

2022 Client Organizer

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

RLB CPA's, Inc.
1600 Lexington Ave
Mansfield, OH 44907-2907
419-756-3400

Dear

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2022 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2021 personal income tax return.

Enter 2022 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, digital assets, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- Statements from U.S. Department of Education supporting federal student loan forgiveness.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- All Forms 1099-QA and/or 5498-QA related to ABLE (Achieving a Better Life Experience) account.
- All Forms 1099-H related to Health Coverage Tax Credit (HCTC) advance payments.
- Statements supporting deductions for mortgage interest (Forms 1098), taxes, and charitable contributions (including any Form 1098-C).
- Statements supporting the receipt, exchange, sale, use, or any other disposition of a digital asset
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Six-digit Identity Protection PIN for use during calendar year 2022, if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this

requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

The IRS doesn't *initiate* contact with taxpayers by email, phone, text messages or social media channels to request personal or financial information. This includes requests for PIN numbers, passwords or similar access information for credit cards, banks or other financial accounts. Phishing is a scam typically carried out through unsolicited email and/or websites that pose as legitimate sites and lure unsuspecting victims to provide personal and financial information. If you receive such an email from the IRS, forward the email as-is to phishing@irs.gov. Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS.

Thank you for the opportunity to serve you.

Sincerely,

RLB CPA's, Inc.

Form ID: 1040

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)

Taxpayer email address _____ [8]

Spouse email address _____ [9]

_____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11]

Mobile telephone number _____ [12]

Mobile telephone #2 number _____ [13]

Pager number _____ [14]

Other: _____ [15]

Telephone number _____ [16]

Extension _____ [17]

Preferred method of contact: _____ [18]

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [19]

_____ [20]

_____ [21]

_____ [22]

_____ [23]

_____ [24]

_____ [25]

_____ [26]

_____ [27]

NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____ [1]

Primary account:

Financial institution routing transit number _____ [3]

Name of financial institution _____ [4]

Your account number _____ [5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [9]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [10]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Secondary account #1:

Financial institution routing transit number _____ [27]

Name of financial institution _____ [28]

Your account number _____ [29]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [30]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [31]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [32]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Secondary account #2:

Financial institution routing transit number _____ [33]

Name of financial institution _____ [34]

Your account number _____ [35]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [36]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [37]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [38]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [17] or Percent (xxx.xx) _____ [18]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both

Dollar _____ [15] or Percent (xxx.xx) _____ [16]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]

Owner's name (First Last) _____ [40]

Co-owner or beneficiary (First Last) _____ [42]

Mark if the name listed above is a beneficiary _____ [44]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [23] or Percent (xxx.xx) _____ [24]

Owner's name (First Last) _____ [45]

Co-owner or beneficiary (First Last) _____ [47]

Mark if the name listed above is a beneficiary _____ [49]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing

____ [1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension)

____ [2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account

____ [9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN)

____ [7]

Spouse self-selected Personal Identification Number (PIN)

____ [8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)

____ [1]

Identification number

____ [3]

Issue date

Expiration date (mm/dd/yyyy)

____ [4]

Location of issuance (State issued only)

____ [5]

Document number (New York only)

____ [6]

____ [7]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)

____ [10]

Identification number

____ [12]

Issue date

Expiration date (mm/dd/yyyy)

____ [13]

Location of issuance (State issued only)

____ [14]

Document number (New York only)

____ [15]

____ [16]

NOTES/QUESTIONS:

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

Refunded

Applied to 2023 estimated tax liability

____ [52]

____ [53]

Do you expect a considerable change in your 2023 income? (Y, N)

____ [54]

If yes, please explain any differences:

____ [55]

____ [56]

____ [57]

____ [58]

____ [59]

Do you expect a considerable change in your deductions for 2023? (Y, N)

If yes, please explain any differences:

____ [60]

____ [61]

____ [62]

____ [63]

____ [64]

Do you expect a considerable change in the amount of your 2023 withholding? (Y, N)

If yes, please explain any differences:

____ [65]

____ [66]

____ [67]

____ [68]

____ [69]

Do you expect a change in the number of dependents claimed for 2023? (Y, N)

If yes, please explain any differences:

____ [70]

____ [71]

____ [72]

____ [73]

____ [74]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay)

2022 Federal Estimated Tax Payments

2021 overpayment applied to 2022 estimates

+ _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields.

____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/22	____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/22	____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/22	____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/17/23	____ [12]	+ _____ [13]	_____	_____
Additional payment		____ [14]	+ _____ [15]	_____	_____

*Method of payment indicated in prior year

EFW = Electronic funds withdrawal

EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Control Totals +

Form ID: Est

2022 State Estimated Tax Payments

9

Taxpayer/Spouse/Joint (T, S, J)

State postal code

[1]

[2]

Amount paid with 2021 return

+ [3]

2021 overpayment applied to '22 estimates

+ [4]

Treat calculated amounts as paid

[8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment [9]	+ [10]	
2nd quarter payment [11]	+ [12]	
3rd quarter payment [13]	+ [14]	
4th quarter payment [15]	+ [16]	
Additional payment [17]	+ [18]	

2022 City Estimated Tax Payments

City #1		City #2	
City name [28]		City name [50]	
Amount paid with 2021 return + [31]		Amount paid with 2021 return + [53]	
2021 overpayment applied to '22 estimates + [32]		2021 overpayment applied to '22 estimates + [54]	
Treat calculated amounts as paid [36]		Treat calculated amounts as paid [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment [37]	+ [38]	1st quarter payment [59]	+ [60]
2nd quarter payment [39]	+ [40]	2nd quarter payment [61]	+ [62]
3rd quarter payment [41]	+ [42]	3rd quarter payment [63]	+ [64]
4th quarter payment [43]	+ [44]	4th quarter payment [65]	+ [66]

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment _____

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment _____

City #3		City #4	
City name [72]		City name [94]	
Amount paid with 2021 return + [75]		Amount paid with 2021 return + [97]	
2021 overpayment applied to '22 estimates + [76]		2021 overpayment applied to '22 estimates + [98]	
Treat calculated amounts as paid [80]		Treat calculated amounts as paid [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment [81]	+ [82]	1st quarter payment [103]	+ [104]
2nd quarter payment [83]	+ [84]	2nd quarter payment [105]	+ [106]
3rd quarter payment [85]	+ [86]	3rd quarter payment [107]	+ [108]
4th quarter payment [87]	+ [88]	4th quarter payment [109]	+ [110]

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment _____

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment _____

Control Totals +

Form ID: St Pmt

Prior Year Information

Taxpayer/Spouse (T, S)		[1]
Employer name	_____	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		[5]
Mark if this is your current employer		[6]
Federal wages and salaries (Box 1)	+ _____	[10]
Federal tax withheld (Box 2)	+ _____	[12]
Social security wages (Box 3) (If different than federal wages)	+ _____	[14]
Social security tax withheld (Box 4)	+ _____	[16]
Medicare wages (Box 5) (If different than federal wages)	+ _____	[18]
Medicare tax withheld (Box 6)	+ _____	[21]
SS tips (Box 7)	+ _____	[23]
Allocated tips (Box 8)	+ _____	[25]
Dependent care benefits (Box 10)	+ _____	[27]
Box 13 -		
Statutory employee		[29]
Retirement plan		[30]
Third-party sick pay		[31]
State postal code (Box 15)		[32]
State wages (Box 16) (If different than federal wages)	+ _____	[34]
State tax withheld (Box 17)	+ _____	[36]
Local wages (Box 18)	+ _____	[38]
Local tax withheld (Box 19)	+ _____	[40]
Name of locality (Box 20)	_____	[43]

[illegible]

	Control Totals +	
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Wages and Salaries #2

Prior Year Information

Taxpayer/Spouse (T, S)		[1]
Employer name	_____	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		[5]
Mark if this your current employer		[6]
Federal wages and salaries (Box 1)	+ _____	[10]
Federal tax withheld (Box 2)	+ _____	[12]
Social security wages (Box 3) (If different than federal wages)	+ _____	[14]
Social security tax withheld (Box 4)	+ _____	[16]
Medicare wages (Box 5) (If different than federal wages)	+ _____	[18]
Medicare tax withheld (Box 6)	+ _____	[21]
SS tips (Box 7)	+ _____	[23]
Allocated tips (Box 8)	+ _____	[25]
Dependent care benefits (Box 10)	+ _____	[27]
Box 13 -		
Statutory employee		[29]
Retirement plan		[30]
Third-party sick pay		[31]
State postal code (Box 15)		[32]
State wages (Box 16) (If different than federal wages)	+ _____	[34]
State tax withheld (Box 17)	+ _____	[36]
Local wages (Box 18)	+ _____	[38]
Local tax withheld (Box 19)	+ _____	[40]
Name of locality (Box 20)	_____	[43]

[illegible]

	Control Totals +	
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Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer							
	Amounts	+						
2	Payer							
	Amounts	+						
3	Payer							
	Amounts	+						
4	Payer							
	Amounts	+						
5	Payer							
	Amounts	+						
6	Payer							
	Amounts	+						
7	Payer							
	Amounts	+						
8	Payer							
	Amounts	+						
9	Payer							
	Amounts	+						
10	Payer							
	Amounts	+						

**Interest Codes			
Blank = Regular Interest		4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution		5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		Payer										
	1	Amounts	+									
		Payer										
	2	Amounts	+									
		Payer										
	3	Amounts	+									
		Payer										
	4	Amounts	+									
		Payer										
	5	Amounts	+									
		Payer										
	6	Amounts	+									
		Payer										
	7	Amounts	+									
		Payer										
	8	Amounts	+									
		Payer										
	9	Amounts	+									
		Payer										
	10	Amounts	+									

**Dividend Codes

Blank = Other 3 = Nominee

Control Totals +

Please provide copies of all Forms 1099-B and 1099-S.

Did you have any securities become worthless during 2022? (Y, N)	__[9]
Did you have any debts become uncollectible during 2022? (Y, N)	__[10]
Did you have any commodity sales, short sales, or straddles? (Y, N)	__[11]
Did you exchange any securities or investments for something other than cash? (Y, N)	__[13]
Did you receive, sell, exchange, or otherwise dispose of any financial interest in any digital assets? (Y, N)	__[4]

[illegible]

Pension, Annuity, and IRA Distributions #1

24

Please provide all Forms 1099-R.

Taxpayer/Spouse (T, S)

Name of payer _____

State postal code _____

Gross distributions received (Box 1)

Taxable amount received (Box 2a)

Federal withholding (Box 4)

Distribution code (Box 7)

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan

State withholding (Box 14)

Local withholding (Box 17)

Amount of rollover

Mark if distribution was due to a pre-retirement age disability

2022 Information**Prior Year Information**

____ [1]

____ [3]

____ [6]

+ _____ [8]

+ _____ [10]

+ _____ [12]

____ [15]

____ [17]

+ _____ [18]

+ _____ [20]

+ _____ [22]

____ [24]

Control Totals +**Pension, Annuity, and IRA Distributions #2**

Please provide all Forms 1099-R.

Taxpayer/Spouse (T, S)

Name of payer _____

State postal code _____

Gross distributions received (Box 1)

Taxable amount received (Box 2a)

Federal withholding (Box 4)

Distribution code (Box 7)

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan

State withholding (Box 14)

Local withholding (Box 17)

Amount of rollover

Mark if distribution was due to a pre-retirement age disability

2022 Information**Prior Year Information**

____ [1]

____ [3]

____ [6]

+ _____ [8]

+ _____ [10]

+ _____ [12]

____ [15]

____ [17]

+ _____ [18]

+ _____ [20]

+ _____ [22]

____ [24]

Control Totals +**Pension, Annuity, and IRA Distributions #3**

Please provide all Forms 1099-R.

Taxpayer/Spouse (T, S)

Name of payer _____

State postal code _____

Gross distributions received (Box 1)

Taxable amount received (Box 2a)

Federal withholding (Box 4)

Distribution code (Box 7)

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan

State withholding (Box 14)

Local withholding (Box 17)

Amount of rollover

Mark if distribution was due to a pre-retirement age disability

2022 Information**Prior Year Information**

____ [1]

____ [3]

____ [6]

+ _____ [8]

+ _____ [10]

+ _____ [12]

____ [15]

____ [17]

+ _____ [18]

+ _____ [20]

+ _____ [22]

____ [24]

Control Totals +**NOTES/QUESTIONS:**

Social Security, Tier 1 Railroad Benefits

25

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)

State postal code

____ [1]

____ [3]

Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

2022 Information**Prior Year Information**

Medicare premiums

+ _____ [7]

Prescription drug (Part D) premiums

+ _____ [9]

Net Benefits for 2022 (Box 3 minus Box 4) (**Box 5**)

+ _____ [12]

Voluntary Federal Income Tax Withheld (**Box 6**)

+ _____ [14]

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

2022 Information**Prior Year Information**

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2022 (**Box 5**)

+ _____ [22]

Federal Income Tax Withheld (**Box 10**)

+ _____ [25]

Medicare Premium Total (**Box 11**)

+ _____ [27]

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2022 or receive any prior year benefits in 2022. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

____ [40]

____ [41]

____ [42]

____ [43]

____ [44]

NOTES/QUESTIONS:

Control Totals +

Form ID: SSA-1099

Traditional IRA

26

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

Taxpayer

Spouse

Do you want to contribute the maximum allowable traditional IRA contribution amount? If

[1]

[2]

yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

[3]

[4]

Enter the total traditional IRA contributions made for use in 2022

+ [5]

+ [6]

Taxpayer

Spouse

Enter the nondeductible contribution amount made for use in 2022

+ [5]

+ [6]

Enter the nondeductible contribution amount made in 2023 for use in 2022

+ [7]

+ [8]

Traditional IRA basis

+ [17]

+ [18]

Value of all your traditional IRA's on December 31, 2022:

+ [19]

+ [20]

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

Roth IRA

Please provide copies of any 1998 through 2021 Form 8606 not prepared by this office

Taxpayer

Spouse

Mark if you want to contribute the maximum Roth IRA contribution

[29]

[30]

Enter the total Roth IRA contributions made for use in 2022

+ [31]

+ [32]

Enter the amount a 2022 Roth IRA conversion should be adjusted by

+ [39]

+ [40]

Enter the total contribution Roth IRA basis on December 31, 2021

+ [43]

+ [44]

Enter the total Roth IRA contribution recharacterizations for 2022

+ [45]

+ [46]

Enter the Roth conversion IRA basis on December 31, 2021

+ [47]

+ [48]

Value of all your Roth IRA's on December 31, 2022:

+ [49]

+ [50]

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

NOTES/QUESTIONS:

Control Totals +

Form ID: IRA

Preparer use only

Business activity or profession name _____

Taxpayer/Spouse (T, S) _____

State postal code _____

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____

Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____

Enter the total amount of contributions made to a Keogh plan in 2022 + _____

Enter the total amount of contributions made to a Solo 401(k) plan in 2022 + _____

Enter the total amount of contributions made to a SEP plan in 2022 + _____

Enter the total amount of contributions made to a SARSEP plan in 2022 + _____

Enter the total amount of contributions made to a defined benefit plan in 2022 + _____

Enter the total amount of contributions made to a profit-sharing plan in 2022 + _____

Enter the total amount of contributions made to a money purchase plan in 2022 + _____

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2022 + _____

Enter the total amount of contributions to a SIMPLE IRA plan in 2022 + _____

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2022 + _____

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2022 + _____

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2022 + _____

Enter the amount of elective deferrals designated as Roth contributions in 2022 + _____

NOTES/QUESTIONS:

Control Totals +

Form ID: Keogh

Schedule A - Medical and Dental Expenses

57

T/S/J

2022 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1] _____ + _____ [2]
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4] _____ + _____ [5]
 _____ + _____
 _____ + _____
 _____ + _____

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7] _____ + _____ [8]
 _____ + _____

Prescription medicines and drugs:

[10] _____ + _____ [11]
 _____ + _____
 _____ + _____

[13] Miles driven for medical items (1/1/22 - 6/30/22, 18 cents) _____ [14]

[16] Miles driven for medical items (7/1/22 - 12/31/22, 22 cents) _____ [17]

Schedule A - Tax Expenses

T/S/J

2022 Information

Prior Year Information

State/local income taxes paid:

[18] _____ + _____ [19]
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____

2021 state and local income taxes paid in 2022:

[21] _____ + _____ [22]
 _____ + _____
 _____ + _____

Real estate taxes paid:

[24] _____ + _____ [25]
 _____ + _____
 _____ + _____

Personal property taxes:

[27] _____ + _____ [28]
 _____ + _____

Other taxes, such as: foreign taxes and State disability taxes

[30] _____ + _____ [31]
 _____ + _____
 _____ + _____

Sales tax paid on major purchases:

[36] _____ + _____ [37]
 _____ + _____

Sales tax paid on actual expenses:

[39] _____ + _____ [40]
 _____ + _____
 _____ + _____

Control Totals +

Form ID: A-1

Interest Expenses

58

T/S/J	Home mortgage interest: From Form 1098	2022 Interest Paid ²⁾	2022 Points Paid	Type*	Prior Year Information
[1]		+	+		
		+	+		
		+	+		
		+	+		
		+	+		
		+	+		
		+	+		
		+	+		
		+	+		
		+	+		

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2022 Information	Prior Year Information
[4]			+	[5]
	Address			
	City, state and zip code			
	Address		+	
	City, state and zip code			

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2022 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2022 (Preparer use only) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2022 _____

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2022 (Preparer use only) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2022 _____

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	2022 Information	Prior Year Information
[15]		+	[16]
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

Control Totals +

Prior Year Information

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

<div data-bbox="121 273 868 760"> <div>[2]</div> <div></div> </div>	<div data-bbox="868 273 1214 760"> <div>[3]</div> <div></div> </div>	<div data-bbox="1214 273 1490 760"> <div></div> <div></div> </div>
<div data-bbox="121 760 868 831"> <div>[5] Volunteer miles driven</div> <div>Noncash items, such as: Goodwill/Salvation Army/clothing/household goods</div> </div>	<div data-bbox="868 760 1214 831"> <div>[6]</div> <div></div> </div>	<div data-bbox="1214 760 1490 831"> <div></div> <div></div> </div>
<div data-bbox="121 831 868 1148"> <div>[8]</div> <div></div> </div>	<div data-bbox="868 831 1214 1148"> <div>[9]</div> <div></div> </div>	<div data-bbox="1214 831 1490 1148"> <div></div> <div></div> </div>

Prior Year Information

____ [12] _____

Gambling losses: (Enter only if you have gambling income)

____ [15] _____

+	_____	[13]	_____
+	_____		_____
+	_____		_____
+	_____		_____
+	_____		_____
+	_____		_____
+	_____		_____
+	_____		_____
+	_____		_____
+	_____	[16]	_____
+	_____		_____
+	_____		_____
+	_____		_____
+	_____		_____

Form ID: A-3

Schedule C - General Information

28

Preparer use only

Taxpayer/Spouse/Joint (T, S, J) _____

Employer identification number _____ [2]

Business name _____ [3]

Principal business/profession _____ [5]

Business code _____ [6]

Business address, if different from home address on Organizer Form ID: 1040 _____ [12]

Address _____ [15]

City/State/Zip _____ [16] _____ [17] _____ [18]

Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____ [19]

If other: _____ [21]

Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____ [22]

If other enter explanation: _____ [24]

Enter an explanation if there was a change in determining your inventory: _____ [25]

Did you "materially participate" in this business? (Y, N) _____ [26]

If not, number of hours you did significantly participate _____ [28]

Mark if you began or acquired this business in 2022 _____ [30]

Did you make any payments in 2022 that require you to file Form(s) 1099? (Y, N) _____ [31]

If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [33]

Mark if this business is considered related to qualified services as a minister or religious worker _____ [35]

Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____ [37]

Medical insurance premiums paid by this activity + _____ [40]

Long-term care premiums paid by this activity + _____ [44]

Amount of wages received as a statutory employee + _____ [47]

Prior Year Information

Business Income

Gross receipts and sales

2022 Information

Prior Year Information

Returns and allowances

Other income:

+ _____ [52]

+ _____

+ _____

+ _____

+ _____ [55]

+ _____ [57]

+ _____

+ _____

Cost of Goods Sold

Beginning inventory

Purchases

Labor:

Materials

Other costs:

Ending inventory

2022 Information

Prior Year Information

+ _____ [59]

+ _____ [61]

+ _____ [63]

+ _____ [65]

+ _____ [67]

+ _____

+ _____

+ _____ [69]

Control Totals +

Form ID: C-1

Preparer use only

Principal business or profession _____

2022 Information**Prior Year Information**

Advertising

+ _____ [6]

Car and truck expenses

+ _____ [8]

Commissions and fees

+ _____ [10]

Contract labor

+ _____ [12]

Depletion

+ _____ [14]

Depreciation

+ _____ [16]

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

+ _____ [18]

Insurance (Other than health):

+ _____

Interest:

+ _____ [20]

Mortgage (Paid to banks, etc.)

+ _____

+ _____ [22]

+ _____

+ _____

Other:

+ _____ [24]

+ _____

+ _____ [26]

+ _____ [29]

Legal and professional services

Office expense

Pension and profit sharing:

+ _____ [31]

+ _____

Rent or lease:

Vehicles, machinery, and equipment

+ _____ [33]

Other business property

+ _____ [35]

Repairs and maintenance

+ _____ [37]

Supplies

+ _____ [39]

Taxes and licenses:

+ _____ [41]

+ _____

+ _____

+ _____

+ _____

Travel and meals:

Travel

+ _____ [43]

Meals (Enter 100% subject to 50% limitation)

+ _____ [45]

Meals (Enter 100% subject to DOT 80% limit)

+ _____ [47]

Meals (Fully deductible)

+ _____ [49]

Utilities

+ _____ [51]

Wages (Less employment credit):

+ _____ [53]

+ _____

Other expenses:

+ _____ [55]

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

Control Totals +

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____

[3]

Vehicles

Vehicle 1 -	Date placed in service _____	[4]
	Description _____	[5]
	Comments _____	
Vehicle 2 -	Date placed in service _____	[9]
	Description _____	[10]
	Comments _____	
Vehicle 3 -	Date placed in service _____	[14]
	Description _____	[15]
	Comments _____	
Vehicle 4 -	Date placed in service _____	[19]
	Description _____	[20]
	Comments _____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	[60]	—	[62]	—	[64]	—	[66]	—
Was another vehicle available for personal use? (Y, N)	[68]	—	[70]	—	[72]	—	[74]	—
Do you have evidence to support your deduction? (Y, N)	[76]	—	[78]	—	[80]	—	[82]	—
Is this evidence written? (Y, N)	[84]	—	[86]	—	[88]	—	[90]	—

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	[32]		[34]		[36]		[38]	
Commuting miles	[40]		[42]		[44]		[46]	
Business miles before 7/1	[48]		[50]		[52]		[54]	
Business miles after 6/30	[56]		[57]		[58]		[59]	
Parking fees	+ [92]		+ [94]		+ [96]		+ [98]	
Tolls	+ [100]		+ [102]		+ [104]		+ [106]	
Gasoline	+ [108]		+ [110]		+ [112]		+ [114]	
Oil	+ [116]		+ [118]		+ [120]		+ [122]	
Repairs	+ [124]		+ [126]		+ [128]		+ [130]	
Maintenance	+ [132]		+ [134]		+ [136]		+ [138]	
Tires	+ [140]		+ [142]		+ [144]		+ [146]	
Car washes	+ [148]		+ [150]		+ [152]		+ [154]	
Insurance	+ [156]		+ [158]		+ [160]		+ [162]	
Interest	+ [164]		+ [166]		+ [168]		+ [170]	
Registration	+ [172]		+ [174]		+ [176]		+ [178]	
Licenses	+ [180]		+ [182]		+ [184]		+ [186]	
Property taxes	+ [188]		+ [190]		+ [192]		+ [194]	
Other vehicle expenses +	[196]		+ [198]		+ [200]		+ [202]	
Vehicle rentals	+ [204]		+ [206]		+ [208]		+ [210]	
Inclusion amt (Preparer only)	[212]		+ [214]		+ [216]		+ [218]	
Depreciation	+ [220]		+ [222]		+ [224]		+ [226]	

Control Totals +

Rent and Royalty Property - General Information

31

Preparer use only

		2022 Information	Prior Year Information
Description		[2]	
Taxpayer/Spouse/Joint (T, S, J)	[3]	State postal code	[5]
Physical address: Street		[6]	
City, state, zip code	[7] [8]	[9]	
Foreign country		[11]	
Foreign province/county		[12]	
Foreign postal code		[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)		[14]	
Description of other type (Type code #8)		[15]	
Did you make any payments in 2022 that require you to file Form(s) 1099? (Y,N)		[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)		[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)		[20]	
Percentage of ownership if not 100%		[22]	
Business use percentage, if not 100% (Not vacation home percentage)		[24]	

Rent and Royalty Income

Rents and royalties

2022 Information

Prior Year Information

+ [33]

Rent and Royalty Expenses

2022 Information

Percent if not 100%

Prior Year Information

Advertising	+ [35]	[36]	
Auto	+ [38]	[39]	
Travel	+ [41]	[42]	
Cleaning and maintenance	+ [44]	[45]	
Commissions:			
	+ [47]	[49]	
	+		
Insurance:			
	+ [50]	[52]	
	+		
Legal and professional fees	+ [54]	[55]	
Management fees:			
	+ [57]	[59]	
	+		
Mortgage interest paid to banks, etc (Form 1098)			
	+ [60]	[62]	
	+		
Other mortgage interest	+ [63]	[65]	
Qualified mortgage insurance premiums	+ [66]	[67]	
Other interest:			
	+ [69]	[71]	
	+		
Repairs	+ [72]	[73]	
Supplies	+ [75]	[76]	
Taxes:			
	+ [78]	[80]	
	+		
Utilities	+ [81]	[82]	
Depreciation	+ [84]	[85]	
Depletion	+ [87]	[88]	
Other expenses:			
	+ [90]		
	+		
	+		
	+		

Control Totals +

Form ID: Rent

☐ Preparer use only

Description _____

Refinancing Points

Preparer - Enter on Screen Rent

2022 Information

Prior Year Information

Refinancing points paid -

Recipient's/Lender's name _____ [92]
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2022 _____
 Total points paid _____
 Points deemed as paid in current year (Preparer use only) _____

Refinancing points paid -

Recipient's/Lender's name _____
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2022 _____
 Total points paid _____
 Points deemed as paid in current year (Preparer use only) _____

Refinancing points paid -

Recipient's/Lender's name _____
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2022 _____
 Total points paid _____
 Points deemed as paid in current year (Preparer use only) _____

Vacation Home Information

Preparer - Enter on Screen Rent-3

2022 Information

Prior Year Information

Number of days home was used personally _____ [5]
 Number of days home was rented _____ [7]
 Number of day home owned, if not 365 _____ [9]
 Carryover of disallowed operating expenses into 2022 + _____ [21]
 Carryover of disallowed depreciation expenses into 2022 + _____ [22]

Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+ [25]	+ [26]	+ [27]
Short-term capital		+ [28]	+ [29]
Long-term capital		+ [30]	+ [31]
28% rate capital		+ [32]	+ [33]
Section 1231 loss	+ [34]	+ [35]	+ [36]
Ordinary business gain/loss	+ [37]	+ [38]	+ [39]
Section 179	+ [40]	+ [41]	+ [42]

NOTES/QUESTIONS:

Control Totals +

Form ID: Rent-2

2022 Information

Prior Year Information

Taxpayer

Spouse

Self-employed health insurance premiums: (Not entered elsewhere)

_____	+	_____ [2]	+	_____ [3]
-------	---	-----------	---	-----------

_____	+	_____	+	_____
-------	---	-------	---	-------

Self-employed long-term care premiums: (Not entered elsewhere)

_____	+	_____ [5]	+	_____ [6]
-------	---	-----------	---	-----------

_____	+	_____	+	_____
-------	---	-------	---	-------

NOTES/QUESTIONS:

Control Totals +

Form ID: Coverage

ACA - Health Insurance Marketplace Statement #1

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Please provide all Forms 1095-A

Taxpayer/Spouse (T,S)

Marketplace identifier (Box 1)

Marketplace-assigned policy number (Box 2)

Policy issuer's name (Box 3)

Part III Household Information -

	A. 2022 Monthly Premium Amount	Prior Year Information	B. 2022 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2022 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____
Control Totals +					

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S)

Marketplace identifier (Box 1)

Marketplace-assigned policy number (Box 2)

Policy issuer's name (Box 3)

Part III Household Information -

	A. 2022 Monthly Premium Amount	Prior Year Information	B. 2022 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2022 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____
Control Totals +					

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2022 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	
Name of Trustee	_____ [4]	
State postal code	_____ [2]	
Indicate type of health or medical savings account:		
HSA	_____ [6]	
Archer MSA	_____ [7]	
MA (Medicare Advantage) MSA	_____ [9]	
Total HSA/MSA contributions made		
for 2022 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [12]	
Number of months in qualified high deductible health plan in 2022	_____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [14]	
Total HSA/MSA contribution to be made for 2022	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2021 taken as constructive contributions for 2022	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [24]	
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2022? (Y, N) _____ [33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

72

Please provide all Forms 1099-SA.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of Trustee _____ [4]
 State postal code _____ [2]
 Gross distributions received (Box 1) + _____ [7]
 Earnings on excess contributions (Box 2) + _____ [9]
 Distribution code (Box 3) _____ [11]
 Fair Market Value on date of death (Box 4) + _____ [12]
Box 5 -
 HSA _____ [13]
 Archer MSA _____ [14]
 MA MSA _____ [15]
 All distributions were used to pay unreimbursed qualified medical expenses _____ [17]
 If some distributions were used to pay for other than qualified medical expenses,
 enter the unreimbursed qualified medical expenses for 2022 + _____ [19]
 Withdrawal of excess contributions by the due date of the return + _____ [21]
 Amount of distribution rolled over for 2022 + _____ [23]
 If the distribution is due to the death of the account holder,
 enter the qualified decedent medical expenses paid by the taxpayer + _____ [26]
 If MA (Medicare Advantage) MSA, enter value of account on 12/31/21 + _____ [27]
 For HSA accounts:
 Was the high deductible health plan coverage started in 2021 and
 in effect for the month of December 2021? (Y, N) _____ [29]
 Was the high deductible health plan coverage ended before 12/31/22? (Y, N) _____ [30]

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2022 Information

Prior Year Information

Name of the insured chronically ill individual _____ [39]
 Social security number of insured _____ [40]
 Gross long-term care (LTC) benefits paid (Box 1) + _____ [42]
 Accelerated death benefits paid (Box 2) + _____ [44]
 Check one (Box 3)
 Per diem _____ [46]
 Reimbursed amount _____ [47]
 Qualified contract (Box 4) _____ [48]
 Check, if applicable (Box 5)
 Chronically ill _____ [49]
 Terminally ill _____ [50]
 Are there other individuals who received LTC payments during 2022? (Y, N) _____ [52]
 If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) _____ [53]
 Number of days during the long-term care period _____ [54]
 Cost incurred for qualified long-term care services during the
 long-term care period + _____ [55]

NOTES/QUESTIONS:

Control Totals +

Form ID: 1099SA

Child and Dependent Care Expenses

80

Please enter all amounts paid in 2022 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2021 employer-provided dependent care benefits used during 2022 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2022	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2022		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2022 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Control Totals +

Form ID: 2441

Ohio General Information

Enter your current Ohio county of residence _____ [1]

School district number _____ [2]

Use Tax

Purchases subject to use tax _____ [3]

Contributions

Amount of charitable contributions you wish to make to:

Military injury relief fund _____ [4]

Nature preserves and scenic rivers _____ [5]

Wildlife species and endangered wildlife _____ [6]

Ohio History Fund _____ [7]

Breast and cervical cancer project _____ [8]

Wishes for sick children _____ [9]

Credits

Displaced worker training expenses for 12-month period since loss of job _____ [10]

Taxpayer

Spouse

[11]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

Part-year residency dates:

Taxpayer

Spouse

From _____ [12]

To _____ [13]

[14]

[15]

Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)

Taxpayer

Spouse

State of residency while not a resident of Ohio _____ [16]

If foreign, enter country of residency _____ [17]

[18]

[19]

[20]

[21]

NOTES/QUESTIONS: