



This organizer is designed to assist you in gathering the information required for preparation of your individual income tax returns. Please complete all applicable sections. Also, please provide details and documentation as requested (documents may be provided electronically).

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS are also mailed or delivered to taxpayers in an envelope clearly marked "Important Tax Documents Enclosed" and should be submitted with this organizer. Include the following, if applicable:

- W-2 (wages)
- 1099-R (retirement)
- 1099-INT (interest)
- 1099-DIV (dividends)
- 1099-B (brokerage sales)
- 1099-MISC (rents, etc.)
- 1099 (any other)
- 1095-A, 1095-B, 1095-C (health insurance)
- 1098-T (education)
- Schedules K-1 (Forms 1065, 1120-S, 1041)
- Annual brokerage statements
- 1098 (mortgage interest)
- 8886 (reportable transactions)
- Closing Disclosure (real estate sales/purchases)
- Copies of any tax elections or revocations in effect
- Other information statements

In addition, please provide a copy of your (and your spouse's, if applicable) driver's license (front and back). This information may be needed to electronically file your tax return.

An engagement letter explains the services that will be provided to you. (If sending a hard copy) Please sign a copy of the enclosed engagement letter and return it in the enclosed envelope and maintain the other copy for your records. (If sending an electronic copy) You should have received a link to electronically sign and submit the engagement letter. Please electronically sign the agreement as soon as possible.

The filing deadline for your income tax return is _____. Your completed tax organizer needs to be received no later than _____. Any information received after that date may require an extension to be filed for this return.

If an extension of time is required, any tax due should be paid with that extension. Any taxes not paid by the filing deadline may be subject to penalties and interest. If you don't pay a reasonable estimate of your tax liability, your extension may be deemed invalid, subjecting you to late-filing penalties.

Your return will be electronically filed unless otherwise requested or ineligible for e-file. The request to opt out of e-filing may require you to sign a form that will be filed with the taxing authority(ies).

We look forward to providing services to you. Should you have questions regarding any items, please do not hesitate to contact _____.

Email _____ Phone _____

Certification:

The undersigned certifies, to the best of his or her knowledge, that the information documented in and provided with this organizer is complete and accurate.

Certified by (taxpayer) _____

Certified by (spouse) _____ (if applicable)

If we did not prepare your prior year returns, provide a copy of federal and state returns for the three previous years.

If we did not prepare your prior year returns, do we have permission to contact your predecessor tax return preparer?

Yes No

If permission is granted, please provide the predecessor's contact information. _____

Taxpayer's name _____ Social Security number _____ Occupation _____

Spouse's name _____ Social Security number _____ Occupation _____

NOTE: Please indicate if you worked/lived somewhere different than previous years. This may affect where you will need to file state income tax returns.

Home address _____

City, town or post office County State Zip code School district

Home no. _____ Email (T) _____ Email (S) _____

Contact number (taxpayer)

Contact number (spouse)

Office _____

Office _____

Fax _____

Fax _____

Mobile _____

Mobile _____

Taxpayer citizenship/visa status _____

Spouse citizenship/visa status _____

Taxpayer date of birth _____

Blind? Yes No

Spouse date of birth _____

Blind? Yes No

► Dependent children who lived with you:

Full name	Social Security number	Relationship	Birth date

► Other dependents:

Full name	Social Security number	Relationship	Birth date	# months resided in your home	% support furnished by you

.....
 Please answer the following questions and submit details for any question answered "yes."

Yes No

► 1) Will the address on your current returns be different from that shown on your prior year returns?
 If yes, provide the new address and the date moved. _____

► 2) Did any births, adoptions, marriages, separations, divorces or deaths occur related to you, your spouse or any of your dependents for 2022?
 If yes, provide details. _____

► 3) Were there any changes in dependents from the prior year? If yes, provide details.

► 4) Are you entitled to a dependency exemption due to a divorce decree?

► 5) Did any of your dependents have unearned income of \$1,100 or more (\$350 if self-employed)?
 If yes, do you want us to prepare your child's tax return? Please let us know if you would like to discuss.

► 6) Are any dependent children married and filing a joint return with their spouse?

► 7) Did any dependent child, 19–23 years of age, attend school full time for less than five months during the year?

► 8) Has the IRS, or any state or local taxing agency, notified you of changes to a prior year's tax return in which you have not already notified us (including a partnership or LLC in which you have an investment)?
 If yes, provide copies of all notices or correspondence received.

► 9) Did you receive (as a reward, award or compensation) or sell, exchange, gift or otherwise dispose of a digital asset or a financial interest in a digital asset? If yes, provide details. A digital asset is any virtual currency of value that functions as a medium of exchange, a unit of account and/or a store of value. Cryptocurrency, such as Bitcoin, is an example of a digital asset.

► 10) Did you receive any income from any legal proceedings, cancelation of student loans or other indebtedness during the year? If yes, provide details.

Yes No

▶ 11) Did you make gift(s) to any person that total more than \$16,000 this year? The gift(s) could have been made directly, indirectly or to a trust. Yes No

▶ 12) Did you make any discounted gifts or gifts of future interest to any person or trust? Yes No

▶ 13) Did you have any interest in, or signature or other authority over, a bank, securities or other financial account in a foreign country? If the aggregate value of all the accounts exceeded U.S. \$10,000 at any time during the year and you are engaging us to complete your Report of Foreign Bank and Financial Accounts (FBAR) on FinCEN Form 114, please complete the following: Yes No

Name and address of financial institution	Account type (bank securities/ other)**	Account number	Maximum value during the year*	Currency	Held separately (S) or jointly (J) or signature authority (SA)	Joint owner's name(s), address, and U.S. taxpayer identification number (if any)

* Please provide the highest value at any time during the year in the foreign currency.

** Treasury guidance presently (Form 114, *Report of Foreign Bank and Financial Accounts*) defines a foreign financial account as any bank, securities, securities derivatives or other financial instruments account. These accounts generally encompass any accounts in which the assets are held in a commingled fund and the account owner holds an equity interest in the fund (mutual fund). The term also means any savings, demand, checking, deposit, time deposit, debit card or credit card maintained with a financial institution or other person engaged in the business of a financial institution. A financial account also includes a commodity futures or options account, an insurance policy with cash surrender value (whole life) and an annuity policy with cash surrender value.

▶ 14) Did you have an interest in specified foreign financial assets valued at more than \$50,000 on the last day of the tax year or more than \$75,000 at any time during the tax year? Please include assets not previously listed for FinCEN 114 reporting. Yes No

Description of asset	Identifying number	Date asset acquired or disposed of during the year	Maximum value of asset during the tax year	Currency/ exchange rate	If asset is stock of a foreign entity, provide name, type and mailing address	If asset is not a stock of a foreign entity, provide name of issuer, type and mailing address

	Yes	No
▶ 15) Did you have foreign income, pay any foreign taxes that are not reflected on an enclosed Form 1099, or file any foreign information reporting or tax forms? Provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 16) Were you the grantor, transferor or beneficiary of a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 17) Were you a resident of, work for a period of time in more than one state, or receive income from more than one state during the year? If so, provide details. You may be required to file tax returns and may also owe taxes in those states. _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 18) Do you file use tax returns in any states?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 19) Do you have any unpaid sales/use tax for tax year 2022 (such as from goods you purchased online or from a catalog)?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 20) Do you and/or your spouse want to designate \$3 to the Presidential Election Campaign Fund? Taxpayer <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
▶ 21) Do you wish to contribute to any state fund(s)? If yes, indicate amount(s) and which fund(s): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 22) Did you and all members of your household maintain minimum essential health coverage for all months of 2022? Minimum essential coverage includes employer-sponsored health insurance coverage, Medicare, Medicaid or Tricare. 1. Enclose documentation received from your employer and/or insurance company, such as Form(s) 1095-B, <i>Health Coverage</i> , Form(s) 1095-C, <i>Employer-Provided Health Insurance Offer and Coverage</i> , even for partial periods of coverage. 2. If anyone in the household was not covered for the entire year, provide details that include dates of partial periods of coverage and any other types of health insurance coverage and/or benefits received during the year, such as Indian tribe membership and/or health care sharing ministry membership.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 23) If you or your household did not maintain minimum essential health coverage for the entire year: 1. Were you offered coverage (through your or your spouse's plan) that you declined? 2. If yes, did the coverage offer minimum value and was it affordable? 3. Were you or any member of your household eligible for Medicare or Medicaid but did not enroll?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 24) Did you or any member of your family enroll in health insurance coverage through the Health Insurance Marketplace at healthcare.gov under the Affordable Care Act? If yes, enclose Form 1095-A, <i>Health Insurance Marketplace Statement</i> .	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
▶ 25) Is more than one tax household sharing the premium tax credit? Examples include adult nondependent children, situations of divorce or a new marriage.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 26) Were either you or your spouse eligible to participate in an employer's health insurance or long-term care plan?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 27) Did you receive any distribution from an individual retirement account (IRA) or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? Include Form 1099-R, <i>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</i> , and proof of the rollover.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 28) Did you receive a required minimum distribution (RMD) from an IRA or other qualified plan during 2022? Provide details (Form 1099-R).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 29) If you received an IRA distribution, which you did not roll over, provide details (Form 1099-R). 1. Did you or your spouse withdraw amounts from your IRA or other qualified plan to acquire a personal residence, pay for unreimbursed medical expenses or pay higher education expenses, or was the withdrawal related to certain qualified disasters? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 30) Did you convert IRA funds or any other qualified retirement plan funds into a Roth IRA? If yes, provide details (Form 1099-R).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 31) Did you receive any Social Security income or disability payments this year?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 32) Did you have any taxable distributions from an achieving a better life experience (ABLE) account?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 33) Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 34) Did you sell or purchase a principal residence or other real estate? If yes, provide the settlement sheet (Closing Disclosure) and Form 1099-S, <i>Proceeds from Real Estate Transactions</i> .	<input type="checkbox"/>	<input type="checkbox"/>
▶ 35) Did you refinance any existing loans on your home or other real estate you own? If yes, provide the settlement sheet (Closing Disclosure).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 36) Did you collect on any installment contract during the year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 37) During this year, do you have any securities that became worthless or loans that became uncollectible?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 38) Did you receive unemployment compensation? If yes, provide Form 1099-G, <i>Certain Government Payments</i> .	<input type="checkbox"/>	<input type="checkbox"/>
▶ 39) Did you receive or pay any alimony during the year? If yes, provide details, including the date of the divorce agreement and the Social Security number of the spouse paying the alimony or whom the alimony was paid.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 40) Did you have any business casualty or theft losses during the year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 41) Did you receive any proceeds (including insurance) on property which was taken from you by destruction, theft, seizure or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
▶ 42) Did you, or do you plan to, contribute money before April 15, 2023, to a traditional or Roth IRA for the last calendar year? If yes, provide details (note that some states may have earlier due dates).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 43) If you or your spouse have self-employment income, do you want to make a retirement plan contribution?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 44) Did you, or do you plan to, contribute money before April 15, 2023, to a health savings account (HSA) for the last calendar year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 45) Did you receive any distributions from an HSA? Were all distributions made for qualified medical expenses? If so, provide details, including Form 1099-SA, <i>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</i> , Form 5498-SA, <i>HSA, Archer MSA, or Medicare Advantage MSA Information</i> .	<input type="checkbox"/>	<input type="checkbox"/>
▶ 46) Did you incur expenses as an elementary or secondary educator? If so, how much? The amount deductible is limited to \$300 per taxpayer.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 47) Did you pay real estate taxes on your principal residence, or any other real property owned? If so, provide details by property.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 48) Did you purchase gasoline, oil or special fuels for non-highway use vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 49) Did you purchase an energy-efficient or other new vehicle? If yes, provide the purchase invoice.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 50) Did you pay sales tax on any large purchases, including home improvements? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 51) Did you make any energy-efficient improvements (remodel or new construction) to your home? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 52) For any property you own, did you purchase and place in service any solar water heating, solar electric, fuel cells, small wind energy or geothermal heat pump?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 53) Did you incur adoption expenses or adopt a U.S. child that the state has determined to have special needs?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 54) Did you acquire or sell any "qualified small business stock?" If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 55) Were you granted, or did you exercise, any stock options? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 56) Were you granted any restricted stock? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 57) Did you pay any household employee over age 18 wages of \$2,400 or more?	<input type="checkbox"/>	<input type="checkbox"/>
1. If yes, provide a copy of Form W-2 issued to each household employee.	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes, did you pay total wages of \$1,000 or more in any calendar quarter to all household employees?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 58) Did you surrender any U.S. savings bonds, or did they mature?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 59) Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
▶ 60) Did you start a business? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 61) Did you purchase or convert property you already owned to rental property? If yes, provide the settlement sheet (Closing Disclosure).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 62) Did you acquire or dispose of any interests in partnerships, LLCs, S corporations, estates or trusts this year? If yes, provide the Schedule K-1 that the organization has issued to you.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 63) Do you have records to support travel, meals or gift expenses incurred in your business? The law requires that adequate records be maintained for travel, meals and gift expenses. The documentation should include the amount, time and place, date, business purpose, description of expense and business relationship of recipient(s). Note that entertainment expenses are not deductible, and meals provided by a restaurant may be 100% deductible.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 64) Did you participate in any bartering transactions (including the use of virtual currency/digital assets)?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 65) Do you have evidence to substantiate all of your charitable contributions? Note: Current tax law requires taxpayers to have the following for all deductible charitable contributions of cash, check or any other monetary gift: (1) a bank record (such as a canceled check) or (2) a written communication from the charity that adequately documents the donation.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 66) Has your will or trust been updated within the last three years? If yes, provide copies.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 67) Can the IRS and state tax authority discuss questions about this return with the preparer?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 68) Did you or any of your dependents receive an identity protection personal identification number (IP PIN) from the IRS or have you been a victim of identity theft, either in 2022 or in prior years? If you received an IP PIN, provide a copy of the IRS notice.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 69) Do you expect a large fluctuation in your income, deductions or withholding in 2023? This will help us calculate possible changes to estimated tax payments. If yes, provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 70) Do you want any overpayment of taxes applied to next year's estimated taxes?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 71) Do you want any federal or state refund deposited directly into your bank account? If yes, enclose a voided check or provide your bank routing number and account number.	<input type="checkbox"/>	<input type="checkbox"/>
1. Do you want any balance due directly withdrawn from this same bank account on the due date?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you want next year's estimated taxes withdrawn from this same bank account on the due date?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 72) If you owe federal or state tax upon completion of your return, are you able to pay the balance due? If not, provide additional information.	<input type="checkbox"/>	<input type="checkbox"/>

Estimated tax payments made

Prior year overpayment applied	Federal		State (name)	
	Date paid	Amount paid	Date paid	Amount paid
1st quarter				
2nd quarter				
3rd quarter				
4th quarter				

Wages, salaries and other employee compensation

▶ Enclose all Forms W-2. Done N/A

Pension, IRA and annuity income

Yes No

▶ Enclose all Forms 1099-R. Done N/A

▶ 1) Did you receive a lump sum distribution from your employer? Yes No

▶ 2) Did you convert a lump sum distribution into another plan or IRA account? Yes No

▶ 3) Have you elected a lump sum treatment for any retirement distributions after 1986? Yes No

Taxpayer

Spouse

▶ 4) If over age 70½, did you or your spouse make a contribution from your IRA directly to a charitable organization? Yes No

Miscellaneous income – List and enclose related Forms 1099 or other forms.

▶ 1) Enclose all 1099 SSA forms. Done N/A

Interest income – Enclose all Forms 1099-INT and statements of tax-exempt interest earned.

If not available, complete the following:

TSJ*	Name of payer	Banks, savings and loan (S&L), etc.	U.S. bonds, T-bills	Tax-exempt	
				In-state	Out-of-state
	Early withdrawal penalties				

* T = Taxpayer S = Spouse J = Joint

Interest income (seller-financed mortgage)

Name of payer	Social Security number	Address	Interest received

Dividend income – Enclose all Forms 1099-DIV and statements of tax-exempt dividends earned. Note any Section 199A dividends.

If not available, complete the following:

TSJ*	Name of payer	Ordinary dividends	Qualified dividends	Capital gain distributions	Non-taxable	Federal tax withheld	Foreign tax withheld

*T = Taxpayer S = Spouse J = Joint

Description	Amount
State and local income tax refund(s)	
Alimony paid or received	
Date of your divorce or separation agreement _____	
Jury fees	
Finder's fees	
Director's fees	
Prizes	
Gambling winnings (Form W-2G)	
Trustee fees	
Executor fees	
Other miscellaneous income	

Income from business or profession – Schedule C

▶ Who owns this business? Taxpayer Spouse Joint

Principal business or profession _____

Business name _____

Business taxpayer identification number _____

Business address _____

▶ Method(s) used to value closing inventory:

Cost Lower of cost or market Other (describe) _____ N/A

Accounting method:

Cash Accrual Other (describe) _____

	Yes/ Done	No/ N/A
▶ 1) Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If yes, attach an explanation.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 2) Did you deduct expenses for the business use of your home? If yes, complete the office-in-home schedule provided in this organizer.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 3) Did you materially participate in the operation of the business during the year?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 4) Did you pay any health insurance premiums or long-term care premiums?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 5) Was all your investment in this activity at risk?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 6) Were any assets sold, retired or converted to personal use during the year? If yes, list assets sold including date acquired, date sold, sales price and original cost.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 7) Were any assets purchased during the year? If yes, list assets acquired, including date placed in service and purchase price, including trade-in. Include copies of purchase invoices.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 8) Was this business still in operation at the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 9) List the states in which the business was conducted and provide income and expense by state.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 10) Did you make any payments during the year that would require you to file Forms 1099?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you file Forms 1099?	<input type="checkbox"/>	<input type="checkbox"/>
Note: In general, Form 1099 will be required to be issued to each person to whom was paid at least \$600. There are other situations for which Form 1099 will be required.		
▶ 11) Did the business receive any cash payments (excluding checks) of more than \$10,000 in the current year in one transaction or two or more related transactions? If yes, was Form 8300, <i>Report of Cash Payments over \$10,000 Received in Trade or Business</i> , filed?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 12) Did you have employees?	<input type="checkbox"/>	<input type="checkbox"/>
If yes:		
1. Provide copies of all federal and state payroll reports including Forms W-2/W-3, 940 and 941.	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a health reimbursement arrangement or otherwise reimburse your employees for medical expenses or health insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have less than 50 full-time equivalent employees?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you pay an average wage of less than \$50,000?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you pay at least half of the employees' health insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>
6. Provide a copy of Form 1094-C, <i>Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns</i> , if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you defer the deposit and payment of the employer's share of Social Security tax for any quarter in 2020 (per the CARES Act). If so, provide copies of the payroll tax returns and information on the payment of the deferred taxes (due 50% in 2021 and 50% in 2022).	<input type="checkbox"/>	<input type="checkbox"/>
8. Provide copies of certification for employees of target groups and associated wages qualifying for the work opportunity tax credit.	<input type="checkbox"/>	<input type="checkbox"/>

Income and expenses (Schedule C) – Attach a schedule of income and expenses of the business or complete the following worksheet. Complete a separate schedule for each business.

Description	Amount
Part I – Income	
Gross receipts or sales	
Returns and allowances	
Other income (list type and amount)	
Part II – Cost of goods sold	
Inventory at beginning of year	
Purchases less cost of items withdrawn for personal use	
Cost of labor (do not include salary paid to yourself)	
Materials and supplies	
Other costs (list type and amount)	
Inventory at end of year	
Part III – Expenses	
Advertising	
Bad debts from sales or services	
Car and truck expenses (complete the auto expense schedule)	
Commissions and fees	
Depletion	
Depreciation and Sec. 179 expense deduction (provide depreciation schedules)	
Employee health insurance and other benefit programs (excluding retirement plans)	
Employee retirement contribution (other than owner)	
Self-employed owner:	
a. Health insurance premiums	
b. Retirement contributions	
c. State income tax	

Description	Amount
Insurance (other than health)	
Interest:	
a. Mortgage (paid to banks, etc.)	
b. Other	
Legal and professional services	
Office expense	
Rent or lease:	
a. Vehicles, machinery and equipment	
b. Real estate or other business property	
Repairs and maintenance	
Supplies	
Taxes and licenses (enclose copies of payroll tax returns; do not include state income tax)	
Travel, meals and entertainment:	
a. Travel	
b. Meals (note meals provided by a restaurant)	
c. Entertainment	
Utilities	
Wages (enclose copies of Forms W-3/W-2)	
Lobbying expenses	
Club dues:	
a. Civic club dues	
b. Social or entertainment club dues	
Other expenses (list type and amount)	

► Automobile expenses – Complete a separate schedule for each vehicle.

Vehicle description	_____	Total business miles	_____
Date placed in service	_____	Total commuting miles	_____
Cost/fair market value	_____	Total other personal miles	_____
Lease term, if applicable	_____	Total miles this year	_____
		Average daily round trip commuting distance	_____

► Actual expenses (omit if using mileage method)

Gas, oil	_____	Taxes and tags	_____
Repairs	_____	Interest	_____
Tires, supplies	_____	Parking	_____
Insurance	_____	Tolls	_____
Lease payments	_____	Other	_____

	Yes	No
► Did you acquire, lease or dispose of a vehicle used for business during this year? If yes, enclose the purchase and sales contract or lease agreement. If the vehicle is energy efficient, we may need additional information for potential tax credits.	<input type="checkbox"/>	<input type="checkbox"/>
► Did you use the above vehicle in this business less than 12 months? If yes, enter the number of months. _____	<input type="checkbox"/>	<input type="checkbox"/>
► Do you have another vehicle available for personal purposes?	<input type="checkbox"/>	<input type="checkbox"/>
► Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
► Is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

Office in home

► To qualify for an office-in-home deduction, the area must be used exclusively for business purposes on a regular basis as your principal place of business or to conduct administrative or management business for a business that you own. (Note that deductions related to unreimbursed employee expenses are repealed through 2025.) If your business use of your home relates to daycare, provide the total hours of business operation for the year.

Business or activity for which you have an office	Total area of the house (square feet)	Area of business portion (square feet)	Business percentage

► I. Depreciation

	Date placed in service	Cost/basis	Method	Life	Prior depreciation
House					
Land					
Total purchase price					
Improvements (provide details)					

► II. Mortgage interest

Real estate taxes _____

Utilities _____

Property insurance _____

Other expenses – itemize _____

► III. Expenses that apply directly to home office:

Telephone _____

Maintenance _____

Other expenses – itemize _____

Did you make an election to apply a simplified method with respect to your home office expenses? Yes No

Capital gains and losses – Enclose all Forms 1099-B (with supplemental year-end brokerage statements) and 1099-S (with Closing Disclosure statements). If not available, complete the following schedule or provide brokerage account statements and transaction slips for sales and purchases and provide any missing tax basis.

Description	Date acquired	Date sold	Sales proceeds	Cost or basis	Gain (loss)*	Wash sale adjustment

▶ Enter any sales NOT reported on Forms 1099-B and 1099-S or Closing Disclosure statements.

Description	Date acquired	Date sold	Sales proceeds	Cost or basis	Gain (loss)*	Wash sale adjustment

* If you have questions regarding the taxable status of any gain or loss, please contact our office.

Sale/purchase of personal residence

▶ Provide closing statements (Closing Disclosure) on purchase and sale of old residence and purchase of new residence.

Description	Amount

	Yes	No
▶ For sale of personal residence, did you own and live in it for two of the five years prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Was there any rental or business use during the period of ownership?	<input type="checkbox"/>	<input type="checkbox"/>

Residence change

► If you changed residences during the year, provide the period of residence in each location.

Residence #1 _____ From ___/___/___ To ___/___/___

Own Rent

Residence #2 _____ From ___/___/___ To ___/___/___

Own Rent

Rental and royalty income – Complete a separate schedule for each property.

► 1) Description and location of property: _____

	Yes	No
► 2) Type of property:		
Personal use	<input type="checkbox"/>	<input type="checkbox"/>
Residential rental	<input type="checkbox"/>	<input type="checkbox"/>
Commercial rental	<input type="checkbox"/>	<input type="checkbox"/>
Royalty	<input type="checkbox"/>	<input type="checkbox"/>
Self-rental	<input type="checkbox"/>	<input type="checkbox"/>
Other – describe _____	<input type="checkbox"/>	<input type="checkbox"/>

If personal-use property, provide the following:

1. Number of days the property was occupied by you, a member of your family or any individual not paying rent at the fair market value. _____

2. Number of days the property was not occupied. _____

If not occupied, was it available for rent during this time? Yes No

3. How many days was the property rented during the year? _____

► 3) Did you participate in the operation of the rental property during the year? Note that both requirements must be met by you (and not combined with your spouse's activity) to qualify as a real estate professional.	<input type="checkbox"/>	<input type="checkbox"/>
1. Were more than half of the personal services that you performed during the year performed in a real property trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you perform more than 750 hours of services during the year in a real property trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you perform more than 250 hours of service during the year with respect to each property?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you maintain separate books and records with respect to each property?	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

▶ 4) Did you make any payments during the year that would require you to file Forms 1099?

If yes, did you file Forms 1099?

Note: In general, Form 1099 will be required to be issued to each person to whom was paid at least \$600. There are other situations for which Form 1099 will be required.

Income	Amount		Amount
Rents received		Royalties received	
Expenses			
Mortgage interest		Legal and other professional fees	
Other interest		Cleaning and maintenance	
Insurance		Commissions	
Repairs		Utilities	
Auto and travel		Management fees	
Advertising		Supplies	
Taxes		Other (itemize)	

Yes No

▶ If this is the first year we are preparing your return, provide depreciation records.

▶ If this is a new property, provide the closing statement (Closing Disclosure).

▶ If the property was sold during the year, provide the closing statement (Closing Disclosure).

▶ List below any improvements or assets purchased during the year. Provide details on any energy efficient improvements made.

Description	Date placed in service	Cost

Income from partnerships, estates, LLCs, trusts and S corporations

► Provide a list of all entities for which you have an ownership interest. Enclose all Schedules K-1 (both federal and state) and include basis schedules. If you haven't received a Schedule K-1, please indicate when you expect to receive it. In addition, for each entity, indicate the number of hours you or your spouse (if applicable) participated in the activity during the year.

Name	Source code*	Federal ID no.	Hours participated

* Source code: P = Partnership/LLC E = Estate/trust S = S corporation

Contributions to retirement plans

	Taxpayer	Spouse
Are you covered by a qualified retirement plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to make the maximum deductible IRA contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRA contributions made for this return		
IRA contributions made for this return for nonworking spouse		
Do you want to make an IRA contribution even if part or all of it may not be deducted? If yes, provide a copy of the latest Form 8606, <i>Nondeductible IRAs</i> , filed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made, or do you want to make, a Roth IRA contribution? If yes, provide Roth IRA contributions made for this return.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to make the maximum allowable Keogh/SEP/SIMPLE IRA contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keogh SEP/SIMPLE IRA contributions made for this return		
Date Keogh/SIMPLE IRA plan established		

Medical and dental expense

Please note that medical expenses must exceed 7.5% of adjusted gross income to be deductible as an itemized deduction. Itemized deductions are generally only beneficial if they exceed your standard deduction. Health insurance premiums and medical expenses paid with pre-tax dollars (cafeteria plans, HSAs, etc.) are not deductible.

Description	Amount
Premiums for health and accident insurance including Medicare	
Long-term care premiums: Taxpayer \$ _____ Spouse \$ _____	
Medicine and drugs (prescription only)	
Doctors, dentists, nurses	
Hospitals, clinics, laboratories	
Eyeglasses/corrective surgery	
Ambulance	
Medical supplies/equipment	
Hearing aids	
Lodging and meals	
Travel	
Mileage (number of miles)	
Long-term care expenses	
Payments for in-home care (complete later section on home care expenses)	
Other	
Insurance reimbursements received	

Yes No

► Were any of the above expenses related to cosmetic surgery?

Deductible taxes (subject to limitation)

Description	Amount
State and local income tax payments made this year for prior year(s)	
Real estate taxes: Primary residence	
Secondary residence	
Other	
Personal property or ad valorem taxes	
Sales tax on major items (auto, boat, home improvements, etc.)	
Other sales taxes paid (if applicable)	
Intangible tax	
Other taxes (itemize)	
Foreign tax withheld (may be used as a credit)	

Interest expense

► Mortgage interest (please also include information about home equity loans) (enclose Forms 1098)

Payee*	Property**	Amount***

Mortgage balance beginning of the year _____

Mortgage balance end of the year _____

* Include address and Social Security number if payee is an individual.

** Describe the property securing the related obligation, e.g., principal residence, motor home, boat, etc. If any mortgage or equity loan was not used to buy, build or improve your principal or second residence, describe the amount of proceeds and how the proceeds were used.

*** Include mortgage insurance premiums.

► Unamortized points on residence refinancing

Date of refinance	Loan terms	Total points

► Student loan interest

Payee	Amount

► Investment interest expense not reported on Schedules A, C or E

Payee	Investment purpose (stocks, land, etc.)	Amount

Contributions

► Cash contributions for which you have receipts, canceled checks, etc.

Note: If the donation is \$250 or more, you must have the appropriate written communication from the charity. In order to take a deduction for donations of used clothing and household goods, they must be in “good condition” or better. An exception allows deductions for single items that are appraised at more than \$500, even if they are not in “good condition.”

Donee	Amount	Donee	Amount

.....

▶ Expenses incurred in performing volunteer work for charitable organizations:

Parking fees and tolls \$ _____

Supplies \$ _____

Meals and entertainment \$ _____

Other (itemize) \$ _____

Automobile mileage _____

.....

▶ Other than cash contributions (enclose receipts):

Organization name and address		
Description of property		
Date acquired		
How acquired		
Cost or basis		
Date contributed		
Fair market value (FMV)		
How FMV determined		

.....

▶ Include Form 1098-C, *Contributions of Motor Vehicles, Boats, and Airplanes*, for donations of motor vehicles, boats or airplanes.

.....

▶ Include a signed and dated Form 8283, *Noncash Charitable Contributions*, by the donee organization and/or qualified appraiser, if applicable.

.....

▶ For contributions over \$5,000, include a copy of the qualified appraisal and confirmation from the charity.

.....

Casualty or theft losses

► Loss/damage of property. Note that personal casualty losses are only allowed if incurred in a federally declared disaster area.

	Property	Property	Property
Indicate type of property	<input type="checkbox"/> Business <input type="checkbox"/> Personal	<input type="checkbox"/> Business <input type="checkbox"/> Personal	<input type="checkbox"/> Business <input type="checkbox"/> Personal
Description of property			
Date acquired			
Cost			
Date of loss			
Description of loss			
Was insurance claim made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fair market value before loss			
Fair market value after loss			

Miscellaneous deductions (may be deductible for state income tax purposes)

Description	Amount
Income tax preparation fees	
Investment advisory fees	
Documented gambling losses and expenses	

Childcare expenses/home care expenses

Yes No

▶ Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old or your spouse or dependent age 13 or over, if physically or mentally incapable of caring for themselves in order to enable you to work or attend school on a full-time basis?

Yes No

▶ Did you use funds from a cafeteria plan at work to pay for any daycare expenses?

Yes No

▶ Did you pay an individual to perform in-home health care services for yourself, your spouse or dependents?

Yes No

▶ If the response to either of the questions above is yes, complete the following:
Name(s) of dependent(s) for whom services were rendered.

▶ List individuals or organizations to whom expenses were paid during the year (services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for Social Security purposes).

Name and address	ID number	Amount	If under 18
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

▶ If payments of \$2,400 or more during the tax year were made to an individual, were the services performed in your home?

Yes No

Educational expenses

Yes No

▶ Did you or any other member of your family pay any post-secondary educational expenses this year?

Yes No

▶ If yes, complete the following and provide Form 1098-T, *Tuition Statement*, from the school:

Student name	Institution	Grade/level	Amount paid	Date paid

Yes No

▶ Was any of the preceding tuition paid with funds withdrawn from an educational IRA or 529 plan?

If yes, how much? \$ _____ . Submit Form 1099-Q, *Payments from Qualified Education Programs (Under Sections 529 and 530)*.

Comments/explanations

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