

INCOME TAX GUIDE AND ORGANIZER

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include all W-2 and 1099 forms, and any name & address labels provided by the government. If you are a new client, also include your 2022 tax return.

Please read and sign below after completing this tax organizer

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign)						(Date)									
		PE	RSO	N	Α	L DATA									
			YER AND SPO	0.0000000							DE	PENDE	ENTS		
Taxpayer (or Single) Spouse						Name (First, Middle Initial and Last)	SSN (last 4 digits)	No. of mos. liv X if post-se Relation	econdar			year*			
Last Name Last Name									700000000						
First Name & Initial First Name & Initial			23 BANKAR 22.75 Mil.												
Occupation Occupation										English of					
Phone (Home) (Work) Phone (Home) (I			Social Security numbers are required for all dependents. If filing Head of Household and qualifying person is your c						it not your d	lepend	dent	abo	ve,		
Soc. Sec. # (Last 4 digits) Date of I	Birth Soc. Sec. # (Last 4 digits)		Date of I	Birth		ter child's name here: Did your name, address or marital status o	change durir	ng the year?		 Yes [No	П		
Mailing Address ⁴ Che	ck if address is new		County		2.	Can you be claimed as a dependent on and Are you (or your spouse) blind or permane	other tax ret	urn?		Yes [No No			
City, State, & Zip Email Address					4.	Did you claim children above that don't live Did you carry forward or incur any adoption e	e with you?			Yes [No No			
	GEN	ERA	LQ	U		STIONNAIRE									
Were you notified by the IRS or YOUR STATE of ar	CALLED BOURSE COMMENCES STORM MICH.	Yes [AND SHIP	Did you receive any source of income that is no	ot listed in th	nis booklet?		Yes [ozoa d	No			
2. Are any of your claimed dependents not residents	s or citizens of the U.S.?	Yes [No No		19.	Do you wish to designate \$3.00 of your taxes t Presidential Campaign Fund?	to the		You: Spouse:	Yes		No	R		
3. Did you make any gifts of over \$17,000 to any in	dividual?	Yes [No		20.	Do you have a Medical or Health Savings Accor	unt (MSA or I	HSA)?		Yes [No			
4. Do you have any foreign income or foreign bank	accounts?	Yes [No		21.	Did you buy, sell, or use any digital currency du	uring the year	r?		Yes [No			
5. Did you have living expenses in a foreign country	as a result of income earned abroad	? Yes [No		22.	lf you are age 73 or older, have you started your	mandatory re	etirement savings	withdrawals?	Yes [No			
6. Do you have any worthless stocks, uncollectible I scheme?	oad debts or were the victim of a ponz	zi Yes [No		23.	Did you receive employer-provided:	соп	nmuter transportat educationa	tion benefits? Il assistance?	Yes [No			
7. Did you become disabled during the year?		Yes [No		24. [Did you pay long-term healthcare insurance pr	emiums or re	eceive benefits?		Yes [No			
8. Are you a handicapped employee?		Yes [No			Are you a school teacher who paid for classroo (Please provide a recap of expenses for potenti			ment?	Yes [No			
9. Did you receive any distribution from an IRA, prof	it sharing or pension plan?	Yes [No		26. I	If you would like your refund deposited directly please attached a voided check or deposit slip.	into your bar (up to 3 acc	nk account, ounts)		Yes [No			
10. Have you used bartering to exchange any goods of	or services?	Yes	No		WEEK	Did you purchase any energy efficient equipmen				Yes [No			
11. Have you or your dependents taken a distribution or 529 program during the year?	from a Qualified Tuition Program (QTI	P) Yes [No		28. [Did you or your spouse have qualified military o	combat pay?			Yes [No			
12. Did you receive any insurance or other reimburse loss or medical deduction?	ment from a prior year casualty, theft	Yes [No [29. [Do you own bonds that qualify for the Gulf, Ren Build America bond credits?	iewable Ener	gy or		Yes [No			
13. Did you start a new business during the year or do y	ou expect to start one this coming year	? Yes	No [PROSESSA:	Did you purchase a new home this year?				Yes [] [No [
14. Did you pay anyone (over 18) \$2,600 or more to wor	k at your home during the calendar yea	ar? Yes	No [31. 1	f over age 70 1/2, did you make a direct contrib	ution to a cha	arity from an IRA?		Yes [ا [No [
15. Did you donate a partial interest in any goods to c	haritable organizations?	Yes [No [Did you make any major purchases during the yosales tax (including any new vehicles)?	year requiring	g payment of	N. C.	Yes []	No [
16. Do you have children under age 19 with investmen	t income (age 24 if dependent student	t)? Yes	No [33. [Did you revise a prior year divorce decree that i	includes alim	iony?		Yes [וכ	No [
17. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year?			No [34. [Did you receive any premium health insurance	credits durin	g the year?		Yes [] [No [

			100				NC	ОМ	Ξ	De la Partir					10 7 7 10	
WAGES/SALARIE	S/W-2 F	ORMS						IN.	TER	REST INC	OME	(Use payer n	name listed on 1099	-INT & attach)		
T/S/J Name of Employer	Taxable Wages	Withheld Fed. Tax	Soc. Se	Other Ta	ATTACHED BY	Vithhel tate	d Local	T/S/J		Name	of Payer			terest nount	Tax Exempt	CO
		2 88.00				64 F										
Use these codes if married filing j					oint											
MISCELLANEOU		E (Show Loss	es in Brackets)						Pena	Ity for early witho	drawal of		()		
	ource of Income				Am	nount				st income reported on a	all 1099-IN	T and		PAL BONDS	ndicated source	ces:
Alimony (Pre-2019 Agreement		list in misc. de	ductions)				1012 811		099-OID ttach all	torms. 1099 forms reporting to	ax withheld		IN INSTALL US U.S. BON	MENT SALES		
Jury Duty (or Other Public Se							003	• D	o not list	IRA or retirement plan	reported in	lerest.	MF MORTGA	EMPT <i>(explain)</i> AGE FINANCED B	SY SELLER	
Tips/Gratuities (not Reporte Contest/Awards/Gamblin							9 33 B.M		VIDI	END INC	OME		(list name, addres	s & SSN)		
(attach 1099-MISC, W-2G or Explain Commissions/Bonuses (n												Total				
Pensions/Annuities (fumisl					19.4			T/S/J		Name of Payer		Ordinary		Capital Ga Distributio		
IRA/Keogh or Profit Shari		(attach Form 1	099-R)								7.5					POR PERSON
Economic Impact Paymer		<u>`</u>														
Unemployment Compens	ation (attach Form 1	1099-G)				Y II										
Partnerships/Estates/Tru	sts (furnish K-1 Form	ns)	*									und test i			353	95 Ses.)
Small Business Corporation (fumish K-1 Forms)	ns/Subchapter S		*					* Rela	ited to n	nutual funds.					if this 1099-I	100
Business/Self-Employed	(furnish Schedule or D	Details)	*					100 110 110 110 110		iividends above as ro 099-DIV forms.	eported or	1099-DIV	forms received.	has	s information i listed abo	
Farm (fumish Schedule or Deta	ils)		*					CA	PIT	AL GAINS	SAN	D LO	SSES		1800	
Rental (fumish Schedule or De	tails)		*	Same						and Mutual Funds (A				nd Real Estate (.	Attach Form 1099	9-S)
Forgiven Debt (attach Form	1099-A or C)							T/S/J	(#	Description shares, name or stock sy	ymbol)	Date Acquired	Date Sold	Sales Price	e Cost or Basis*	COL
Other (explain)																
$\star m{arphi}$ if you did not actively or mate		CONTRACTOR POLICE		r loss) i	listed			19			Veet	t markets?			- pasibha	gi unid
SALE OF PERSO	NAL RES						The same									
Date Old Residence Acquired	ing Driveyay May De	Cost or Ba	SiS								A 1099	-B Receive	d; Box 3 basis (cost) Us	e these codes if	
Improvements (Additions, Landscap) Fixing-Up Expenses (Painting, Rep						6 1 V				I ALL fund transac- ig mutual funds.	B 1099	-B Received	d; No Box 3 bas lived; basis is n	sis (cost) fro	m indicated sou	
Date Old Residence Sold		Selling Pri	ce					1. Li	ist line	# if items sold or				iy cost	#	
Expenses of Sale (Commissions, Le	gal Fees, Points, Stan	nps, etc.)			500000000000000000000000000000000000000					al received this y			last year	THE BURNEST ROME TO SHE		
Was any part of residence rented o	r used for business?			Yes		No		0.0000000000000000000000000000000000000		ng above was inh B stated basis (co				And the second of the second	# e	
2. Did you own and use the home as	your principal resider	nce for	You	Yes		No	Carolina de	w	ith the	codes above and	d provide	the corre	ct cost on an	attached she	eet.	
at least 2 of the last 5 years?			Spouse	Yes		No				tallment sale, also re d depreciation and i				sumed, and (if	used in busines	SS)
3. Have you rolled over a gain from th	e sale of a prior resid	lence into the	nome sold?	V				NO	N-T	AXABLE	INC	OME	(Important to list ev	en if not taxable)		
If so, please provide Form 2119 fro	m tax return for year	prior home so	d.	Yes		No			Pre-2	019 Child Suppo	rt/Paym	ents/Assis	stance (Not Alii	nony)	selb colorasel may	
4. Was sale required due to job transf			ince?	Yes		No			Veterans Benefits/Disability Income							
Date New Residence Acquired	Or Construction Begar		Desidence							men's Compensa	tion/Loss	s of Time F	Payments		VAN Artheres Lor	<u> </u>
Date of Occupancy	uan hawa tha anm	Cost of New							otner	(Explain): SOCIAL SECURIT	Y		Benefits (from	1 hox 5)	Federal tax witi	hheld
lf married, do you and your spot interest in the new residence as		ie proportio	nate		q _{2.0} .s.s	34 5/13	06.0	IMPOR	RTANT:	GOOIAL GLOOMII	Тахр	ayer	Delicitis (iron	DOX 3)	Cuciai tax wia	moru
Attach copy of real estate closing p	papers for both the	e sale and pu	rchase.					A STREET, STRE	le SSA-	1099	Spor	use				
			INCO	ME	TA	XES	S PA	AID C	RF	REFUNDE	D	in equipages	1167 (52.16) VOAS (47	s grindrik zembera		45.31
someone else prepared your taxes last year, pla	ease provide a copy.	Federal		ate		Loca				ATED TAX PAID		Federal		State	Loca	ai
Balance paid on last year's retu	rn		ile bellever					If not p	oaid by	1st Qtr. 4/15			100 pm	10 1201 SQ 1511	60+ 909/850 mm	27 31
(or prior years)	'e return	3.00						due da	ites,	2nd Qtr. 6/15 3rd Qtr. 9/15						74 ps
Refunds received from last year (or prior years)	5 IELUIII		et deste de				old A	dates		4th Qtr. 1/15					1	

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar.

Please circle any deduction that is a dispreparately.

MEDICAL Only the amount of unrelimburs 7.5% of adjusted gross income	CONTRIBUTIONS Receipts or canceled checks are now required for all cash donations.							
Description of Medical Expenses	Amount	Cast	onations)	Amount				
Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.			Church / Temp	le (name)				
Prescriptions & Drugs (doctor prescribed only)			Cancer / Heart	h list if more than one)				
Insulin (general drugs not allowed)			Red Cross / Un					
Eye Glasses / Contact Lenses			Public TV / Rad	ivos State iota				
Hearing Aids, Supplies, & Other Medical Aids		Veteran's Orga	Veteran's Organization (name)					
X-Ray / Lab Fees			Schools (name a	Schools (name and describe)				
Ambulance, Paramedic			Other:					
Nurses (board & room)	and the second of the second		Summary Total -	- (Optional)				
Equipment (prescribed & rented)			A summary total for	or cash/check contribu	tions may be used. Poli			
Nursing Home Medical Care			not deductible. De	duct value of gift receiv	ved for any contribution	18.		
Medicare Part B Service Payments					Clothing, Furniture, Fo			
Smoking Cessation Program					s of donee organization Value of a single dona			
Other:					e (items over \$5,000 re orm 1098-C received fr			
Other:						om are many.		
Other:				– Mileage & Parking listing date, name & a	ddress of donee organi	ization activity ner-		
Other:				en, and parking fees.	darooo or dorioo organ	zadon, douvity por		
MEDICAL INSURANCE (Code: Pre-Tax = P, After Tax = A, Uns	ure = U)		INTERES	ST	(Amounts, names, and S issued by financial insti	Social Security numbers mu tutions)	st match Form 1098	
Important: Provide proof of health insurance (Form 1095 or equivalent	:)			Paid to Financia	Il Institution (Form 10	098)	A CONTRACT CONTRACTOR	
Insurance – paid by you			Interest,	Mortgage		Al (List name, address, Soc. Sec. no. below)		
Group Health Plans (deduct from salary)			Principal Residence	Name	Address		SSN (last 4 digits)	
Medicare Premiums			nesidence					
Other Insurance (long-term healthcare, MSA, other)		log244	Mortgage		I Institution (Form 10		696261341	
Summary Total (optional)			Interest,	The same of the sa	al (List name, address,	Soc. Sec. no. below)	asatiography in	
Lodging (while away from home)		332793	Principal Residence				SSN (last 4 digits)	
Transportation (total miles driven for medical reasons or actual cost)					nsett)		mose i harran	
TAXES			THE CONTRACT NO A PROPERTY OF A SECOND	CONTRACTOR DE L'ACTUALISME DE	or borrow on an exi	A STATE OF THE PARTY OF THE PAR	T :	
Description of Taxes Paid	State	Amount	Yes No No		our combined mort		\$	
Real Estate Taxes, Home (include if you itemize or not)	State	Amount			age (if not included abo	Ve)		
Real Estate Taxes, Other (not included on rental schedule)	808		Home Equity Lo	an interest or substantially improve	a qualified resident)			
Property Tax Rebates (if any)			Student Loan In		,			
Personal Property Taxes (if any)				E + details: for whom, lo	an date, loan purpose)			
Property Taxes (if any)			Other:					
Property Taxes, Other (if any)			Other:					
Auto Licenses (not a deduction in all states)			Deductible Inves	stment Interest				
State or Local Income Taxes (if not listed elsewhere)			Note: Personal inte	erest from credit card	s, department stores,	autos, bank loans, et	c., is not deductible.	
Sales Tax / Other (If you paid any special assessments or substantial sales tax, please attach supporting documents)					NDENT CA		if you have employer provide dependent care benefits	
CASUALTY/THEFT LOSSES		loss must be in a federally	THE STATE OF THE PARTY OF THE P	gainfully employed (or a full Name/Address of Pr	-time student), or if service ; rovider	Soc. Sec. or ID	Amount Paid	
		declared disaster area.		107.00				
Only the total net result that exceeds 10% of adjusted gross income is allowed.								
Fire, Storm, Theft, and Auto Damage – If more than one, prov	ide similar (detail for each.						
Date Acquired Date Acquired Cost or Basis			Federal ID No. if		Total Daid During	the Year \$		
Describe How and/or What Happened Date of Loss Mkt. Value Before Mkt. Value After			required to file IRS		Total Paid During No. Children Und	NA THE RESERVE TO		
		o traditio anima	Wages reports	rovider detaile Allocate	e expenses by dependen	a anggo in nooded		
		MENT				ia Audon udidns II Mol	о орасе із невиви.	
I Wife consend by a work refinement plan. Date. Traditional	Market Control	EMENT C		aximum allowable	A STATE OF THE STA	FALL IDAs on local	doy of the	
Y IKA	OLI / Olly	II LE HOUI INA	deduction, write I	MAX in the money		f ALL IRAs on last	uay of the year:	
Single or Taxpayer / / Spouse / /			column(s). You wi amount to deposi		Single or Taxpayo	ara (energia energia en		
Opoulot / /		and an acpoor						

HIGHER EDUCATION EXPENSES

Note: Many higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax-deferred savings accounts. Please provide information for each student and include all 1099-Q forms.

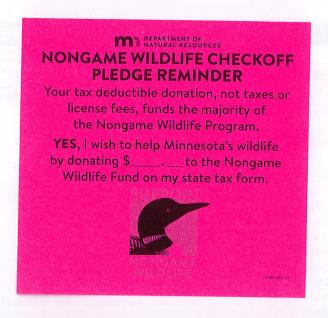
1st Student	2nd Student	3rd Student
Amount	Amount	Amount
455042500000		
	18.55 450.5444	
18) [

	1st Student	2nd Student	3rd Student
Room and Board	B11001-0-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		, old old old
Amount of any Grants, Scholarships			
JOB RELATED EDUCATION	N (May only be availal	ole at the state level.)	
Miles Driven	Taxpayer	The second secon	Spouse

Room and Board Books and Supplies Address Service Requested

IMPORTANT

Tax Questionnaire Enclosed



			BUSINE	ESS EXP	ENSES					
How to use: Use this are	ea to summarize your Sc	hedule C sole proprietor b	usiness expenses. Provid	de financials if availabl	е.	Business Owner:	Taxpayer 🗆 S	oouse \square	Both	
Type of Business					Total Revenue					
BUSINESS EXP	ENSES (if more line	s needed, continue on separa	ate page)							
Advertising		EE Benefits		Repair & Maint.		Other:				
Car/Truck Expenses		Insurance		Supplies		Other:		Guide s	isiwi z patropia	
Commission Fees		Legal/Prof. Services		Taxes/Licenses		Other:				
Contract Labor		Office		Meals		Did you purchase	any busines	s equipm	ent during the year?	
Depletion		Pension/Profit Shar.	State of the Challing I	Utilities		Yes No (If yes, attach details)				
Depreciation	ciation Rent or Lease					Total Business Ex	penses	\$		
VEHICLE EXPE	NSES (If both taxpaye	er and spouse have deduction	ns, use Vehicle 1 for taxpa	yer, Vehicle 2 for spouse)					
	Date Placed in Service	Make	Year	Model	Cost or Basis	▼ X if New This Ye	ar			
Vehicle 1	1 1			A002 17			Furnish deta			
Vehicle 2	1 1						of old vehicl		or disposition	
	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2		Vehicle	1	Vehicle 2	
Gas & Oil			Licenses			Washing/Lube				
Insurance		ndro i suprod transco i i i i i i i i i i i i i i i i i i i	Repair/Maint.			Other:		25524127	al allega en elega	
Lease Payments			Tires/Accs.	3.2 4%		Other:			self i vet else	
TRAVEL EXPEN	SES - AWAY FR	OM HOME	Days gone overnight		Taxpayer Spouse	e 🗆				
Transportation			Auto Rental	SAME COMMENS	a tronscontal j				WEIGHTEACH!	
Lodging			Cabs, Bus, etc.							
VEHICLE MILEA	GE DETAIL		X if another	vehicle is available	for personal use.	Vehicle	1		Vehicle 2	
Subtract P from A for	(1) Total Miles Driver			A. End of Year +			www.congress.com		The Control of the Control	
Subtract B from A for List Business Mile (2),		l.		B. Beginning of Ye	ear –					
Subtract 2 from 1 to g	et personal miles (3)			1. Total Miles Driv	/en =					
Divide line 2 by line 1 fo	r percent of business u	JSe.		2. Business Miles				eran i		
No. round-trip miles fr	om home to work			3. Personal Miles						
Number of days worke	ed last year	180,000	es epop of the co	% Business Use (I	Line 2 ÷ Line 1) =		%		%	
I have adequate records	s and sufficient writter	n evidence to support the	use of listed vehicles	and deductions liste	d above.			191	south to blassic	
(Please Sign)		A 189	31800 2943 415 S							
			HO	ME OFFI	CE					
Type of Business		T	0	Doub 🗔						
Justified busine	SS USE TOT:	Taxpayer 🗌		Both	1	Towns				
Date Acquired Home	Aroa(1)	1970/06	Cost of Land			Taxes				
Sq. Footage of Living Sq. Footage of Office			Cost of Home Cost of Improveme	nte		Insurance Maintenance			enni 2 suprest paget	
			Utilities	iilo		Daycare Provider	# of Houre			
% Office Area [(2) ÷ (1	11		Interest (mertage to	omo oquitu (oon)		Othor	π UI IIUUI δ		mod80	