

Prepared By:

Smith Patrick PC
220 W Lockwood Ave, Suite 203
Webster Groves, MO 63119-2353

Prepared For:

2022 Client Organizer

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2022 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2021 personal income tax return.

Utilize this Tax Organizer to help you gather your 2022 information. Other than filling out the questionnaire, it is not necessary to fill in all pages of this organizer.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information, as applicable:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements (1099 Form) showing investment transactions for stocks, bonds, virtual currencies, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- Statements from U.S. Department of Education supporting federal student loan forgiveness.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest (Forms 1098), taxes, and charitable contributions (including any Form 1098-C).
- Statements supporting the receipt, exchange, sale, use, or any other disposition of a virtual currency.
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Six-digit Identity Protection PIN for use during calendar year 2022, if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.
- Federal and state estimated tax payments paid for 2022, if applicable. Include date and amount paid.

In order to meet the filing deadline for your 2022 income tax return, it is essential that we receive your completed tax organizer and supporting information as soon as possible. **Information received after March 10, 2023 may require an extension of time file. Please be sure to communicate with us if you can't meet the deadline so we can file an extension on your behalf.**

Thank you for the opportunity to serve you.

Sincerely,

David Smith CPA, MBA, CM&AA
Smith Patrick PC

Smith Patrick PC
220 W Lockwood Ave, Suite 203
Webster Groves, MO 63119-2353
314-961-1600

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2022 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum. Our work is not intended to benefit or influence any third party, either to obtain credit or for any other purpose.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations, irregularities and/or fraud, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability or withhold information regarding Foreign Financial Assets. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

You agree to indemnify and hold us harmless with respect to any and all claims arising from the use of the tax returns for any purpose other than filing with the IRS, state and local tax authorities regardless of the nature of the claim, including the negligence of any party, excepting claims arising from the gross negligence or intentional wrongful acts of Smith Patrick PC.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Smith Patrick PC

Accepted By: _____

Date: _____

Questions

Please check the appropriate box and include all necessary details and documentation.

IMPORTANT: How do you prefer we deliver your tax return(s) to you?

- Pickup
 Mail
 Sharefile (portal)
 Other _____

Yes No

Personal Information

- Did your marital status change during the year? Yes No
If yes, explain: _____
- Did you live separately from your spouse during the last six months of the year? Yes No
- Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year? Yes No
- Did your address change from last year? Yes No
- Can you be claimed as a dependent by another taxpayer? Yes No
- Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? Yes No
- Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)? Yes No
- Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter for filing returns in 2022. Yes No
- Did you reside in or operate a business in a Federally declared disaster area? Yes No
The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.

COVID-19 Information

- Did you receive State and Local Fiscal Recovery Funds (SLFR) under a program to support those negatively impacted by the COVID-19 pandemic for helping you with your mortgage insurance and/or home purchases, such as funds to pay some or all of the down payment and closing costs associated with your purchase of a home? Yes No
- Did you receive a Paycheck Protection Program (PPP) loan? Yes No
- If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness? Yes No
- Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state? Yes No
- Did you pay emergency sick leave wages to a household employee? Yes No
- Did you pay emergency family leave wages to a household employee? Yes No
- Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year? Yes No

Dependent Information

- Were there any changes in dependents from the prior year? Yes No
If yes, explain: _____
- Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,300? Yes No
- Do you have dependents who must file a tax return? Yes No
- Did you provide over half the support for any other person(s) other than your dependent children during the year? Yes No
- Did you pay for child care while you worked, looked for work, or while a full-time student? Yes No
- Is there any other person(s) who lived with you more than half the year but not claimed by you last year? Yes No
- Did you pay any expenses related to the adoption of a child during the year? Yes No

- If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?
- Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter for use during 2022

Purchases, Sales and Debt Information

- Did you start a new business or purchase rental property during the year?
- Did you sell, exchange, or purchase any assets used in your trade or business?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you purchase or sell a principal residence during the year?
- Did you foreclose or abandon a principal residence or real property during the year?
- Did you acquire or dispose of any stock during the year?
- Did you take out a home equity loan this year?
- Did you refinance a principal residence or second home this year?
- Did you sell an existing business, rental, or other property this year?
- Did you lend money with the understanding of repayment and this year it became totally uncollectable?
- Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?
- Did you purchase a qualified plug-in electric drive vehicle this year?

Income Information

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive any Medicaid waiver payments as difficulty of care during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Did you receive any income considered to be nonemployee compensation?
- Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?
- Do you expect a large fluctuation in income, deductions, or withholding next year?
- Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services)?

Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If yes, were any withdrawals due to a Federally declared disaster?
- If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2022?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- Did anyone in your family receive a scholarship of any kind during the year?

- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?
- If you are a business owner, did you pay health insurance premiums for your employees this year?

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$16,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?

Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?

Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?

Did you receive correspondence from the State or the IRS?

If yes, explain: _____

Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?

Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

Form ID: 1040 **Personal Information** **1**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) _____

Mark if you were married but living apart all year _____

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) <u>2</u>		
Mark if dependent of another taxpayer	_____	_____
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____	_____
Mark if legally blind	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N) <u>Y</u>		

Present Mailing Address

Address _____

Apartment number _____

City, state postal code, zip code _____

Foreign country name _____

Foreign phone number _____

In care of addressee _____

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____

Social security number of qualifying person _____

Dependent Codes

<p>*Basic</p> <p>1 = Child who lived with you</p> <p>2 = Child who did not live with you due to divorce/separation</p> <p>3 = Other dependent</p> <p>4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)</p> <p>5 = Qualifying child for Earned Income Credit only</p> <p>6 = Children who lived with you, but do not qualify for Earned Income Credit</p> <p>7 = Children who lived with you, but do not qualify for Child Tax Credit</p> <p>8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit</p> <p>***Months</p> <p>77 = Reported on odd year return</p> <p>88 = Reported on even year return</p> <p>99 = Not reported on return</p>	<p>**Other</p> <p>1 = Student (Age 19 - 23)</p> <p>2 = Disabled dependent</p> <p>3 = Dependent who is both a student and disabled</p>
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Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____

Taxpayer email address _____

Spouse email address _____

Taxpayer

Spouse

Fax telephone number _____

Mobile telephone number _____

Mobile telephone #2 number _____

Pager number _____

Other: _____

 Telephone number _____

 Extension _____

Preferred method of contact: _____

 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____

NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

Financial institution routing transit number _____
Name of financial institution _____
Your account number _____
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____
Name of financial institution _____
Your account number _____
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____
Name of financial institution _____
Your account number _____
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ or Percent (xxx.xx) _____

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ or Percent (xxx.xx) _____
Owner's name (First Last) _____
Co-owner or beneficiary (First Last) _____
Mark if the name listed above is a beneficiary _____

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ or Percent (xxx.xx) _____
Owner's name (First Last) _____
Co-owner or beneficiary (First Last) _____
Mark if the name listed above is a beneficiary _____

If you have an overpayment of 2022 taxes, do you want the excess:

- Refunded _____
- Applied to 2023 estimated tax liability _____

Do you expect a considerable change in your 2023 income? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2023? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2023 withholding? (Y, N) _____

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2023? (Y, N) _____

If yes, please explain any differences:

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) _____

2022 Federal Estimated Tax Payments

2021 overpayment applied to 2022 estimates + _____

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid			Calculated Amount	Method*
1st quarter payment	4/18/22	_____	+	_____		_____	_____
2nd quarter payment	6/15/22	_____	+	_____		_____	_____
3rd quarter payment	9/15/22	_____	+	_____		_____	_____
4th quarter payment	1/17/23	_____	+	_____		_____	_____
Additional payment		_____	+	_____		_____	_____

***Method of payment indicated in prior year**

EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
 Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____

State postal code _____

Amount paid with 2021 return + _____

2021 overpayment applied to '22 estimates + _____

Treat calculated amounts as paid _____

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____	+ _____	_____ _____ _____ _____
2nd quarter payment	_____	+ _____	
3rd quarter payment	_____	+ _____	
4th quarter payment	_____	+ _____	
Additional payment	_____	+ _____	

2022 City Estimated Tax Payments

City #1

City name _____

Amount paid with 2021 return + _____

2021 overpayment applied to '22 estimates _____

Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #2

City name _____

Amount paid with 2021 return + _____

2021 overpayment applied to '22 estimates _____

Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3

City name _____

Amount paid with 2021 return + _____

2021 overpayment applied to '22 estimates _____

Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #4

City name _____

Amount paid with 2021 return + _____

2021 overpayment applied to '22 estimates _____

Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Please provide copies of all Form 1099-INT or other statements reporting interest income.
***Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

T/S/J	Type Code (**See codes below)	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code (**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer										
		Amounts +										
	2	Payer										
		Amounts +										
	3	Payer										
		Amounts +										
	4	Payer										
		Amounts +										
	5	Payer										
		Amounts +										
	6	Payer										
		Amounts +										
	7	Payer										
		Amounts +										
	8	Payer										
		Amounts +										
	9	Payer										
		Amounts +										
	10	Payer										
		Amounts +										

**Dividend Codes	
Blank = Other	3 = Nominee

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

<input type="checkbox"/>	Preparer use only				
	T/S/J	_____	Employer identification number	_____	
	Broker Name	_____	Margin interest	_____	
	Account number	_____	Investment management/advisory fees	_____	

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

Type Code	1099-INT	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer							
	Amounts +							
2	Payer							
	Amounts +							
3	Payer							
	Amounts +							
4	Payer							
	Amounts +							
5	Payer							
	Amounts +							

Type Code	1099-DIV	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	US Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Tax Paid	Prior Year Information
1	Payer											
	Amounts+											
2	Payer											
	Amounts+											
3	Payer											
	Amounts+											
4	Payer											
	Amounts+											
5	Payer											
	Amounts+											

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price <small>(Less expenses of sale)</small>	Cost or Other Basis
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____

Description of Account - Aggregate profit/-loss on contracts	-Loss/Gain Entire Yr	1099-B Adjustment	Net 1256 loss carryback
_____	_____	_____	_____

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	—	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of payer	_____		
State postal code	_____	_____	
Gross distributions received (Box 1)	+	_____	
Taxable amount received (Box 2a)	+	_____	
Federal withholding (Box 4)	+	_____	
Distribution code (Box 7)		_____	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	
State withholding (Box 14)	+	_____	
Local withholding (Box 17)	+	_____	
Amount of rollover	+	_____	
Mark if distribution was due to a pre-retirement age disability		_____	

Control Totals+

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	—	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of payer	_____		
State postal code	_____	_____	
Gross distributions received (Box 1)	+	_____	
Taxable amount received (Box 2a)	+	_____	
Federal withholding (Box 4)	+	_____	
Distribution code (Box 7)		_____	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	
State withholding (Box 14)	+	_____	
Local withholding (Box 17)	+	_____	
Amount of rollover	+	_____	
Mark if distribution was due to a pre-retirement age disability		_____	

Control Totals+

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	—	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of payer	_____		
State postal code	_____	_____	
Gross distributions received (Box 1)	+	_____	
Taxable amount received (Box 2a)	+	_____	
Federal withholding (Box 4)	+	_____	
Distribution code (Box 7)		_____	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	
State withholding (Box 14)	+	_____	
Local withholding (Box 17)	+	_____	
Amount of rollover	+	_____	
Mark if distribution was due to a pre-retirement age disability		_____	

Control Totals+

NOTES/QUESTIONS:

Form ID: IRA	Traditional IRA	26
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	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	—	—
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	—	—
Enter the total traditional IRA contributions made for use in 2022	+ _____	+ _____

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2022	+ _____	+ _____
Enter the nondeductible contribution amount made in 2023 for use in 2022	+ _____	+ _____
Traditional IRA basis	+ _____	+ _____
Value of all your traditional IRA's on December 31, 2022:		
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

Roth IRA

Please provide copies of any 1998 through 2021 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	—	—
Enter the total Roth IRA contributions made for use in 2022	+ _____	+ _____
Enter the amount a 2022 Roth IRA conversion should be adjusted by	+ _____	+ _____
Enter the total contribution Roth IRA basis on December 31, 2021	+ _____	+ _____
Enter the total Roth IRA contribution recharacterizations for 2022	+ _____	+ _____
Enter the Roth conversion IRA basis on December 31, 2021	+ _____	+ _____
Value of all your Roth IRA's on December 31, 2022:		
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

NOTES/QUESTIONS:

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____
State postal code _____

Social Security Benefits

	2022 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information: From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____	
Prescription drug (Part D) premiums	+ _____	
Net Benefits for 2022 (Box 3 minus Box 4) (Box 5)	+ _____	
Voluntary Federal Income Tax Withheld (Box 6)	+ _____	

Tier 1 Railroad Benefits

	2022 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2022 (Box 5)	+ _____	
Federal Income Tax Withheld (Box 10)	+ _____	
Medicare Premium Total (Box 11)	+ _____	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2022 or receive any prior year benefits in 2022. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

NOTES/QUESTIONS:

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			
	Other losses - 1040 Sch 1			
	Section 179			

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			
	Other losses - 1040 Sch 1			
	Section 179			

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			
	Other losses - 1040 Sch 1			
	Section 179			

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____

Employer identification number _____

Name of activity _____

State postal code _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			

Taxpayer/Spouse/Joint (T, S, J) _____

Employer identification number _____

Name of activity _____

State postal code _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			

Taxpayer/Spouse/Joint (T, S, J) _____

Employer identification number _____

Name of activity _____

State postal code _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			

Taxpayer/Spouse/Joint (T, S, J) _____

Employer identification number _____

Name of activity _____

State postal code _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2022.
 Enter the amount actually paid during 2022.

	2022 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____	
Educational institution changed its reporting method for 2022 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2023 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
<small>1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2022</small>		

NOTES/QUESTIONS:

T/S/J		2022 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
	Medical insurance premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</small>	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
	Long-term care premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</small>	+	
—	_____	+	
—	_____	+	
	Prescription medicines and drugs:	+	
—	_____	+	
—	_____	+	
—	_____	+	
	Miles driven for medical items (1/1/22 - 6/30/22, 18 cents)	_____	
	Miles driven for medical items (7/1/22 - 12/31/22, 22 cents)	_____	

Schedule A - Tax Expenses

T/S/J		2022 Information	Prior Year Information
	State/local income taxes paid:	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
	2021 state and local income taxes paid in 2022:	+	
—	_____	+	
—	_____	+	
—	_____	+	
	Real estate taxes paid:	+	
—	_____	+	
—	_____	+	
—	_____	+	
	Personal property taxes:	+	
—	_____	+	
—	_____	+	
	Other taxes, such as: foreign taxes and State disability taxes	+	
—	_____	+	
—	_____	+	
—	_____	+	
	Sales tax paid on major purchases:	+	
—	_____	+	
—	_____	+	
	Sales tax paid on actual expenses:	+	
—	_____	+	
—	_____	+	
—	_____	+	

T/S/J		2022 Interest Paid	2022 Points Paid	Type*Prior Year Information
	Home mortgage interest: From Form 1098			
—	_____	+	+	
—	_____	+	+	
—	_____	+	+	
—	_____	+	+	
—	_____	+	+	
—	_____	+	+	
—	_____	+	+	
—	_____	+	+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2022 Information	Prior Year Information
			+	
	Address _____			
	City, state and zip code _____			
			+	
	Address _____			
	City, state and zip code _____			

T/S/J	Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -	2022 Information	Prior Year Information
—	Payer's/Borrower's name _____		
	Street Address _____		
	City/State/Zip code _____		
	Refinancing Points paid in 2022 -		
	Taxpayer/Spouse/Joint (T, S, J) _____	—	
	Recipient/Lender name _____		
	Total points paid at time of refinance _____		
	Points deemed as paid in 2022 (Preparer use only) _____	+	
	Date of refinance _____		
	Term of new loan (in months) _____		
	Reported on Form 1098 in 2022 _____	—	
	Taxpayer/Spouse/Joint (T, S, J) _____	—	
	Recipient/Lender name _____		
	Total points paid at time of refinance _____		
	Points deemed as paid in 2022 (Preparer use only) _____	+	
	Date of refinance _____		
	Term of new loan (in months) _____		
	Reported on Form 1098 in 2022 _____	—	

T/S/J		2022 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:		
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J) _____

	2022 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	—	
Type of Account:		
Bank	—	
Securities	—	
Other	_____	
Maximum value of account	_____	_____
Account number or other designation	_____	_____
Financial institution	_____	
Address of financial institution	_____	
City, state, zip code	_____	
Foreign country code/name	_____	
For addresses in Mexico, enter state	_____	
Foreign province/country	_____	
Foreign postal code	_____	
Account jointly owned with spouse	—	
Account opened during the tax year	—	—
Account closed during the tax year	—	—
Information is reported for a financial account which is:	—	
2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest		

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner	_____
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	_____
Last name or organization name of account holder/joint owner	_____
First name and middle initial of account holder/joint owner	_____
Address and apartment	_____
City, state, zip code	_____
Foreign country code/name	_____
For addresses in Mexico, enter state	_____
Foreign postal code	_____
Number of joint owners (Not including taxpayer, if applicable)	_____
Filer's title with this owner (If applicable)	_____

NOTES/QUESTIONS: