



2022 Tax Organizer

New Clients Only - Please provide a copy of your prior year Federal & State tax returns

PERSONAL INFORMATION (if you are an existing client, you do **not** need to fill out birthdate)

Description	Taxpayer	Spouse
Full Name:		
Birthdate:		
SSN:		
Occupation:		

CONTACT INFORMATION (Please complete even if you are an existing client to ensure we have accurate records)

Description	Information
Street Address:	
Mailing Address:	
Phone Number(s):	
Spouse Phone Number(s):	
Email Address:	
Spouse Email Address:	

DEPENDENT INFORMATION (If you are an existing client, please only include the dependents you claim this year)

Full Name	SSN	Relationship to you	Birthdate

CHILD AND DEPENDENT CARE EXPENSES (please include all supporting documents)

Provider Name	Provider Address	SSN or EIN	Amount Paid

RETURN DELIVERY

Processing	Paper	Electronic
Upon completion, how would you like to receive your tax return? <i>(Please choose one)</i>		

TAX YEAR RETURN QUESTIONS

All questions pertain to the 2022 tax year. For any question answered "Yes", please include support documentation.

Personal Information:	Yes	No
Do you wish to donate \$3 to the Presidential Election Campaign Fund?		
Did your marital status change?		
Were you enrolled in Health Insurance Marketplace? <i>If yes, include form 1095-A</i>		
Dependents:	Yes	No
Were there any changes in dependents from the prior year?		
Did you or your spouse pay for childcare while either of you worked?		
Do you have children under age 18 with unearned income greater than \$1,150?		
Education:	Yes	No
Did you or your spouse pay any student loan interest? <i>If so, please provide form 1098-E</i>		
Did you, your spouse or your dependents incur any college education expenses such as tuition? <i>If so, please include form 1098-T</i>		
Retirement or Severance:	Yes	No
Did you or your spouse contribute to a Roth IRA, convert an existing IRA into a Roth IRA or roll any other distributions into a Roth IRA?		
Did you or your spouse turn age 72 and have money in an IRA or other retirement account without taking any distributions?		
Personal Residence:	Yes	No
Did your address change? <i>If so, please provide new address on Page 1</i>		
Did you sell your home? <i>If so, please provide all closing documents and forms</i>		
<i>If you sold a home or property, please also include somewhere in your package the date the property was originally purchased and how much it was purchased for. Please also include a list and cost of improvements made during the time you owned the property.</i>		
Foreign Matters:	Yes	No
Did you or your spouse perform any work outside of the U.S. or pay any foreign tax?		
Did you or your spouse hold any money or securities in a foreign financial institution?		
Miscellaneous:	Yes	No
Were you or your spouse notified by the Internal Revenue Service or other taxing authority of any changes in prior year returns?		
Did you or your spouse sell, acquire, or exchange any virtual currencies (ex. Crypto Currency) <i>If so, please provide information regarding these activities</i>		
Did you, your spouse or your dependents receive an identity protection PIN from the IRS? <i>If so, please include this information</i>		
Did you earn any foreign income, or did you pay any foreign taxes?		
Do you have any foreign bank accounts or trusts? Signing rights on a foreign account? Ownership or beneficial interest in foreign accounts or foreign assets?		

BANKING:

Direct Deposit:	Yes	No
Would you like any refunds owed to you directly deposited? (You may also attach a voided or photocopied check) Name of Bank: _____ Routing Number: _____ Account Number: _____ Checking or Savings account? _____		
If you have a balance due, would you like us to have the IRS automatically withdraw funds from the bank account referenced above?		

OUT OF STATE INCOME

State Income:	Yes	No
Did you earn income in another state? <i>If so, list states:</i> _____		
If you worked in Massachusetts (or any other state) and live in NH, did you ever work from home? <i>If yes, please complete the following:</i> How many days did you work from home? _____ How many days did you work in MA? _____ How many days did you not work? _____ (Weekends, holidays, vacation & sick days) _____ TOTAL: 365		
Did you live in another state? <i>If so, list states</i> State: _____ Lived in From: _____ To: _____ State: _____ Lived in From: _____ To: _____	Yes	No

ITEMIZED DEDUCTIONS

Medical Expenses	Amount
Prescription Medicines and Drugs	
Health Insurance Premiums Paid	
Long-Term Care Insurance Premiums Paid	
Doctors, Dentists, etc.	
Hospitals	
Lab Fees	
Eyeglasses & Contacts	
Real Estate Taxes Paid	Amount
Real Estate Taxes	
Personal Property Taxes <i>(including car registration fees)</i>	
Other <i>(describe below)</i>	
Mortgage Interest <i>(list institution paid)</i>	Amount
Cash Contributions <i>(list organization paid)</i>	Amount
Noncash Contributions <i>(list organization)</i>	Amount

OTHER POTENTIALLY DEDUCTIBLE ITEMS

Nature and Source	Taxpayer	Spouse
Educator Expenses		
Health Savings Contribution <i>(include forms 5498-SA & 1099-SA)</i>		
Alimony Paid		
Residential Energy Credit: Include receipts or description of property, date placed in service and cost. <i>(Solar electric, solar water heating, fuel cell, small wind, geothermal heat, insulation material, exterior windows, exterior doors, roofing, certain heat pumps, furnaces, boilers, biomass fuel).</i> If you received a credit in the past, please indicate		

OTHER SOURCES OF INCOME *(please include all 1099's or supporting documents)*

Nature & Source	Amounts
Unemployment income <i>(Form 1099G)</i>	
Alimony Received	
Jury Duty Pay	
Gambling Income <i>(Form W2-G)</i>	
Cancellation of Debt <i>(Form 1099-C)</i>	

FEDERAL TAX PAYMENTS

Detail	Date Paid	Amount Paid
Prior Year Overpayment Applied		
1 st Quarter Estimate (Due 4/18/2022)		
2 nd Quarter Estimate (Due 6/15/2022)		
3 rd Quarter Estimate (Due 9/15/2022)		
4 th Quarter Estimate (Due 1/17/2023)		

STATE TAX PAYMENTS

Detail	State	Date Paid	Amount Paid
Prior Year Overpayment Applied			
1 st Quarter Estimate (Due 4/18/2022)			
2 nd Quarter Estimate (Due 6/15/2022)			
3 rd Quarter Estimate (Due 9/15/2022)			
4 th Quarter Estimate (Due 1/17/2023)			

SELF-EMPLOYMENT INCOME:

Legal Name of Business (if applicable)	Federal ID Number (if applicable)

DO YOU USE A HOME OFFICE STRICTLY FOR YOUR BUSINESS?

(If so, please provide the following)

HOME OFFICE EXPENSES:	
Square Footage on your entire home:	
Square Footage of your home office:	
Mortgage Interest Paid:	
Rent Paid:	
Real Estate Taxes Paid:	
Homeowner's or Renter's Insurance:	
Utilities Paid: <i>(for entire year)</i>	

ADDITIONAL COMMENTS

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