

BRADSHAW SMITH & CO

P O BOX 9
HEBER CITY, UT 84032
jeff@bradshawsmithcpa.com
Phone: (435)654-2053 | Fax: (435)654-2360

January 09, 2023

New Client

New:

Income tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2022 tax return. Review the entire packet and answer any questions that apply.

Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

Drop off this packet and all supporting documents, including W-2 and 1099 statements to our office in person, by mail, or via our secure web portal www.jeffbcpa.securefilepro.com OR bring it with you to your tax-preparation appointment. We appreciate your trust in our business. Contact our office at (435)654-2053 if you have any questions or need additional information.

Sincerely,

JEFFERY M BRADSHAW
BRADSHAW SMITH & CO

BRADSHAW SMITH & CO

P O BOX 9
HEBER CITY, UT 84032
jeff@bradshawsmithcpa.com
Phone: (435)654-2053 | Fax: (435)654-2360

January 09, 2023

New Client

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (435)654-2053.

Sincerely,

JEFFERY M BRADSHAW
BRADSHAW SMITH & CO

BRADSHAW SMITH & CO

P O BOX 9
HEBER CITY, UT 84032
jeff@bradshawsmithcpa.com
Phone: (435)654-2053 | Fax: (435)654-2360

January 09, 2023

New Client

Subject: Preparation of Your 2022 Tax Returns

New Client:

Thank you for choosing BRADSHAW SMITH & CO to assist you with your 2022 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2022 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2022 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (435)654-2053.

Sincerely,

JEFFERY M BRADSHAW
BRADSHAW SMITH & CO

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

Checklist

Name: New Client

SSN:

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2022 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2021 tax year.

State and city refunds and other government payments (Form 1099-G)

- Unemployment compensation

Credit card, debit card, and third party network transactions (Form 1099-K)

- Reportable payment transactions

Other Income (provide supporting documentation for income received for the following items)

- Sale of assets or property
 Cancellation of debt
 Other income _____

Payments (provide supporting documentation for payments made for the following items)

- Educator classroom expenses
 Employee business expenses
 Contributions to a Health Savings Account
 Expenses related to work relocation with the military
 Alimony
 Student loan interest
 Refunded student loan interest payments
 Student loan forgiveness
 Tuition and fees for higher education
 Expenses related to child or dependent care
 Contributions to a Retirement Savings Account
 Medical and dental expenses
 Real estate taxes
 Other state and local taxes
 Mortgage interest
 Investment interest
 Cash contributions
 Noncash contributions
 Unreimbursed employee expenses
 Investment expenses
 Gambling losses
 Other payments _____

Questionnaire

Name: New Client

SSN:

Questionnaire

Personal Information

Yes No

- Did your marital status change during the year?
If "Yes," explain _____
- If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2022?
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?
- Were you, your spouse, or any dependents a victim of identity theft?
If "Yes," explain _____
- Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

- Did you have any changes in dependents during the year?
If "Yes," explain _____
- Can another person qualify to claim any of your dependents?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2,300 of unearned income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

- Did any member of your household have healthcare coverage through the Marketplace (Obamacare)?
If "Yes," provide copies of Form 1095-A.
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash in any U.S. savings bonds during the year?
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home.
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?

Questionnaire

Name: New Client

SSN:

Questionnaire

- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
- Did you receive income or incur expenses associated with a fantasy sport league?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If "Yes," attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If "Yes," attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If "Yes," provide documentation.
- Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?
If "Yes," provide documentation.
- Did you receive any other income you have not provided information for with this organizer?
If "Yes," explain _____

Itemized Deduction Information

Yes No

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

Retirement Information

Yes No

- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you make any withdrawals or receive distributions from a pension or profit sharing plan, IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

Yes No

Questionnaire

Name: New Client

SSN:

Questionnaire

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependents during the year?
If "Yes," provide the amount of interest that was refunded.
- Did you receive forgiveness on a qualifying federal student loan?

Foreign Tax Information

Yes No

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you receive a Schedule K-3 from a partnership or S corporation?
- Did you own property in a foreign country?

Refund, Withholding, and Estimated Tax Information

Yes No

- If you have an overpayment of 2022 taxes, do you want the refund applied to your 2023 estimated taxes?
- Did you make any estimated payments toward your 2022 taxes?
- Did you apply an overpayment of your 2021 taxes to your 2022 estimated taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Do you anticipate your income or withholdings to be different for 2023?

Miscellaneous Information

Yes No

- Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset?
- Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$16,000 during the year?
Yes No
 If "Yes," are you splitting the gift with your spouse?
- Did you incur moving expenses with the military during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the year?
- Did you make any purchases subject to Use Tax during the year?
If "Yes," provide details.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Sale of Capital Assets

Name: New Client

SSN: _____

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

| TSJ | Description of property | Date purchased | Date sold | Sales price | Cost |
|-----|-------------------------|----------------|-----------|-------------|------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Installment Sale Income

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

Other Income and Adjustments

Name: New Client

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: New Client

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

| | 2022 | 2022 |
|-----------------------------------|-------|------------------------------|
| Gross receipts or sales | _____ | Other income _____ |
| Returns & allowances | _____ | _____ |

Expenses

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

Cost of Goods Sold

| | 2022 | 2022 |
|--|-------|--|
| Inventory at beginning of year | _____ | Materials & supplies _____ |
| Purchases | _____ | Other costs _____ |
| Cost of personal use items | _____ | Inventory at end of year _____ |
| Cost of labor | _____ | <input type="checkbox"/> There was a change in inventory method. |

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

Name: New Client

SSN: _____

General Property Information

TSJ _____

Property description _____

Address, city, state, ZIP _____

Select the property type

- Single family residence Vacation / short-term rental Land Self-rental
- Multi-family residence Commercial Royalties 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 _____

- This property was placed in service during 2022. Yes No
- This property was disposed of during 2022. Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.
- This property is your main home or second home. If "Yes," did you file Forms 1099 for the individuals?
- This property was owned as a qualified joint venture.

Income

| | 2022 | | 2022 |
|-----------------------|-------|---|-------|
| 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. |
| Auto & travel | _____ | _____ | |
| Cleaning & maintenance | _____ | _____ | |
| Commissions | _____ | _____ | |
| Insurance | _____ | _____ | |
| Legal & professional fees | _____ | _____ | |
| Management fees | _____ | _____ | |
| Mortgage interest | _____ | _____ | |
| Other interest | _____ | _____ | |
| Repairs | _____ | _____ | |
| Supplies | _____ | _____ | |
| Taxes | _____ | _____ | |
| Utilities | _____ | _____ | |
| Depletion | _____ | _____ | |
| Other expenses | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

Schedule F - Profit or Loss from Farming

Name: New Client

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: New Client

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: New Client

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

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

Yes No
 Do you have evidence to support your deduction?
 If "Yes," is the evidence written?

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: **New Client**

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: New Client

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 | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Boy or Girl Scouts | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Goodwill | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Red Cross | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Salvation Army | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| United Way | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Veterans | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hospital | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| University | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 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: New Client

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: New Client

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

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

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 _____

2022 Tax Organizer Personal Information

Personal Information

| | | | | |
|---|------------|---------------|---------------|---------------|
| Name | | SSN | Has IP PIN | Date of birth |
| Taxpayer | New Client | | | |
| 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: New Client

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 | _____ | _____ | _____ | _____ | _____ | _____ |

