter value of all traditional IRAs on 12/31/2022	7		
8	Enter amount of any outstanding traditional rollovers as of 1/1/2023	8		

Roth IRA Contributions

			Current Year Amount	Prior Year Amount
Filer				
1	Enter 2022 Roth IRA contributions	1		
2	Enter value of all Roth IRAs on 12/31/2022	2		
Spouse				
3	Enter 2022 Roth IRA contributions	3		
4	Enter value of all Roth IRAs on 12/31/2022	4		

SIMPLE IRA

			Current Year Amount	Prior Year Amount
Filer				
1	Enter value of all SIMPLE IRAs on 12/31/2022	1		
Spouse				
2	Enter value of all SIMPLE IRAs on 12/31/2022	2		

Education (Coverdell ESA)

			Current Year Amount	Prior Year Amount
Filer				
1	Enter 2022 Coverdell ESA contributions	1		
2	Enter value of the Coverdell ESA on 12/31/2022	2		
Spouse				
3	Enter 2022 Coverdell ESA contributions	3		
4	Enter value of the Coverdell ESA on 12/31/2022	4		

Other

			Current Year Amount	Prior Year Amount
Filer				
1	Repayment of qualified reservist distributions	1		
Spouse				
2	Repayment of qualified reservist distributions	2		

Name ____________________ SSN ____________________

Medical and Dental - Itemized Deductions

			Current Year Amount	Prior Year Amount
1	Prescription medications	1		
2	Fees for doctors, dentists, etc.	2		
3	Fees for hospitals, clinics, etc.	3		
4	Lab and X-ray fees	4		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	5		
6	Medical equipment and supplies	6		
7	Medical mileage (number of miles driven)	7		
	January 1 to June 30			
	July 1 to December 31			
8	Medical parking, tolls and local transportation	8		
9	Lodging for medical purposes (up to $50 per night per person)	9		
10	Health/Dental/Other ins. premiums (do not include self-employed plans)	10		
11	Long Term Care insurance premiums (taxpayer)	11		
12	Long Term Care insurance premiums (spouse)	12		
13	Expenses to stop smoking	13		
14	Health insurance premiums - coverage established under your business (1)	14		
15	Health insurance premiums - coverage established under your business (2)	15		
16	Long Term Care insurance premiums - coverage est. under your business (1)	16		
17	Long Term Care insurance premiums - coverage est. under your business (2)	17		
18		18		
19		19		
20		20		
21		21		
22	Insurance reimbursement for any medical and dental expense listed above	22		

Name ______________________ SSN ______________

Taxes - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Real Estate Taxes			
23	Principal residence	23		
24	Real estate taxes from Schedule E properties	24		
	Real Estate Not Held For Investment			
25		25		
26		26		
27		27		
28		28		
29		29		
	Real Estate Held For Investment			
30		30		
31		31		
32		32		
33		33		
34		34		
	Personal property taxes			
35	Non-business portion of vehicle personal property taxes	35		
36		36		
37		37		
38		38		
39		39		
40		40		
	Non-Personal Property Taxes			
41	K1 (1065) - Other deductions/taxes	41		
42	K1 (1120S) - Other deductions/taxes	42		
43	K1 (1041) - Other deductions/taxes	43		
44	Foreign Taxes	44		
45	From Schedule E properties	45		
46		46		
47		47		
48		48		

Name ______________________ SSN ______________

Interest - Itemized Deductions

Home Mortgage Interest and Points Reported on Form 1098

			Current Year Amount	Prior Year Amount
49	Lender	49		
50	Lender	50		
51	Lender	51		
52	Lender	52		

Home Mortgage Interest Not Reported on Form 1098

			Current Year Amount	Prior Year Amount
53	Name:	53		
	Address:			
	SSN:			

			Current Year Amount	Prior Year Amount
54	Mortgage insurance premiums paid on 2022 acquisition indebtedness for principal residence	54		

Refinancing Points

			Current Year Amount	Prior Year Amount
55	Description	55		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2022			
56	Description	56		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2022			
57	Description	57		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2022			
58	Description	58		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2022			

			Current Year Amount	Prior Year Amount
59	Investment interest paid	59		

Name ______________________ SSN ______________

Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

(State use only)

			Filer		Spouse	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
60	Union and professional dues	60				
61	Professional subscriptions	61				
62	Uniform and protective clothing . . .	62				
63	Job search costs	63				
64		64				
65		65				
66		66				
67		67				
68		68				
69		69				

Certain Miscellaneous Deductions - Itemized Deductions

(State use only)

		If investment related enter "X"		Current Year Amount	Prior Year Amount
70	Tax preparation fees		70		
71	Certain attorney and accounting fees		71		
72	Safe deposit box rental		72		
73	IRA Custodial fees		73		
74	Investment counsel and advisory fees		74		
75	Losses on deposits in insolvent or bankrupt financial institutions		75		
76	Convenience fees paid with credit or debit card for federal taxes in 2022 .		76		
77			77		
78			78		
79			79		
80			80		
81			81		
82			82		
83			83		
84			84		
85			85		
86			86		

Other Miscellaneous Deductions

87	Federal estate tax on income in respect of a decedent	87		
88	Amortizable bond premiums on bonds acquired before 10/23/86	88		
89	Gambling losses (if gambling income)	89		
90	Repayment of income	90		
91	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction	91		
92	Certain unrecovered investment in a pension	92		
93		93		
94		94		
95		95		
96		96		
97		97		
98		98		

Name ______________________ SSN ______________

Charity - Itemized Deductions

* Total contributions $500 or less. See Non-Cash Charity if over $500.

			Current Year Amount	Prior Year Amount
1	Gifts To Charity Other Than By Cash or Check*	1		
2	Total Miles driven for charitable activities	2		
3	Parking fees, tolls and local transportation for charitable activities	3		

Gifts To Charity By Cash or Check

			Current Year Amount	Prior Year Amount
1		1		
2		2		
3		3		
4		4		
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
11		11		
12		12		
13		13		
14		14		
15		15		
16		16		
17		17		
18		18		
19		19		
20		20		
21		21		
22		22		
23		23		
24		24		
25		25		
26		26		
27		27		
28		28		
29		29		
30		30		
31		31		
32		32		
33		33		
34		34		
35		35		
36		36		
37		37		
38		38		
39		39		
40		40		
41		41		

Name ______________________ SSN ______________

Noncash Charitable Contributions (Total of Contributions more than $500)

Information on Donated Property

	(a) Name and Address of the Donee Organization			(b) Description of Donated Property
1	Name Address City	State	Zip Code	
2	Name Address City	State	Zip Code	
3	Name Address City	State	Zip Code	
4	Name Address City	State	Zip Code	
5	Name Address City	State	Zip Code	

Note: If the fair market value for an item is $500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name ______________________ SSN ______________________

Child and Dependent Care Expenses

1	Amount of dependent care benefits forfeited	1	
2	Amount of dependent care expenses incurred in 2021 and paid in 2022	2	

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

Filer	Spouse	Month	Filer's earned income for each month Filer	Spouse's earned income for each month Spouse
☐	☐	January		
☐	☐	February		
☐	☐	March		
☐	☐	April		
☐	☐	May		
☐	☐	June		
☐	☐	July		
☐	☐	August		
☐	☐	September		
☐	☐	October		
☐	☐	November		
☐	☐	December		

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2022
1					
2					
3					
4					

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2022
1	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
2	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
3	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
4	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
5	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	