

TAX ORGANIZER

TAX YEAR 2022

Completion of this form is required.

If this is your first year with us please include a copy of a valid ID and last year's tax return.

Taxpayer & Spouse Information:

Name	Date of Birth	Social Security #	Occupation

Refund Delivery: On file, last 4 digits of acct # _____ New bank acct (voided check required)
 Paper check mailed

Filing Status:

Single Married Filing Joint Married Filing Separate Qualifying Surviving Spouse
 Head of Household (utility bill and rental/ mortgage agreement required by law) Dependent

Life Change:

New Address Change in Filing Status Change in Dependents Became Self-employed
 No Longer Dependent Retired in 2022 Renewed License: Issue and Expiration Dates _____

Contact Information:

Home Address			
Communication	Cell:	Work:	Email:

Qualified Dependents for the Purpose of Tax Credits:

Name	Date of Birth	Social Security #	Relationship	Months lived at home in 2022

Income:

(Please provide documentation for the following forms of income that apply to you.)

Salary, Wages (W-2) Foreign Assets over \$10,000 Retirement distributions (1099-R)
 Unemployment Compensation Interest (1099-INT) Trust/ Estate/ Partnership (K-1) Combat Pay
 Dividends (1099-DIV) Social Security Benefits Lottery Winnings Cryptocurrency Misc. Income
 Self-employed, Non-Employee (1099-NEC or Profit & Loss required) **Sch. C Organizer must be completed**
 1099-K Third Party Vendors/ Merchant Card Payments
1099-K Reason: Business Personal Sales, basis in sales \$ _____ Money Transfer, no sale

Other Income:

(Please provide documentation for the following forms of income that apply to you.)

State Tax Refund Cancellation of Debt (1099-C, 1099-A) Alimony Received (pre-2019 divorce only)
 Investment/ Property Sale (1099-B, 1099-S) Tips Education Account (1099-Q) Hobby Income

Adjustments to Income:

Trad. Roth IRA Contributions \$ _____ Full-time Teacher Supplies \$ _____
 Alimony Paid (pre-2019 divorce only) \$ _____ Student Loan Interest (1098-E)

Covid-19 Related Retirement Distribution & Reinvestment

Reinvested in 2022 money withdrawn from my retirement acct in 2020 for qualified Covid reasons (Form 5498)
 Elected 3 year spread of taxation on a qualified retirement distribution in 2020

Misc. Credits:

Additional details & documentation will be needed.

Dependent Care Credit Higher Education Credit Qualified Plug-in Electric Drive Motor Vehicle Credit
 Replacement of Failed Septic System Credit (MA) Residential Energy Credits Circuit Breaker Credit (MA)

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TAX YEAR 2022 (continued)

Estimated Income Payments Made:

	1 st QTR (4/15/2022)	2 nd QTR (6/15/2022)	3 rd QTR (9/15/2022)	4 th QTR (1/15/2023)
Federal Amount	\$	\$	\$	\$
State Amount	\$	\$	\$	\$

Medical & Dental:

Must exceed 7.5% of your adjusted gross income. Please have amounts totaled & receipts available.

Post-tax Health Ins	Long Term Care Insurance	Prescription	Dr/ Dental	Hospital	Med Miles Driven	Tolls/ Parking	Other
\$	\$	\$	\$	\$		\$	\$

Taxes Paid:

Subject to \$10,000 limit.

Real Estate Tax	Excise Tax	(65 yrs+) Water & Sewer	(65 yrs+) Value of Home:
\$	\$	\$	\$

Interest Paid:

Documentation required if you have refinanced, purchased, or sold a home.

Home Mortgage*	Home Equity/ 2 nd Mortgage*
\$	\$

*only when used in the purchase & improvement of home

Out of State Purchases:

(with no sales tax paid)

2022 Total
\$

Contributions for Itemizing:

If you contributed household items over \$500, please include: organization name, address, dates of purchase and donation.

Cash or Check	Value of Clothing or Items (less than \$500)	Miles Driven for Charity
\$	\$	

Childcare Expenses:

All information is required.

Dependent's Name	Provider's Name	Childcare Address	ID#	Amount
				\$
				\$

Cryptocurrency:

"At any time during 2022, did you receive (as a reward, award, or payment for property or services); or sell, exchange, gift, or otherwise dispose of a digital asset (or financial interest in a digital asset)?" Yes No

MA Deductions:

Rent Paid in 2022	Fast Lane & MBTA	529 Plan
\$	\$	Amount Contributed \$
\$	\$	Account Quantity

Proof of Health Insurance:

1099-HC	
Medicare	
1095-A (Health Connector only) This form is required for the completion of your tax return.	
Partial Year Coverage- Please provide exact months.	
No H/I in 2022	

Additional information or questions for the completion of your tax return:
