

Employee Business Expense

Name: _____

SSN: _____

Employee Business Expense

TS _____ Occupation _____

Select if you are:

- A qualifying performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed Forces reservist (travel related expenses only)
- A member of the clergy

Part I - Employee Business Expense and Reimbursements

	2022	2021
Parking fees, tolls, and local transportation, including train, bus, etc.		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment		
Other business expenses		
Meals		
DOT meals		
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses		
Meals		
Portion of total expenses that is for impairment-related work expenses of disabled employee		
Portion of total expenses that is for an Armed Forces reservist		

Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2022	2021	2022	2021
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2022				
Business miles driven: Before July 1, 2022				
After June 30, 2022				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation percentage				

- If your employer provided a vehicle, was personal use during off duty hours permitted? Yes No
- Do you or your spouse have another vehicle available for personal use? Yes No
- Do you have evidence to support your deduction? Yes No
- If "Yes," is the evidence written? Yes No

Child and Dependent Care

Name: _____

SSN: _____

Child Care Provider's Information

You or your spouse were a full-time student or disabled during 2022?

	2022	2021
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name _____

Street address _____

City _____ Phone _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Check here if the care provider is your household employee (Schedule H)

	2022	2021
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name _____

Street address _____

City _____ Phone _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Check here if the care provider is your household employee (Schedule H)

	2022	2021
Social Security Number or Employer ID Number _____	Amount paid _____	_____

Name _____

Street address _____

City _____ Phone _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Check here if the care provider is your household employee (Schedule H)

Foreign Earned Income

Name: _____

SSN: _____

Part I - General Information

TSJ _____

Taxpayer's foreign address

Street 1 _____

Street 2 _____

Foreign city _____

Province/State _____ Country _____ Postal code _____

Occupation _____

Employer's name _____

Employer's U.S. address

Street _____

City _____ ST _____ Zip _____

Employer's foreign address

Street 1 _____

Street 2 _____

City _____

Province/State _____ Country _____ Postal code _____

Employer is: (check any that apply)

- A foreign entity A U.S. company Self
 A foreign affiliate of a U.S. company Other (specify): _____

If you have previously filed Form 2555, enter the last year you filed Form 2555. _____

If you claimed an exclusion in an earlier year, have you ever revoked your choice? Yes No

If "Yes," give the type of exclusion _____ and tax year _____

Of which country are you a citizen? _____

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No

If yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country	Number of days
_____	_____
_____	_____
_____	_____

List your tax homes during your tax year and dates established

Home	Date established
_____	_____
_____	_____
_____	_____

Foreign Earned Income

Name: _____

SSN: _____

Part II - Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Type of living quarters in foreign country Purchased house Rented house or apartment
 Rented room Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? Yes No

If yes, who and for what period Relationship For what period

If you are claiming legal residence in a foreign country, did you submit a statement to that foreign country's authorities that you are not a resident of that country? Yes No

Do you pay income tax to the country where you claim legal residence? Yes No

If you were present in the United States during the tax year, enter the information below.

Date arrived in U.S.	Date left U.S.	Number of days in U.S. for business	Income earned in U.S. for business		Date arrived in U.S.	Date left U.S.	Number of days in U.S. for business	Income earned in U.S. for business
_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____

List any contractual terms or other conditions relating to the length of your employment abroad:

List the type of visa under which you entered the foreign country: _____ Yes No

Did your visa limit the length of your stay or employment in a foreign country? Yes No

If yes, explain _____

Did you maintain a home in the United States while living abroad? Yes No

If yes, enter the address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address _____

City _____ State _____ ZIP _____ Was the home rented?

Name of occupant: _____ Relationship of occupant: _____

Part III - Physical Presence Test

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year: _____

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. The 12-month period does not have to begin with the first full day or end date on arrival/departure in a foreign country. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. for business	Income earned in U.S. for business (attach computation)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Foreign Earned Income

Name: _____

SSN: _____

Part IV - Foreign Earned Income

	2022	2021
Total wages, salaries, bonuses, commissions, etc.	_____	_____
Allowable share of income for personal services performed:		
In a business (including farming) or profession	_____	_____
In a partnership (list name, address, and type of income)	_____	_____
Noncash income:		
Home (lodging)	_____	_____
Meals.	_____	_____
Car	_____	_____
Other property or facility (specify) _____	_____	_____
Allowances, reimbursements, or expenses paid on your behalf for services performed:		
Cost of living and overseas differential	_____	_____
Family	_____	_____
Education.	_____	_____
Home leave.	_____	_____
Quarters	_____	_____
Other (specify) _____	_____	_____
Other foreign earned income (specify): _____	_____	_____
Meals and lodging entered above, that were provided by your employer, that are excludable.	_____	_____

For Taxpayers Claiming the Housing Exclusion or Deduction

	2022	2021
Qualified housing expenses for the tax year	_____	_____
Location where housing expenses incurred _____		
Limit on housing expenses	_____	_____
Enter the number of days in qualifying period that fall within your 2022 tax year	_____	_____
Enter employer-provided amounts	_____	_____

For Taxpayers Claiming the Foreign Earned Income Exclusion

	2022	2021
Enter the number of days in qualifying period that fall within your 2022 tax year	_____	_____

Asset Listing for 2022

Name:

SSN:

Assets for:

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

Casualties and Thefts

Name:

SSN:

TSJ _____ FEMA code _____

Property description _____

Property location _____

Property was Personal Business Income-producing Employee income-producing

Date property was acquired _____ Fair market value before incident _____

Cost of property damaged or stolen _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date property was damaged or stolen _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

U.S. Only: City _____ State _____ ZIP _____

Foreign Only: Province/State _____ Country _____ Postal Code _____

TSJ _____ FEMA code _____

Property description _____

Property location _____

Property was Personal Business Income-producing Employee income-producing

Date property was acquired _____ Fair market value before incident _____

Cost of property damaged or stolen _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date property was damaged or stolen _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

U.S. Only: City _____ State _____ ZIP _____

Foreign Only: Province/State _____ Country _____ Postal Code _____

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

TSJ _____ Employer ID number _____

Description _____

This farm was disposed of during 2022

Income

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

Expenses

	2022	2021		2022	2021
Car & truck expenses	_____	_____	Seeds & plants purchased	_____	_____
Chemicals	_____	_____	Storage & warehousing	_____	_____
Conservation expenses	_____	_____	Supplies purchased	_____	_____
Custom hire (machine work)	_____	_____	Taxes	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Feed purchased	_____	_____	Veterinary, breeding, & medicine	_____	_____
Fertilizers & lime	_____	_____	Other expenses (list)		
Freight & trucking	_____	_____	_____	_____	_____
Gasoline, fuel, & oil	_____	_____	_____	_____	_____
Insurance (other than health)	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other	_____	_____	_____	_____	_____
Labor hired (less jobs credit)	_____	_____	_____	_____	_____
Pension & profit-sharing plans	_____	_____	_____	_____	_____
Rent - vehicles, machinery & equipment	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.)	_____	_____	_____	_____	_____
Repairs & maintenance	_____	_____	_____	_____	_____

Residential Energy Credits

Name: _____

SSN: _____

TSJ _____

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs _____

Qualified solar water heating property costs _____

Qualified small wind energy property costs _____

Qualified geothermal heat pump property costs _____

Qualified biomass fuel property costs _____

Was qualified fuel cell property installed on or in your main home in U.S.? Yes No

Address of main home _____

City, state, and ZIP _____

Qualified fuel cell property costs _____

Kilowatt capacity of qualified fuel cell property entered above _____

Amount of unused credit from 2021 Form 5695, line 16 _____

Part II - Nonbusiness Energy Property Credit

Were improvements or costs made to your main home located in the US? Yes No

Address of main home _____

City, state, and ZIP _____

Were improvements or costs related to the construction of this main home? Yes No

Enter the nonbusiness energy property credit that you took in:

2006 _____ 2010 _____ 2013 _____ 2016 _____ 2019 _____

2007 _____ 2011 _____ 2014 _____ 2017 _____ 2020 _____

2009 _____ 2012 _____ 2015 _____ 2018 _____ 2021 _____

Qualified Energy Efficient Improvements

Insulation material or systems primarily designed to reduce heat loss or gain _____

Exterior doors that meet or exceed Energy Star 6.0 requirements _____

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain _____

Exterior windows and skylights that meet or exceed Energy Star 6.0 requirements _____

Enter the amount of window expense you claimed in:

2006 _____ 2010 _____ 2013 _____ 2016 _____ 2019 _____

2007 _____ 2011 _____ 2014 _____ 2017 _____ 2020 _____

2009 _____ 2012 _____ 2015 _____ 2018 _____ 2021 _____

Residential Energy Property Costs

Energy efficient building property costs _____

Qualified natural gas, propane, or oil furnace or hot water boiler _____

Advanced main air circulating fan used in a natural gas, propane, or oil furnace _____

Installment Sale Income

Name: _____

SSN: _____

TSJ _____ Description of property: _____

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

TSJ _____ Description of property: _____

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

TSJ _____ Description of property: _____

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

Noncash Charitable Contributions

Name: _____

SSN: _____

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Date contributed _____ Bargain sale was capital gain property

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

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

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Date contributed _____ Bargain sale was capital gain property

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

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

Expenses for Business Use of Your Home

Name: _____

SSN: _____

Business Use of Home

For _____ Name of business home is used for _____

	2022	2021
Square footage of home used exclusively for business.		
Total square footage of home.		

Use of Home for Daycare

	2022	2021
Area used part time for business		
Total hours used for daycare		
Total hours available		

Did you live in the home all year? Yes No

Expenses

	Office expenses		Home expenses		
	2022	2021	2022	2021	
Mortgage interest					In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes					
Excess mortgage interest					
Excess real estate taxes					
Insurance					
Rent					
Repairs & maintenance					
Utilities					
Other expenses					

Cost of Home

	2022	2021
Enter the smaller of your home's adjusted basis or its fair market value		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No Value of land		
Date placed in service		
Date taken out of service		

Education Credits

Name: _____

SSN: _____

Provide all Form(s) 1098-T

Student's first and last name: _____ SSN: _____

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

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

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

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

Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____ **2022** **2021**

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

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution _____

Tax-free education assistance received in 2022 allocable to the academic period _____

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

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

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

Did the student receive Form 1098-T from this institution for 2021 with box 7 checked?

EIN _____
Educational Institution Name _____
Street address, city, state, and ZIP _____

Student's first and last name: _____ SSN: _____

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

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

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

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

Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____ **2022** **2021**

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

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution _____

Tax-free education assistance received in 2022 allocable to the academic period _____

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

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

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

Did the student receive Form 1098-T from this institution for 2021 with box 7 checked?

EIN _____
Educational Institution Name _____
Street address, city, state, and ZIP _____

Form 1099-G Unemployment Compensation

Name:

SSN:

Provide all copies of Form 1099-G

TSJ Payer's Federal ID Number:

Payer's name:

Payer's address:

City:

U.S. only State, ZIP:

Foreign only Province/State, Country, Postal code:

Payer's phone: Account number:

Table with 5 columns: 2022, 2021, State, State ID, 2022, 2021. Rows include Unemployment compensation, State/local tax refunds/credits, Tax year, Federal tax withheld, RTAA payments, Taxable grants, Agriculture, Trade/business, and Market gain.

TSJ Payer's Federal ID Number:

Payer's name:

Payer's address:

City:

U.S. only State, ZIP:

Foreign only Province/State, Country, Postal code:

Payer's phone: Account number:

Table with 5 columns: 2022, 2021, State, State ID, 2022, 2021. Rows include Unemployment compensation, State/local tax refunds/credits, Tax year, Federal tax withheld, RTAA payments, Taxable grants, Agriculture, Trade/business, and Market gain.

Form 1099-MISC - Miscellaneous Income

Name: _____

SSN: _____

Provide all copies of Form 1099-MISC

TS ____ For _____ Payer's federal ID number: _____

Payer's name: _____

Payer's address: _____

	2022	2021		2022	2021
Rents	_____	_____	Excess golden parachute payment . . .	_____	_____
Royalties	_____	_____	Nonqualified deferred compensation	_____	_____
Other income	_____	_____	State _____ State ID _____	_____	_____
Description _____			State tax withheld	_____	_____
Federal tax withheld	_____	_____	State income	_____	_____
Fishing boat proceeds	_____	_____	Name of locality _____		
Medical and health care payments . . .	_____	_____	Local tax withheld	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products.			Local income	_____	_____
Substitute payments	_____	_____	State _____ State ID _____	_____	_____
Crop insurance proceeds	_____	_____	State tax withheld	_____	_____
Gross attorney proceeds	_____	_____	State income	_____	_____
Taxable Proceeds	_____	_____	Name of locality _____		
Fish purchased for resale	_____	_____	Local tax withheld	_____	_____
Section 409A deferrals	_____	_____	Local income	_____	_____

TS ____ For _____ Payer's federal ID number: _____

Payer's name: _____

Payer's Address: _____

	2022	2021		2022	2021
Rents	_____	_____	Excess golden parachute payment . . .	_____	_____
Royalties	_____	_____	Nonqualified deferred compensation	_____	_____
Other income	_____	_____	State _____ State ID _____	_____	_____
Description _____			State tax withheld	_____	_____
Federal tax withheld	_____	_____	State income	_____	_____
Fishing boat proceeds	_____	_____	Name of locality _____		
Medical and health care payments . . .	_____	_____	Local tax withheld	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products.			Local income	_____	_____
Substitute payments	_____	_____	State _____ State ID _____	_____	_____
Crop insurance proceeds	_____	_____	State tax withheld	_____	_____
Gross attorney proceeds	_____	_____	State income	_____	_____
Taxable Proceeds	_____	_____	Name of locality _____		
Fish purchased for resale	_____	_____	Local tax withheld	_____	_____
Section 409A deferrals	_____	_____	Local income	_____	_____

Pension, Annuities, Retirement, Etc. Distributions

Name: _____

SSN: _____

Social Security Benefit Statement or Railroad Retirement Board Payments - Provide all Forms 1099-SSA, etc.

TS _____	2022	2021	TS _____	2022	2021
Net benefits	_____	_____	Net benefits	_____	_____
Medicare premiums	_____	_____	Medicare premiums	_____	_____
Federal Income tax withheld	_____	_____	Federal Income tax withheld	_____	_____

Treat Medicare premiums as self-employed health insurance. Treat Medicare premiums as self-employed health insurance.

Pension and Retirement Distributions - Provide all Forms 1099-R

TS _____ Payer's name: _____ Payer's federal ID number: _____

Address: _____

	2022	2021		2022	2021
Disability indicator <input type="checkbox"/>		<input type="checkbox"/>	State _____ State ID _____		
Report disability income as wages on 1040. <input type="checkbox"/>		<input type="checkbox"/>	State income tax withheld	_____	_____
Gross distribution	_____	_____	State distribution	_____	_____
Taxable amount	_____	_____	Name of locality _____		
Total distribution <input type="checkbox"/>			Local income tax withheld	_____	_____
Capital gain included in taxable amount above	_____	_____	Local distribution	_____	_____
Federal income tax withheld	_____	_____	State _____ State ID _____		
Employee contributions or insurance premiums	_____	_____	State income tax withheld	_____	_____
Unrealized appreciation	_____	_____	State distribution	_____	_____
Distribution code(s)	_____	_____	Name of locality _____		
IRA/SEP/SIMPLE <input type="checkbox"/>		<input type="checkbox"/>	Local income tax withheld	_____	_____
Your percentage of total distribution	_____	_____	Local distribution	_____	_____

Yes No

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

Did you use any of the distributions for disaster relief?

100% of the taxable amount enter above is a Qualified Charitable Distribution (QCD)

Enter an amount in this field if only part of the taxable amount entered above is a QCD _____

100% of the taxable amount entered above is for Health Savings Account (HSA) funding

Enter an amount in this field if only part of the taxable amount entered above is for HSA funding _____

Enter the amount of distribution used for insurance premiums for public safety officers _____

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses

	2022	2021
Health insurance premiums (paid by you, not through work)	_____	_____
Amount that is for Medicare premiums	_____	_____
Long-term care premiums (you)	_____	_____
Long-term care premiums (your spouse) _____	_____	_____
Long-term care premiums (dependents) _____	_____	_____
Mileage driven for medical purposes		
Before July 1, 2022	_____	_____
After June 30, 2022	_____	_____
Out of pocket medical and dental expenses (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Taxes Paid

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

Interest Paid

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

Charitable Contributions

	2022	2021
Donations to charity (cash)	_____	_____
Disaster relief contributions	_____	_____
Miles driven for charitable purposes _____	_____	_____
Donations to charity (noncash)	_____	_____
If noncash donations are greater than \$500, list below.		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Miscellaneous Deductions

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

For state purposes ONLY

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Union dues	_____	_____
Tax preparation fees	_____	_____
Other nonpersonal expenses related to taxable income (list)		
_____	_____	_____
_____	_____	_____
Investment expenses not entered elsewhere	_____	_____
Home equity interest	_____	_____

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

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

YES NO

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

If you had coverage for any part of the year:

Where was the policy obtained?

- Employer Medicare Medicaid Marketplace (Exchange) Other

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

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

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

Healthcare Coverage Questionnaire for Taxpayer and Spouse (for preparer use)

PRIMARY TAXPAYER

All
Year

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.												
Had health care coverage from another source?												
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.												
Employer offered health coverage which was declined?												
If Yes, what would be the cost for SELF coverage?												
If Yes, what would be the cost for FAMILY coverage?												
Would the FAMILY policy have covered the spouse?												

SPOUSE

All
Year

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.												
Had health care coverage from another source?												
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number												
Employer offered health coverage which was declined?												
If Yes, what would be the cost for SELF coverage?												
If Yes, what would be the cost for FAMILY coverage?												
Would the FAMILY policy have covered the spouse?												

Healthcare Coverage Questionnaire for Dependents (for preparer use)

All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.												
Had health care coverage from another source?												
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.												
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____											

All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A												
Had health care coverage from another source?												
Was exempt from health care mandate. Has Exemption Certificate Number? If Yes, provide number.												
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____											

All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A												
Had health care coverage from another source?												
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.												
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____											

Adjustments

Name: _____

SSN: _____

Moving Expenses

TSJ _____

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

2022

2021

Enter the number of miles from your OLD home to your NEW workplace	_____	_____
Enter the number of miles from your OLD home to your OLD workplace	_____	_____
Enter the amount you paid for transportation and storage of household goods and personal effects	_____	_____
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)	_____	_____
Enter the amount of moving expenses reimbursed to you by your employer	_____	_____

Self-Employed Health Insurance

TSJ _____

2022

2021

Enter the qualified long term care amount	_____	_____
Enter your Medicare wages from an S corporation	_____	_____

Self-Employed Pensions

TSJ _____

2022

2021

Enter your plan contribution rate as a decimal	_____	_____
Enter your allowable elective deferrals made during 2022	_____	_____
Enter your catch-up contributions	_____	_____
Enter the amount of designated ROTH contributions included above	_____	_____

Nondeductible IRAs

TS _____

This person is covered by a retirement plan at work or through self-employment

2022

2021

Total traditional IRA contributions made for 2022	_____	_____
Amount included above that was contributed between 1/1/2023 and 4/18/2023	_____	_____
Total basis in traditional IRAs as of 12/31/2022	_____	_____
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)	_____	_____
<input type="checkbox"/> Distributions received were used for disaster relief		
Amount of traditional IRAs converted to ROTH IRAs	_____	_____
IRA basis before conversion	_____	_____
Total ROTH IRA contributions made for 2022	_____	_____

Health Savings Account

TS _____

2022

2021

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

Taxpayer only Family

HSA contributions made for 2022	_____	_____
Total distributions from all HSAs during 2022	_____	_____
Distributions included above that were rolled over into another account	_____	_____
Qualified medical expenses paid using HSA distributions	_____	_____

Auto Expense Worksheet

Name: _____

SSN: _____

General Information

For _____

Business name and profession/product _____

Description _____

Date placed in service _____

Was this vehicle available for use during off-duty hours? Yes No

Do you or your spouse have another vehicle available for personal use? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

		2022	2021		Prior year total
Business	Before July 1, 2022	_____	_____	Business	_____
	After June 30, 2022	_____	_____		
Commuting		_____	_____	Total	_____
Other		_____	_____		

Expenses

	2022	2021
Garage rent	_____	_____
Gas	_____	_____
Insurance	_____	_____
Licenses	_____	_____
Oil	_____	_____
Parking fees	_____	_____
Rental fees	_____	_____
Interest	_____	_____
Property tax	_____	_____
Repairs	_____	_____
Tires	_____	_____
Tolls	_____	_____
Lease addbacks	_____	_____
Other expenses (list):	Apply business %	
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Professional product or service _____ Business code _____

Employer ID number _____

Business name _____

Business address _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Accounting method, if not cash Accrual Other _____

- This business was started or acquired during 2022.
- Some investment is NOT at risk.
- This business was disposed of during 2022.

Select if this business is for:

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

Yes No

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

Income

	2022	2021
Gross receipts or sales		
Returns and allowances		
Other income		

Cost of Goods Sold

Inventory method, if not cost Lower of cost or market Other

Change of inventory method Yes No

	2022	2021
Inventory at beginning of year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

Expenses

TS _____

Business name _____

Profession or product _____

2022

2021

Advertising _____

Car and truck expenses _____

Commissions and fees _____

Contract labor _____

Depletion _____

Employee benefit programs _____

Insurance (other than health) _____

Interest - mortgage (paid to banks, etc.) _____

Interest - other _____

Legal and professional services _____

Office expenses _____

Pension and profit sharing plans _____

Rent or lease (vehicles, machinery, and equipment) _____

Rent (other business property) _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses (including real estate taxes) _____

Travel _____

Total meals _____

Utilities _____

Wages _____

Family health coverage payments for taxpayer, spouse or dependents _____

Other expenses (list): _____

Energy Credits

Name:

SSN:

Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle	_____	_____
Make of vehicle	_____	_____
Model of vehicle	_____	_____
How many wheels does the vehicle have?	_____	_____
Vehicle Identification Number	_____	_____
Date vehicle was placed in service	_____	_____
Business/investment use percentage	_____	_____

Form 8910 - Alternative Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle	_____	_____
Make of vehicle	_____	_____
Model of vehicle	_____	_____
Vehicle Identification Number	_____	_____
Date vehicle was placed in service	_____	_____
Business/investment use percentage	_____	_____

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

Name: _____

SSN: _____

General Property Information

TSJ _____

Property description _____

Address, city, state, ZIP _____

Select the property type

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

Number of days property was rented _____ Number of days property was used for personal use _____

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

- | | | | |
|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> This property was placed in service during 2022. | Yes | No | Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.

If "Yes," did you file Forms 1099 for the individuals? |
| <input type="checkbox"/> This property was disposed of during 2022. | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> This property is your main home or second home. | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> This property was owned as a qualified joint venture. | <input type="checkbox"/> | <input type="checkbox"/> | |

Income

	2022	2021		2022	2021
Rent Income			Royalties from oil, gas, mineral, copyright or patent		

Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising			If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Auto & travel			
Cleaning & maintenance			
Commissions			
Insurance			
Legal & professional fees			
Management fees			
Mortgage interest			
Other interest			
Repairs			
Supplies			
Taxes			
Utilities			
Depletion			
Other expenses (list)			

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

TS _____ Principal product _____ Employer ID number _____

Accounting method, if not cash: Accrual

This farm was disposed of during 2022.

Yes No

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

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

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

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

Income

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

Expenses

	2022	2021		2022	2021
Car & truck expenses	_____	_____	Repairs & maintenance	_____	_____
Chemicals	_____	_____	Seeds & plants purchased	_____	_____
Conservation expenses	_____	_____	Storage & warehousing	_____	_____
Custom hire (machine work)	_____	_____	Supplies purchased	_____	_____
Employee benefit programs	_____	_____	Taxes	_____	_____
Feed purchased	_____	_____	Utilities	_____	_____
Fertilizers & lime	_____	_____	Veterinary, breeding, & medicine	_____	_____
Freight & trucking	_____	_____	Family health coverage payments for taxpayer, spouse or dependents	_____	_____
Gasoline, fuel, & oil	_____	_____	Other expenses (list)	_____	_____
Insurance (other than health)	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other	_____	_____		_____	_____
Non-W-2 labor hired	_____	_____		_____	_____
W-2 wages paid	_____	_____		_____	_____
Pension & profit-sharing plans	_____	_____		_____	_____
Rent - vehicles, machinery & equipment	_____	_____		_____	_____
Rent - other (land, animals, etc.)	_____	_____		_____	_____

Household Employment

Name: _____

SSN: _____

TSJ _____ Employer Identification Number _____

Yes No

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

	2022	2021
Total cash wages subject to Social Security tax		
Total cash wages subject to Medicare tax		
Total cash wages subject to Additional Medicare tax withholding		
Federal income tax withheld		
Qualified sick leave wages		
Qualified family leave wages		
Qualified health plan expenses		

TSJ _____ Employer Identification Number _____

Yes No

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

	2022	2021
Total cash wages subject to Social Security tax		
Total cash wages subject to Medicare tax		
Total cash wages subject to Additional Medicare tax withholding		
Federal income tax withheld		
Qualified sick leave wages		
Qualified family leave wages		
Qualified health plan expenses		

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2022 Taxpayer	2021 Taxpayer	2022 Spouse	2021 Spouse
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____	_____	_____
Unemployment compensation repaid in 2022	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____	_____	_____
Alaska Permanent Fund	_____	_____	_____	_____
Jury duty pay	_____	_____	_____	_____
ABLE distributions	_____	_____	_____	_____
Scholarships or grants not reported on Form W-2	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Adjustments

	2022 Taxpayer	2021 Taxpayer	2022 Spouse	2021 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____	_____	_____
Alimony paid Name _____	_____	_____	_____	_____
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____	_____	_____	_____	_____
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____	_____	_____
Interest paid on a student loan	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

Interest Income

Name:

SSN:

Provide all Forms 1099-INT, 1099-OID, and statements relating to interest income

TSJ	Name of payer Account number ID and address of payer (if seller-financed mortgage)	Interest income	Federal income tax withheld	Foreign tax paid	Tax exempt interest	Amount of resident state municipal interest	Nominee interest

Form 1099-NEC - Nonemployee Compensation

Name:

SSN:

Provide all copies of Form 1099-NEC

TS ____ For ____ Payer's federal ID number: _____

Payer's name: _____

Payer's Address: _____

	2022	2021		2022	2021
Non-employee compensation	_____	_____	Federal tax withheld	_____	_____

Payer made direct sales of \$5000 or more of consumer products.

State ____ State ID _____ State ____ State ID _____

State tax withheld _____ State tax withheld _____

State income _____ State income _____

Name of locality _____ Name of locality _____

Local tax withheld _____ Local tax withheld _____

Local income _____ Local income _____

TS ____ For ____ Payer's federal ID number: _____

Payer's name: _____

Payer's Address: _____

	2022	2021		2022	2021
Non-employee compensation	_____	_____	Federal tax withheld	_____	_____

Payer made direct sales of \$5000 or more of consumer products.

State ____ State ID _____ State ____ State ID _____

State tax withheld _____ State tax withheld _____

State income _____ State income _____

Name of locality _____ Name of locality _____

Local tax withheld _____ Local tax withheld _____

Local income _____ Local income _____

TS ____ For ____ Payer's federal ID number: _____

Payer's name: _____

Payer's Address: _____

	2022	2021		2022	2021
Non-employee compensation	_____	_____	Federal tax withheld	_____	_____

Payer made direct sales of \$5000 or more of consumer products.

State ____ State ID _____ State ____ State ID _____

State tax withheld _____ State tax withheld _____

State income _____ State income _____

Name of locality _____ Name of locality _____

Local tax withheld _____ Local tax withheld _____

Local income _____ Local income _____

2022 Tax Organizer Personal Information

Personal Information

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

Filing status at the end of 2022

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

Yes No

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

Identification Information

Taxpayer's type of photo ID

- Driver's license
 State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

- Driver's license
 State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

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

Appointment Information

Your 2022 appointment is scheduled for _____

Dependent and Other Information

Name:

SSN:

Dependent Information

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

List dependents required to file a return _____

Estimates

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

Wages and Salaries

Name: _____

SSN: _____

Provide all copies of Form W-2

TS _____ Employer's name and address: _____ Federal EIN _____

	2022	2021		2022	2021
Wages, tips, other compensation	_____	_____	State _____ State ID _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State ID _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

TS _____ Employer's name and address: _____ Federal EIN _____

	2022	2021		2022	2021
Wages, tips, other compensation	_____	_____	State _____ State ID _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State ID _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

Name	Date
------	------

Your Name _____
Address _____
Preparer's Name _____

(subject to terms and conditions)

Name	Date
------	------

Your Name _____
Address _____
Preparer's Name _____

(subject to terms and conditions)

Name	Date
------	------

Your Name _____
Address _____
Preparer's Name _____

(subject to terms and conditions)