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MEICHER CPAS, LLP
2349 DEMING WAY, SUITE 300
MIDDLETON, WI 53562

2022 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2022 tax return.

To save you time, selected information from your 2021 tax return has been entered in this organizer. Please line through any information that does not apply to your 2022 tax return.

In some cases, 2021 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

608-826-1900

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

Your 2022 Tax Organizer is here!

We recommend the following ways to get your individual tax organizer and documents to us:

Electronic methods:

- + **Secure online portal** - go to our website, www.meichercpas.com, and click on the Share Safe link at the upper-right corner of the homepage to securely upload your PDF documents or, use the link found in the email signature block of your favorite Meicher CPA "Click here to securely upload files".
- + **Email** - we ask that attachments be consolidated when possible. Address your email to a preferred staff/partner or to our general email address, info@meichercpas.com.

Paper methods:

- + **Secure drop-boxes:**
 - + Middleton Location - Located on the right-side of the building with drive-up accessibility.
 - + Waunakee Location - Located on the right-side of the front door.
 - + We will regularly check the drop-boxes multiple times a day between 8AM and 6PM, January 23 to April 17, 2023.
 - If your materials are too large to fit in the drop-box or you need additional assistance, please call 608-826-1900 and we will be happy to come out and pick them up.
- + **Regular mail or standard delivery services** - please include a staff/partner name.
- + **Drop off your materials with our reception staff.**

Other helpful items:

- + **Answering the questions at the front of the organizer is very helpful.**
- + **Provide all IRS Forms (W-2s, 1099s, brokerage statements, K-1s, etc.)**
 - Having originals or good copies of all pages of your tax documents allows us to determine the proper tax consequence of each item.
- + **Confirm your bank account information** - please review the information on Form 4A "Direct Deposit and Withdrawal". This is very important if you wish to have your tax refund direct deposited to your account, or any balance due withdrawn from your account.
- + **Confirm your email address and telephone number** - please review the information on Form 3 "Personal Information". We keep this information strictly confidential.

We are asking that clients provide their 2022 tax information as soon as possible to ensure enough time to meet deadlines and avoid having to file a tax return extension.

We look forward to working with you again this upcoming tax season.



Certified Public Accountants and Consultants



PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. Our firm has been, and continues to be bound, by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

Parties to Whom We Disclose Information

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who may need to know that information to assist us in providing services to you. An example of this would be Wolters Kluwer, the vendor that provides us with our electronic filing software, ProSystem fx Tax. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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2022 TAX ORGANIZER

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MEICHER CPAS, LLP
2349 DEMING WAY, SUITE 300
MIDDLETON, WI 53562

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

| | |
|---------------------------|-------------|
| Taxpayer Signature | Date |
| Spouse Signature | Date |

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Questions (Page 1 of 5)

The following questions pertain to the 2022 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

| | Yes | No |
|---|--------------------------|--------------------------|
| Did your marital status change? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you married? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, do you and your spouse want to file separate returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| If No, are you in a domestic partnership, civil union, or other state-defined relationship? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you or your spouse be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse serve in the military or were you or your spouse on active duty? | <input type="checkbox"/> | <input type="checkbox"/> |

Dependents:

| | | |
|--|--------------------------|--------------------------|
| Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: Include non-child dependents for whom you provided more than half the support. | | |
| Did you or your spouse pay for child care while you or your spouse worked or looked for work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children under age 18 with unearned income more than \$1,150? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,150? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you adopt a child or begin adoption proceedings? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any of your dependents non-U.S. citizens or non-U.S. residents? | <input type="checkbox"/> | <input type="checkbox"/> |

Healthcare:

| | | |
|---|--------------------------|--------------------------|
| Did you obtain healthcare coverage through the Marketplace? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1095-A. | | |
| If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any of your dependents required to file a tax return? | <input type="checkbox"/> | <input type="checkbox"/> |



Healthcare (continued):

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?
Were you eligible for employer-sponsored healthcare coverage?
Did you or your spouse have any transactions pertaining to a health savings account (HSA)?
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?
Did you or your spouse receive any distributions from long-term care insurance contracts?
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?

Education:

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?
Did you or your spouse pay any student loan interest?
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?
If Yes, were the amounts withdrawn used for qualified tuition expenses?

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?
Did you or your spouse incur any casualty or theft losses?
Did you or your spouse make any large purchases, such as motor vehicles and boats?
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?



Investments:

- | | Yes | No |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements. | | |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details. | | |
| Did you or your spouse close any open short sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

- | | | |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 72 and have money in an IRA or other retirement account without taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make a qualified charitable distribution directly from an IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____ | | |

Personal Residence:

- | | | |
|---|--------------------------|--------------------------|
| Did your address change? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address. | | |
| If Yes, did you move to a different home because of a change in the location of your job? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$750,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Did you or your spouse take out a home equity loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA. | | |



Sale of Your Home:

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you sell your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive Form 1099-S? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include Form 1099-S. | | |
| Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse ever rent out the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse ever use any portion of the home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse sold a principal residence within the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both | | |

Gifts:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$16,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts to a trust for any amount? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your spouse have a life insurance trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse forgive any indebtedness to any individual, trust or entity? | <input type="checkbox"/> | <input type="checkbox"/> |

Foreign Matters:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse create or transfer money or property to a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse own any foreign financial assets? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did the corporation cease to be an S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you or your spouse transfer any share of stock in the corporation? | <input type="checkbox"/> | <input type="checkbox"/> |



Miscellaneous:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,400 during the year for domestic services performed in or around your home to individuals who could be considered household employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive unreported tip income of \$20 or more in any month? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? | <input type="checkbox"/> | <input type="checkbox"/> |
| In 2022, did you or your spouse: (a) receive (as a reward, award, or compensation); (b) sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)? | <input type="checkbox"/> | <input type="checkbox"/> |
| In 2022, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or your spouse seeking forgiveness? | <input type="checkbox"/> | <input type="checkbox"/> |
| If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness. Date (Mo/Da/Yr) _____ | | |
| If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness. Amount _____ | | |

Additional state pages have been included at the back of the organizer and should be reviewed.



Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Are you a U.S. citizen or Green Card holder? Yes No

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

| TS | State | City | Code | PIN |
|----|-------|------|------|-----|
| | | | | |
| | | | | |

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



Dependents and Wages

Dependent Information:

| | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |
| H | | | | | | |

Did dependent have income over \$4,400?



| | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld | | | | |
|----|-----------------|---------------|--------------|-------------|----------|-------|-------|
| | | | Federal | FICA/TIER 1 | Medicare | State | Local |
| | | | | | | | |
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Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2021, your account information is already included below.

| | |
|---|---|
| Would you like any refunds owed to you directly deposited? | Yes No |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. | |
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? | <input type="checkbox"/> <input type="checkbox"/> |

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

| | |
|---|---|
| Would you like any refunds owed to you directly deposited? | Yes No |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. | |
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> <input type="checkbox"/> |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? | <input type="checkbox"/> <input type="checkbox"/> |

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2022

Interest Income

5A

Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

| TSJ | Name of Payer | Interest Income | U.S. Bonds and Obligations | Code | Tax-Exempt Interest | 2021 Interest Amount |
|--------------|---------------|-----------------|----------------------------|------|---------------------|----------------------|
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| Total | | | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual from Whom Mortgage Interest Was Received | Identification Number of Individual | 2022 Interest Amount | 2021 Interest Amount |
|---|-------------------------------------|----------------------|----------------------|
| | | | |

| |
|--|
| Address of Individual from Whom Mortgage Interest Was Received |
| |

Enter Any Additional Information:

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Note: List all items sold during the year on Form 7.



Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| TSJ | Name of Payer | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|--|--|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |
| Total | | | | | |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| Code | Tax-Exempt Interest | 2021 Gross Dividends Amount |
|--------------|------------------------|-----------------------------------|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |
| F | | |
| G | | |
| H | | |
| I | | |
| J | | |
| K | | |
| L | | |
| M | | |
| N | | |
| Total | | |

Enter Any Additional Information:

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Note: List all items sold during the year on Form 7.



2022

Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state, ZIP or postal code, and country _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2022:

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you dispose of this business? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what was the disposition date? _____ (Mo/Da/Yr) | | |
| Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you involved in the operations of this business on a regular, continuous and substantial basis? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you prepared or will you prepare all required Forms 1099? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

| 2022 Amount | 2021 Amount |
|-------------|-------------|
| | |

Health insurance premiums paid for yourself and your dependents _____

Income:

Payment card and third party transactions: Include all Forms 1099-K

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
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Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
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Other Income:

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
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Other gross receipts or sales _____
 Less returns and allowances _____

Cost of Goods Sold:

| | 2022 Amount | 2021 Amount |
|---|-------------|-------------|
| Beginning inventory _____ | | |
| Purchases less cost of items withdrawn for personal use _____ | | |
| Cost of labor (do not include amounts paid to yourself) _____ | | |
| Materials and supplies _____ | | |

Other costs of goods sold:

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Ending inventory _____



Name of Business:

Principal Business or Profession:

Expenses:

Advertising

Car and truck expenses

Parking fees and tolls

Commissions and fees

Contract labor

Employee benefit programs and health insurance (other than pension and profit-sharing plans)

Insurance (other than health)

Interest - mortgage (paid to banks, etc.)

Interest - other

Legal and professional fees

Office expense

Pension and profit-sharing plans

Rent or lease - vehicles, machinery and equipment

Rent or lease - other business property

Repairs and maintenance

Supplies (not included in Cost of Goods Sold)

Taxes and licenses

Travel

Meals

Entertainment (deductible only on some state returns)

Utilities

Wages

Dependent care benefits

| 2022 Amount | 2021 Amount |
|-------------|-------------|
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Other Expenses:

| Description | 2022 Amount | 2021 Amount |
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Property and Equipment: Include a list if more space is needed

| X if not new | Acquisitions - Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|----------------------------|--------------------------|------|
| | | | |
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| Dispositions - Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|----------------------------|--------------------------|------|----------------------|---------------|
| | | | | |
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Business Expenses - Vehicle and Other Listed Property

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2022:

| | | |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | | |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use? Yes No

Was your vehicle available for use during off-duty hours?

| Vehicle 1 | |
|--|-------------|
| Description of vehicle | |
| Date placed in service (Mo/Da/Yr) _____ | |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was your vehicle available for use during off-duty hours? | |
| 2022 Miles | 2021 Miles |
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| 2022 Amount | 2021 Amount |
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| Vehicle 2 | |
|--|-------------|
| Description of vehicle | |
| Date placed in service (Mo/Da/Yr) _____ | |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was your vehicle available for use during off-duty hours? | |
| 2022 Miles | 2021 Miles |
| | |
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| | |
| 2022 Amount | 2021 Amount |
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Mileage:

Total miles

Total business miles

Business miles after June 30

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc . .

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

| | 2022 | 2021 |
|--|------|------|
| Square footage of home used exclusively for business | | |
| Total square footage of home | | |
| Total hours home was used for day care during the year | | |

Was your home used for day care purposes for the entire year? Yes No

Were improvements made to the home and/or home office since the time you began using the home for business? Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
| | | | | |
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Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

| | Yes | No |
|--|--------------------------|--------------------------|
| Mutual fund transactions | <input type="checkbox"/> | <input type="checkbox"/> |
| Exchange of any securities or investments for something other than cash | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of inherited property | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale | <input type="checkbox"/> | <input type="checkbox"/> |
| Commodity sales, short sales or straddles | <input type="checkbox"/> | <input type="checkbox"/> |
| Reinvestment of the proceeds of gains in a qualified opportunity fund | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any investments in qualified opportunity funds | <input type="checkbox"/> | <input type="checkbox"/> |
| Debts that became uncollectible | <input type="checkbox"/> | <input type="checkbox"/> |
| Securities that became worthless | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any property where you will receive payments in future years | <input type="checkbox"/> | <input type="checkbox"/> |

| TSJ | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|-----|----------------------------------|----------|--------------------------|----------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
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| H | | | | |

| | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
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Installment Sales: Do not include interest received in principal amount

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2022 Principal Received | 2021 Principal Received |
|-----|----------------------|----------------------|-------------------------|-------------------------|
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2022

Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

TS

IRA Questions for 2022:

- Are you covered by an employer's retirement plan?
- If no, is your spouse covered by an employer's retirement plan?
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
- Did you use any IRA as security for a loan this year?
- Did you have any transactions with any IRA during the year?
- If Yes, explain. _____

| Yes | No |
|-----|----|
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IRA Values, Rollovers, and Distributions:

- Total value of all traditional IRAs on December 31, 2022
- Note: This information or Form 5498 is required if you received a distribution during the year.
- Outstanding rollovers on December 31, 2022
- Total distributions converted to Roth IRAs
- Total retirement plans converted to Roth IRAs

Contributions:

- IRA:
 - Contributions in 2022 for the 2022 tax return
 - Contributions in 2023 for the 2022 tax return
 - Amount for 2022 you choose to be treated as nondeductible
- Roth IRA:
 - Contributions made for the 2022 tax year

Distributions: Include all Forms 1099-R and any nontaxable distribution details

| Name of Payer | 2022 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2021 Gross Distributions |
|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
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Rental and Royalty Income

Location of Property: _____

TSJ _____

Type of property _____

Have you prepared or will you prepare all required Forms 1099? Yes No

Ownership percentage if not 100% _____ %

How many days was this property rented at fair market value? _____

How many days was this property used personally (including use by family members)? _____

| 2022 | 2021 |
|------|------|
| | |
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| | |

Income:

Rents received _____

Royalties received _____

| 2022 Amount | 2021 Amount |
|-------------|-------------|
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Payment card and third party transactions: Include all Forms 1099-K

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
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Miscellaneous income: Include all Forms 1099-MISC

| Description | 2022 Amount | 2021 Amount |
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Other income:

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
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Rental and Royalty Expenses

Location of Property: _____

Expenses:

- Advertising
- Auto and travel
- Cleaning and maintenance
- Commissions
- Insurance
- Legal and other professional fees
- Management fees
- Mortgage interest paid to banks, etc.
- Mortgage interest paid to individuals
- Other interest
- Repairs
- Supplies
- Taxes
- Utilities
- Dependent care benefits
- Employee benefits
- Other Expenses:

| 2022 Amount | 2021 Amount |
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| Description | 2022 Amount | 2021 Amount |
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**Partnership, S Corporation, Estate, Trust
and REMIC Income**

Partnership Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID Number | Health Insurance Paid by Entity |
|-----|-------------|--------------------|---------------------------------|
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S Corporation Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID Number | Health Insurance Paid by Entity |
|-----|-------------|--------------------|---------------------------------|
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Estate and Trust Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID Number |
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Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

| TSJ | Entity Name | Employer ID Number |
|-----|-------------|--------------------|
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Farm Income (Page 1 of 2)

Proprietor's Name: _____

Principal Crop or Activity: _____

TSJ _____
Employer identification number _____
Method of accounting _____

Farm Questions for 2022:

Did you dispose of this farm? Yes No
If Yes, what was the disposition date? _____ (Mo/Da/Yr)
Have you prepared or will you prepare all required Forms 1099?

| | 2022 Amount | 2021 Amount |
|---|-------------|-------------|
| Health insurance premiums paid for yourself and your dependents | | |

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

| Description | 2022 | | 2021 | |
|-------------|-----------------|---------------------|-----------------|---------------------|
| | Amount Received | Cost or Other Basis | Amount Received | Cost or Other Basis |
| | | | | |
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Income (Accrual Method):

| Description | Beginning Inventory | Cost of Items Purchased | Sales | Ending Inventory |
|-------------|---------------------|-------------------------|-------|------------------|
| | | | | |
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Income:

| | 2022 Amount | 2021 Amount |
|--|-------------|-------------|
| Sales of livestock, produce, grains, etc. you raised | | |
| Total cooperative distributions (Forms 1099-PATR) | | |
| Taxable cooperative distributions | | |
| Total agricultural program payments | | |
| Taxable agriculture program payments | | |
| Total Commodity Credit Corporation (CCC) loans | | |
| Total crop insurance proceeds and certain disaster payments received in 2022 | | |
| Taxable crop insurance proceeds received | | |
| Crop insurance proceeds deferred from prior year | | |
| Custom hire (machine work) income | | |
| Federal gasoline tax or fuel tax credit or refund | | |
| State gasoline tax or fuel tax credit or refund | | |



Farm Income (Page 2 of 2)

Proprietor's Name: _____

Principal Crop or Activity: . . . _____

Income:

Payment card and third party transactions: Include all Forms 1099-K

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
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Government payments: Include all Forms 1099-G

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
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Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
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Other income:

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
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Farm Expenses and Property & Equipment

Proprietor's Name: _____

Principal Crop or Activity: _____

Expenses:

| | 2022 Amount | 2021 Amount |
|--|-------------|-------------|
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- Business meals
- Entertainment (deductible only on some state returns)
- Car and truck expenses
- Chemicals
- Conservation expenses
- Custom hire (machine work)
- Employee benefit programs and health insurance (other than pension and profit sharing plans)
- Feed purchased
- Fertilizers and lime
- Freight and trucking
- Gasoline, fuel and oil
- Insurance (other than health)
- Interest - mortgage (paid to banks, etc.)
- Interest - other
- Labor hired
- Pension and profit-sharing plans
- Rent or lease - vehicles, machinery and equipment
- Rent or lease - other (land, animals, etc.)
- Repairs and maintenance
- Seeds and plants purchased
- Storage and warehousing
- Supplies purchased
- Taxes
- Utilities
- Veterinary, breeding and medicine
- Capitalized preproductive period expenses
- Dependent care benefits

Other Expenses:

| Description | 2022 Amount | 2021 Amount |
|-------------|-------------|-------------|
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Property and Equipment: Include a list if more space is needed

| X if not new | Acquisitions - Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|----------------------------|--------------------------|------|
| | | | |
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| Dispositions - Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|----------------------------|--------------------------|------|----------------------|---------------|
| | | | | |
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2022

Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

Miscellaneous Income and Adjustments:

| | TSJ ____ | | TSJ ____ | |
|--|-------------|-------------|-------------|-------------|
| | 2022 Amount | 2021 Amount | 2022 Amount | 2021 Amount |
| Unemployment compensation received | | | | |
| Unemployment compensation repaid in 2022 | | | | |
| Social security benefits received | | | | |
| Social security benefits repaid in 2022 | | | | |
| Medicare premiums withheld | | | | |
| Tier 1 railroad retirement benefits received | | | | |
| Tier 1 railroad retirement benefits repaid in 2022 | | | | |
| Total lump sum social security received | | | | |
| Lump sum taxable social security | | | | |
| Other federal withholding | | | | |
| Other state withholding | | | | |

State and Local Income Tax Refunds:

| TSJ | State | City | Tax Year | Income Tax Refund | |
|-----|-------|------|----------|-------------------|-------|
| | | | | State | Local |
| | | | | | |
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Other Income:

| TSJ | Nature and Source | 2022 Amount | 2021 Amount |
|-----|-------------------|-------------|-------------|
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Alimony Paid or Received:

| TSJ | Recipient's Name | Recipient's Social Security Number | Date of Original Divorce or Separation (Mo/Da/Yr) | Date Divorce or Separation Agreement Modified (Mo/Da/Yr) | Alimony Received? | 2022 Amount | 2021 Amount |
|-----|------------------|------------------------------------|---|--|-------------------|-------------|-------------|
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2022

Miscellaneous Adjustments

13A

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

| TS | 2022 Amount | 2021 Amount |
|----|-------------|-------------|
| | | |
| | | |

Health Savings Accounts (HSAs)

| TS | Description | 2022 Amount | 2021 Amount |
|----|--|-------------|-------------|
| | Contributions made for 2022 | | |
| | Distributions received from all HSAs in 2022 | | |

What type of coverage applies to your high deductible health plan? Self only Family

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

| | |
|-----|----|
| Yes | No |
| | |
| | |
| | |

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

| TSJ | Nature and Source | 2022 Amount | 2021 Amount |
|-----|-------------------|-------------|-------------|
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Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

- Prescription medicines and drugs
Total medical insurance premiums paid *
Long-term care expenses
Total insurance reimbursement
Number of miles traveled for medical care before July 1, 2022.
Personal protective equipment
Lodging
Doctors, dentists, etc.
Hospitals
Lab fees
Eyeglasses and contacts
Number of miles traveled for medical care after June 30, 2022.

Table with 3 columns: TSJ, 2022 Amount, 2021 Amount. Multiple rows for medical and dental expenses.

Summary table with 3 columns: 2022 Amount, 2021 Amount. Rows for Taxpayer and Spouse long-term care insurance premiums paid.

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

Table with 4 columns: TSJ, Description, 2022 Amount, 2021 Amount. Rows for other medical expenses.

Taxes Paid: Include copies of your tax bills

- Personal property taxes paid (include vehicle taxes)
General sales taxes paid on specified items

Table with 3 columns: TSJ, 2022 Amount, 2021 Amount. Rows for personal property and general sales taxes.

Itemize real estate taxes by state.

Table with 4 columns: TSJ, Real Estate Taxes, 2022 Amount, 2021 Amount. Rows for itemized real estate taxes.

Other Taxes Paid:

Table with 4 columns: TSJ, Description, 2022 Amount, 2021 Amount. Rows for other taxes paid.

If you purchased or sold your home in 2022, did you include any taxes from your closing statement in the amounts above? Yes No



Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for 2022:

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? _____ | | |
| Did you purchase a new home or sell your former home during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes. | | |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? | <input type="checkbox"/> | <input type="checkbox"/> |

Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? | | 2022 Amount | 2021 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Home Mortgage Interest Paid:

| TSJ | Paid To | | ID Number | 2022 Amount | 2021 Amount |
|-----|---------|---------|-----------|-------------|-------------|
| | Name | Address | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? | | 2022 Amount | 2021 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
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Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2022 Amount | 2021 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2022 Amount | 2021 Amount |
|-----|---------|-------------|-------------|
| | | | |
| | | | |
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Itemized Deductions - Contributions

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2022 Amount | 2021 Amount |
|-----|---|-------------|-------------|
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| TSJ | Conservation Real Property | 2022 Amount | 2021 Amount |
|-----|----------------------------|-------------|-------------|
| | 100% limit | | |
| | 50% limit | | |

| TSJ | Description | 2022 Miles | 2021 Miles |
|-----|---|------------|------------|
| | Number of miles traveled performing volunteer work for qualified charitable organizations | | |

Noncash Contributions Totaling \$500 or Less: Include all documentation.

| TSJ | Description of Donated Property | 2022 Amount | 2021 Amount |
|-----|---------------------------------|-------------|-------------|
| | | | |
| | | | |

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

| TSJ | Property Description | Date Acquired | Date of Donation | Cost or Basis |
|-----|----------------------|---------------|------------------|---------------|
| A | | | | |
| B | | | | |
| C | | | | |

| | Fair Market Value (FMV) | Method Used to Determine FMV | Other Method Description | Method of Acquisition |
|---|-------------------------|------------------------------|--------------------------|-----------------------|
| A | | | | |
| B | | | | |
| C | | | | |

- 1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value
- 2 - Catalog 4 - Other (Describe)

- 1 - Gift 3 - Exchange
- 2 - Inheritance 4 - Purchase

| | Donee Organization Name | Donee Organization Address |
|---|-------------------------|----------------------------|
| A | | |
| B | | |
| C | | |



Itemized Deductions - Miscellaneous

* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscellaneous Itemized Deductions:

- Union and professional dues *
- Tax preparation fee *
- Professional subscriptions *
- Hobby expense (To extent of income) *
- Safe deposit box *
- Uniforms and protective clothing *
- Work tools *
- Gambling losses
- Estate taxes

| TSJ | 2022 Amount | 2021 Amount |
|-----|-------------|-------------|
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Other Itemized Deductions:

Examples:

- Certain legal and accounting fees *
- Employment agency fees *
- Impairment-related work expense of a disabled person
- Investment expenses *
- Certain educational expenses *
- Repayment of amounts under a claim of right
- Custodial fees *
- Amortizable bond premium

| TSJ | Description | 2022 Amount | 2021 Amount |
|-----|-------------|-------------|-------------|
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Casualty or Theft Loss:

TSJ _____
 Property description _____
 Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use
 Business use
 Income producing
 Employee Use
 Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? Yes No

Date acquired (Mo/Da/Yr) _____
 Date damaged or lost (Mo/Da/Yr) _____

- Original cost or other basis
- Fair market value before casualty
- Fair market value after casualty
- Cost of replacement
- Insurance reimbursement



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No

Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2021 but paid in 2022

Employer-provided dependent care benefits that were forfeited in 2022

2021 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
Street address
City, state, ZIP or postal code, and country
Social security number OR
Employer identification number
Telephone number (California only)

| 2022 Amount | 2021 Amount |
|--|-------------|
| Expenses incurred and paid in 2022 | |
| Expenses incurred and not paid in 2022 | |

Provider 2:

Name
Street address
City, state, ZIP or postal code, and country
Social security number OR
Employer identification number
Telephone number (California only)

| 2022 Amount | 2021 Amount |
|--|-------------|
| Expenses incurred and paid in 2022 | |
| Expenses incurred and not paid in 2022 | |

Qualifying Persons for Child/Dependent Care Expenses:

| First Name and Initial | Last Name | Social Security Number | 2022 Expenses Incurred | 2021 Expenses Incurred |
|------------------------|-----------|------------------------|------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

| First Name and Initial | Last Name | Social Security Number | 2022 Qualified Expenses |
|------------------------|-----------|------------------------|-------------------------|
| | | | |
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Federal Tax Payments

Refund Application:

If you have an overpayment of 2022 taxes, do you want the excess:

Refunded Yes No
 Applied to your 2023 estimated tax liability Yes No

Federal Estimated Tax Payments:

2022 1st Quarter Estimate (Due 04-18-2022)
 2022 2nd Quarter Estimate (Due 06-15-2022)
 2022 3rd Quarter Estimate (Due 09-15-2022)
 2022 4th Quarter Estimate (Due 01-16-2023)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--------------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |

2021 overpayment applied to 2022 estimate

Tax Planning Information for Tax Year 2023:

Do you expect any of the following to occur in 2023?

| | Yes | No |
|---|--------------------------|--------------------------|
| A change in your marital status | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

| |
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2022

State and City Tax Payments

20A

State and City Estimated Tax Payments:

| TSJ ____ State/City _____ | | |
|------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2022 1st Quarter Estimate
 2022 2nd Quarter Estimate
 2022 3rd Quarter Estimate
 2022 4th Quarter Estimate

If you have an overpayment of 2022 taxes, do you
 want the excess applied to your 2023 estimated tax liability? Yes No

2021 overpayment applied to 2022 estimate
 Balance of prior year(s) tax paid in 2022 plus
 amount paid with 2021 extensions
 Estimated tax payments for 2021 paid in 2022

State and City Estimated Tax Payments:

| TSJ ____ State/City _____ | | |
|------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2022 1st Quarter Estimate
 2022 2nd Quarter Estimate
 2022 3rd Quarter Estimate
 2022 4th Quarter Estimate

If you have an overpayment of 2022 taxes, do you
 want the excess applied to your 2023 estimated tax liability? Yes No

2021 overpayment applied to 2022 estimate
 Balance of prior year(s) tax paid in 2022 plus
 amount paid with 2021 extensions
 Estimated tax payments for 2021 paid in 2022

State and City Estimated Tax Payments:

| TSJ ____ State/City _____ | | |
|------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2022 1st Quarter Estimate
 2022 2nd Quarter Estimate
 2022 3rd Quarter Estimate
 2022 4th Quarter Estimate

If you have an overpayment of 2022 taxes, do you
 want the excess applied to your 2023 estimated tax liability? Yes No

2021 overpayment applied to 2022 estimate
 Balance of prior year(s) tax paid in 2022 plus
 amount paid with 2021 extensions
 Estimated tax payments for 2021 paid in 2022



2022

General Information:

Enter the following information pertaining to where you live:

City, Village, Town, County, School district number, Date entered nursing home, Name of nursing home

Enter the amount of adoption fees, court costs, and legal fees relating to the adoption of a child
Enter the amount of human organ donation expenses relating to the donation of a human organ
Enter the amount of Internet or out of state purchases for which you did not pay sales tax
Amount of rent paid on your primary residence during 2022:
To a landlord who paid for heat
To a landlord who did not pay for heat

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Wisconsin for all of 2022, enter the dates you did live in Wisconsin

Are you a former resident moving back to Wisconsin? Yes No

Education Savings:

Yes No

Did you or your spouse make any contributions to a Wisconsin State-Sponsored College Savings Program account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2022 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2022 tax return to:

Endangered Resources, Cancer Research, Veterans Trust Fund, Multiple Sclerosis, Military Family Relief, Second Harvest/Feeding America, Red Cross WI Disaster Relief, Special Olympics

Homestead Information:

Yes No

Was your home used for nonhomestead or nonfarm purposes during the year?

Is your home part of a farm?

If No, enter the number of acres your home is located on (to the nearest tenth)

How many months during 2022 did you receive a Wisconsin Works payment of any amount for a community service job or a transitional placement or county relief of \$400 or more?

