



2022 Taxpayer Information

Please complete all Applicable Sections

Taxpayer

Last Name..... _____
 First Name..... _____
 SS Number..... _____
 Occupation..... _____
 Date of Birth.... _____
 Email Address.. _____
 Phone Number _____

Spouse

Last Name..... _____
 First Name..... _____
 SS Number..... _____
 Occupation..... _____
 Date of Birth.... _____
 Email Address.. _____
 Phone Number _____

Best Contact Number: Taxpayer Spouse Other: _____

Mailing Address: _____

City/Village/Township of: _____ Zip Code: _____

Filing Status: Single _____ Married filing Joint _____ Head of Household _____

Dependents you have the *legal right* to claim in 2022:

<u>Name</u>	<u>Date of Birth</u>	<u>Social Sec. #</u>	<u>Relationship</u>	<u>Months lived with you in 2022</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

➤ General:

- | | YES | NO |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Did you receive any unemployment compensation in 2022? (1099-G required) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> At any time during 2022, did you receive, sell, exchange, gift or otherwise dispose of a digital asset? (virtual currency/cryptocurrency) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Is your health insurance from the marketplace exchange? (Form 1095-A required) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Did you pay any supplemental health insurance? \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Did anyone receive an Identity Protection PIN from the IRS? (provide IRS letter) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Did you have dependent care expenses in 2022? (Daycare) | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If yes, please provide name, address, EIN or SS# and amount paid. | | |
| <input type="checkbox"/> Did you receive/pay alimony in 2022? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If yes, what is the name and social security number of the person whom you received from/paid? | | |
| Name: _____ Soc. Sec: _____ Amount: \$ _____ | | |

- Did you have large out-of-pocket medical expenses in 2022? (*Provide figures*)
- Did you pay any real estate taxes in 2022? (for any year) (*provide tax bills/receipts*)
- Did you make any cash or non-cash charitable contributions?
 - *Only claim contributions that can be substantiated with receipts*
- Did you make any charitable contributions directly from a retirement account? (*QCD*)
 - If so please provide amount. \$ _____

➤ **Education:**

- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? **If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses**
- Did you make any withdrawals from an education savings or 529 Plan account? (*1099-Q*)
- Did you make any contributions to an education savings or 529 Plan account?
 - If yes, please provide us with the amounts.
- Did you pay any student loan interest in 2022? (*provide 1098-E from lender*)

➤ **State:**

- Did you pay any rent for living quarters in 2022?
 - If yes, please provide total: \$ _____
 - Was heat included in your rent?
- Did you make any purchases (by telephone, internet, mail, or in person) which the seller did not collect sales tax?
 - If yes, provide total of purchases: \$ _____ x 5%= _____ (*we will do calculation*)

➤ **Taxes & Direct Deposit:**

- Did you pay **Estimated Tax Payments**?
 - If yes, amounts paid, and dates of payments are required.
- Do you have any foreign bank accounts?
- Do you want your refund directly deposited?
- Do you want to pay your tax balance due electronically?

If you answered yes to either receiving your refund or paying amount due electronically, please provide voided check or fill out information below.

Routing Number	Account Number	Name of Bank	Checking or Savings	Date of Payment (if applicable)