

2022	1040	US	Tax Organizer
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GRADY CPA PC
47 W MARKET ST STE 3
RHINEBECK NY 12572
Telephone number: 845-876-4911
Fax number: 845-876-6002
E-mail address: jgrady@gradycpas.com

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2022 tax return. Please enter all pertinent 2022 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

		Taxpayer	Spouse
First name and initial . . .			
Last name			
Title/suffix			
Social security number . . .			
Occupation			
Date of birth (m/d/y)			
Date of death (m/d/y)			
1=blind			
Home phone			
Work phone			
Work extension			
Cell phone			
E-mail address			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
	ZIP code		

DEPENDENTS

		Dependent No.	Dependent No.
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death (m/d/y)			
Date of adoption (m/d/y) . . .			
Social security number			
Relationship			
Months lived at home			
		Dependent No.	Dependent No.
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death (m/d/y)			
Date of adoption (m/d/y) . . .			
Social security number			
Relationship			
Months lived at home			

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Please enter all pertinent 2022 information. If you have attached a government form for an item, check the box and do not enter a 2022 amount.

WAGES, SALARIES AND TIPS

Employer name:

Form with 4 rows for entering employer names.

2022 Amount

2021 Amount

Table with 2 columns for 2022 and 2021 amounts, containing 'Attach Forms W-2'.

INTEREST INCOME

Payer name:

Form with 4 rows for entering payer names.

Table with 2 columns for 2022 and 2021 amounts, containing 'Attach Forms 1099-INT'.

DIVIDEND INCOME

Payer name:

Form with 4 rows for entering payer names.

Table with 2 columns for 2022 and 2021 amounts, containing 'Attach Forms 1099-DIV'.

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 4 rows for entering payer names.

Table with 2 columns for 2022 and 2021 amounts, containing 'Attach Forms 1099-R & W-2G'.

Winnings not reported on W-2G
Total gambling losses

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history)
Form 1099-MISC - Miscellaneous income
Form 1099-K - Merchant card and third party network payments
Form 1099-S - Sales of real estate (also include closing statements)

Table with 2 columns for 2022 and 2021 amounts, containing 'Attach Forms 1099'.

- Form 1099-G - State tax refunds

Table with 2 columns for 2022 and 2021 amounts, containing 'Attach Forms 1099'.

Taxpayer:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Table with 2 columns for 2022 and 2021 amounts, containing 'Attach Forms 1099'.

Spouse:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Table with 2 columns for 2022 and 2021 amounts, containing 'Attach Forms 1099'.

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MISCELLANEOUS INCOME

Taxpayer: Alimony received
Spouse: Alimony received
Other:

Table with 2 columns for 2022 and 2021 amounts for miscellaneous income.

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)
Spouse: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Table with 2 columns: 2022 Amount, 2021 Amount for retirement plan contributions.

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest
Form 1098-T - Tuition and related expenses

Attach Forms 1098

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement
Form 1095-B - Health Coverage
Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

Attach Forms 1095

ADJUSTMENTS TO INCOME

Taxpayer: Self-employed health insurance premiums
Educator expenses
Other adjustments to income:

Table for Taxpayer adjustments to income.

Alimony paid - Recipient name & SSN

Table for Alimony paid adjustments.

Spouse: Self-employed health insurance premiums
Educator expenses
Other adjustments to income:

Table for Spouse adjustments to income.

Alimony paid - Recipient name & SSN

Table for Spouse Alimony paid adjustments.

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
Doctors, dentists and nurses
Hospitals and nursing homes
Insurance premiums
Long-term care premiums - taxpayer
Long-term care premiums - spouse
Insurance reimbursement
Out-of-pocket lodging and transportation expenses
Number of medical miles
Other:

Table for medical and dental expenses.

TAXES PAID

State income taxes - 1/22 payment on 2021 state estimate

Table for taxes paid.

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Tax Return Appointment

Date:
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This tax organizer will assist you in gathering information necessary for the preparation of your 2022 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying surviving spouse (2020 or 2021) ...	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
1=blind		
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying surviving spouse (QSS)

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Please add, change or delete information for 2022.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone..... Work phone..... Work extension..... Daytime phone (table)..... Mobile phone..... Fax number..... E-mail address.....		Daytime Phone 1 = Work 2 = Home 3 = Mobile
Spouse Contact Information	Home phone..... Work phone..... Work extension..... Daytime phone (table)..... Mobile phone..... Fax number..... E-mail address.....		
Taxpayer Authentication	Driver's license no..... Driver's license state..... Issue date (m/d/y)..... Expiration date (m/d/y)..... Theft protection PIN.....		
Spouse Authentication	Driver's license no..... Driver's license state..... Issue date (m/d/y)..... Expiration date (m/d/y)..... Theft protection PIN.....		

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Please add, change or delete information for 2022.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p style="text-align:center;">Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p style="text-align:center;">Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			

2022	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2022, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION

- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another person's tax return for 2022?

DEPENDENTS

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2022?
- Did you have any children under age 19 or full-time students under age 24 at the end of 2022, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

HEALTH CARE COVERAGE

- Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

INCOME

- Did you receive unreported tip income of \$20 or more in any month?
- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- Did you receive any disability income?
- Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell any stocks, bonds or other investment property in 2022?
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
- Did you have any debts cancelled or forgiven?
- Does anyone owe you money which has become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2022, please check the appropriate box and provide additional information if necessary.

YES

NO

RETIREMENT PLANS

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

EDUCATION

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

Did you incur a loss because of damaged or stolen property?

Did you work out of town for part of the year?

Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

Did you apply an overpayment of 2021 taxes to your 2022 estimated tax (instead of being refunded)?

If you have an overpayment of 2022 taxes, do you want the excess applied to your 2023 estimated tax (instead of being refunded)?

Do you expect your 2023 taxable income and withholdings to be different from 2022?

MISCELLANEOUS

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss your tax return with your preparer?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2022, please check the appropriate box and provide additional information if necessary.

YES

NO

MISCELLANEOUS (continued)

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

Was your home rented out or used for business?

Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?

Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?

Did you engage the services of any household employees?

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?

Did your bank account information change within the last twelve months?

At any time during 2022, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

2022	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2022, please check the appropriate box and provide additional information if necessary.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an economic impact payment? If so, how much? |

Please enter all pertinent 2022 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2022 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2022 Voucher Amount
Overpayment applied from 2021				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2022 Voucher Amount
Overpayment applied from 2021				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

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Please enter all pertinent 2022 information.

APPLICATION OF 2022 OVERPAYMENT (7.1)

If you have an overpayment of 2022 taxes, do you want the excess refunded? or applied to 2023 estimate?

Other (please explain): _____

2023 ESTIMATED TAX INFORMATION

Do you expect your 2023 taxable income to be different from 2022? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2023 withholding to be different from 2022? Yes No

If "yes" explain any differences: _____

2022	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2022 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2021 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/22	2021 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 14)		

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2021 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

Total gambling losses.....
Winnings not reported on Form W-2G.....

2022 Amount	TS	2021 Amount

10, 13.1, 13.2

2022	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2022 amounts and attach all 1099-MISC, 1099-NEC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2022 Amount		2021 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins.				
Tier 1 RR retirement benefits (RRB-1099, box 5) ...				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8, 1099-NEC, box 1)				

TAX WITHHELD (not entered elsewhere)				
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

14.1