

2022 Tax Organizer Personal Information

Personal Information

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

Filing status at the end of 2022

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

Yes No

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

Identification Information

Taxpayer's type of photo ID

- Driver's license
 State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

- Driver's license
 State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

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

Appointment Information

Your 2022 appointment is scheduled for _____

Dependent and Other Information

Name:

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 _____

Child and Other Dependent Care Expenses

| Name of care provider | Address | SSN or EIN | Amount Paid |
|-----------------------|---------|------------|-------------|
| | | | |
| | | | |
| | | | |

Estimates

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

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

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

Adjustments

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

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS Professional product or service Employer ID number

Business name

Business address, city, state, ZIP

Accounting Method: Cash Accrual Other (specify)

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

Select if this business is for:

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

Yes No

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

Income

Table with 2 columns for 2022 and 2022. Rows include Gross receipts or sales, Other income, Returns & allowances.

Expenses

Table with 2 columns for 2022 and 2022. Rows include Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, Employee benefit programs, Insurance (other than health), Interest - mortgage, Interest - other, Legal & professional services, Office expenses, Pension & profit sharing plans, Rent or lease (vehicles, machinery, & equipment), Rent (other business property), Repairs & maintenance, Supplies, Taxes & licenses, Travel, Total meals, Utilities, Wages, Family health coverage payments for taxpayer, spouse or dependents, Other expenses (list).

Cost of Goods Sold

Table with 2 columns for 2022 and 2022. Rows include Inventory at beginning of year, Materials & supplies, Purchases, Other costs, Cost of personal use items, Inventory at end of year, Cost of labor, There was a change in inventory method.

Form 4562

Video: 4562 Import
Video: Group Sales

For: [dropdown] (A, C, E, F, 2106, 4835, AUTO, 8829, K1P, K1S)
Multi-form code: [input] (1-999; 1 is assumed if left blank)

Depreciation Information

| Description | Date Acquired | Cost | Business % use | Used Prop | Listed Prop Type |
|--|---|---|--------------------|--------------------------|------------------|
| Property type..... 12 [dropdown] | | | [input] | <input type="checkbox"/> | [dropdown] |
| <input type="checkbox"/> Building qualifies for Section 1.263(a)-3(h) election | Federal | State (if different) | AMT (if different) | Book (if different) | |
| Method..... [dropdown] | [dropdown] | [dropdown] | [dropdown] | [dropdown] | |
| Life..... [input] | [input] | [input] | [input] | [input] | |
| Prior depreciation..... | [input] | [input] | [input] | [input] | |
| Salvage value..... | [input] | [input] | [input] | [input] | |
| Override regular depreciation..... = | [input] | [input] | [input] | [input] | |
| 179 expense elected this year..... = | [input] | [input] | [input] | [input] | |
| 179 expense allowed this year..... = | [input] | [input] | [input] | [input] | |
| 179 expense elected in prior years..... | [input] | [input] | [input] | [input] | |
| 179 expense allowed in prior years..... | [input] | [input] | [input] | [input] | |
| Bonus depreciation..... Additional Depr Elections = | [input] | [input] | [input] | [input] | |
| Prior bonus depreciation. Safe Harbor..... [dropdown] | [input] | [input] | [input] | [input] | |
| Basis ONLY if different from cost..... = | [input] | [input] | [input] | [input] | |
| Land cost (Do NOT include in cost above)..... | [input] | [input] | [input] | [input] | |
| Date placed in service (ONLY if different than date acquired)..... | [input] | [input] | [input] | [input] | |
| Force convention..... = [dropdown] | Do not use MACRS % tables..... = [dropdown] | Qualified Nonresidential Property..... [dropdown] | | | |

Amortization Code section..... [dropdown] Elect additional first-year deduction

Federally declared disaster area Disaster assistance property GO Zone Extension property

Additional Asset Information
 Date taken out of service IF NOT SOLD..... [input]
 Do Not Update to next year Abandoned
 Recapture because business use dropped to 50% or less
 Main home for Form 8829
 Investment credit code..... [dropdown]

If sold: F ST [dropdown]
 Date sold..... [input]
 Sale price..... [input]
 Expense of sale..... [input]
 Form 4797, line 26d depreciation..... [input]
 Form 4797, other Part III depreciation..... [input]
 Installment Sale MFC..... [input]
 Like-Kind Exchange MFC..... [input]
 1099-S Sold to a related party
 Involuntary conversion
 Do not carry personal portion to 8949
 Qualifying State Only Like-Kind Exchange

Group Sale Information
 Group sale number..... [input]
 Group sales price..... [input]
 Group expense of sale..... [input]
 Fair market value of THIS asset..... = [input]
 Expense of sale for THIS asset..... = [input]

Fixed Asset Manager
 Asset number..... [input]
 Department number..... [input]
 Asset Category..... [dropdown]

State-Specific Information
 State [dropdown] Asset type [dropdown] ITC code [dropdown]

For FL, IN, KY, and PA only
 Occurrence of Schedule (1-99, default is '1' if left blank)..... [input]
 Schedule form data flow..... [dropdown]
 Removal Method..... [input]
 Indiana County..... [dropdown]

Form 4562

Video: 4562 Import
Video: Group Sales

For: [dropdown] (A, C, E, F, 2106, 4835, AUTO, 8829, K1P, K1S)
Multi-form code: [input] (1-999; 1 is assumed if left blank)

Depreciation Information

| Description | Date Acquired | Cost | Business % use | Used Prop | Listed Prop Type |
|--|---|---|--------------------|--------------------------|------------------|
| Property type..... 12 [dropdown] | | | [input] | <input type="checkbox"/> | [dropdown] |
| <input type="checkbox"/> Building qualifies for Section 1.263(a)-3(h) election | Federal | State (if different) | AMT (if different) | Book (if different) | |
| Method..... [dropdown] | [dropdown] | [dropdown] | [dropdown] | [dropdown] | |
| Life..... [input] | [input] | [input] | [input] | [input] | |
| Prior depreciation..... | [input] | [input] | [input] | [input] | |
| Salvage value..... | [input] | [input] | [input] | [input] | |
| Override regular depreciation..... = | [input] | [input] | [input] | [input] | |
| 179 expense elected this year..... = | [input] | [input] | [input] | [input] | |
| 179 expense allowed this year..... = | [input] | [input] | [input] | [input] | |
| 179 expense elected in prior years..... | [input] | [input] | [input] | [input] | |
| 179 expense allowed in prior years..... | [input] | [input] | [input] | [input] | |
| Bonus depreciation..... Additional Depr Elections = | [input] | [input] | [input] | [input] | |
| Prior bonus depreciation. Safe Harbor..... [dropdown] | [input] | [input] | [input] | [input] | |
| Basis ONLY if different from cost..... = | [input] | [input] | [input] | [input] | |
| Land cost (Do NOT include in cost above)..... | [input] | [input] | [input] | [input] | |
| Date placed in service (ONLY if different than date acquired)..... | [input] | [input] | [input] | [input] | |
| Force convention..... = [dropdown] | Do not use MACRS % tables..... = [dropdown] | Qualified Nonresidential Property..... [dropdown] | | | |

Amortization Code section..... [dropdown] Elect additional first-year deduction

Federally declared disaster area Disaster assistance property GO Zone Extension property

Additional Asset Information
 Date taken out of service IF NOT SOLD..... [input]
 Do Not Update to next year Abandoned
 Recapture because business use dropped to 50% or less
 Main home for Form 8829
 Investment credit code..... [dropdown]

If sold: F ST [dropdown]
 Date sold..... [input]
 Sale price..... [input]
 Expense of sale..... [input]
 Form 4797, line 26d depreciation..... [input]
 Form 4797, other Part III depreciation..... [input]
 Installment Sale MFC..... [input]
 Like-Kind Exchange MFC..... [input]
 1099-S Sold to a related party
 Involuntary conversion
 Do not carry personal portion to 8949
 Qualifying State Only Like-Kind Exchange

Group Sale Information
 Group sale number..... [input]
 Group sales price..... [input]
 Group expense of sale..... [input]
 Fair market value of THIS asset..... = [input]
 Expense of sale for THIS asset..... = [input]

Fixed Asset Manager
 Asset number..... [input]
 Department number..... [input]
 Asset Category..... [dropdown]

State-Specific Information
 State [dropdown] Asset type [dropdown] ITC code [dropdown]

For FL, IN, KY, and PA only
 Occurrence of Schedule (1-99, default is '1' if left blank)..... [input]
 Schedule form data flow..... [dropdown]
 Removal Method..... [input]
 Indiana County..... [dropdown]

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

Expenses

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

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

TSJ _____ Employer ID Number _____

Description _____

This farm was disposed of during 2022

Income

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

Expenses

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

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

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

Mileage

Number of miles the vehicle was driven during 2022

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

Expenses

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

Business Use of Home

Name of business home is used for _____

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

What is the total square footage of your home? _____

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

How many days during the year was the area used? _____

How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

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

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

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

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

TSJ _____ Employer Identification Number _____

Yes No

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

2022

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

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

Taxes Paid

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

Interest Paid

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

Charitable Contributions

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

Other Miscellaneous Deductions

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

Job Expenses & Certain Miscellaneous Deductions

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

Other Information

Name: _____

SSN: _____

Mortgage Interest Provide all copies of Form 1098

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

Employee Business Expenses

TS _____

Select if you are:

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

Select if you:

- Used your personal vehicle for your job during 2022

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

Casualties and Thefts

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

Other Information

Name:

SSN:

Health Savings Account

TS _____

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

Taxpayer only Family

2022

HSA contributions made for 2022 _____

Total distributions from all HSAs during 2022 _____

Distributions included above that were rolled over into another account _____

Qualified medical expenses paid using HSA distributions _____

Education Expenses Provide all copies of Form 1098-T

Student name _____ Student name _____

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Student name _____ Student name _____

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Job-related Moving Expenses

T SJ _____

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

2022

Number of miles from old home to old workplace _____

Number of miles from old home to new workplace _____

Expenses to transport and store household goods and personal effects _____

Travel and lodging expenses while traveling to your new home _____