

2022	1040	US	Tax Organizer
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**Green Tax Clinic**  
**804 Lochwood Place**  
**Escondido CA 92026**

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**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 . . . . .		

<b>2022</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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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)		
		1=IRA/SEP/SIMPLE							

**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)**

	2022 Amount	TS	2021 Amount	
Total gambling losses .....				
Winnings not reported on Form W-2G .....				

**10, 13.1, 13.2**

<b>2022</b>	<b>1040</b>	<b>US</b>	<b>Interest &amp; Dividend Income</b>	<b>11, 12</b>
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Please enter all pertinent 2022 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**INTEREST INCOME (11)**

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2021 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

**DIVIDEND INCOME (12)**

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income					Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2021 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal business/profession .....	
Principal business code .....	
Business name, if different from Form 1040 .....	
Business address, if different from Form 1040 .....	
City, if different from Form 1040 .....	
State, if different from Form 1040 .....	
ZIP code, if different from Form 1040 .....	
Foreign region .....	
Foreign postal code .....	
Foreign country .....	
Employer identification number .....	
Other accounting method .....	

Accounting method: 1=cash, 2=accrual .....		
Inventory method: 1=cost, 2=lower cost/market, 3=other .....		
1=change of inventory method .....		
1=spouse, 2=joint .....		
1=first Schedule C filed for this business .....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....		
1=not subject to self-employment tax .....		
1=did not "materially participate" .....		
1=personal services is not a material income producing factor .....		
1=investment .....		
1=minister's Schedule C .....		
1=single member limited liability company .....		
1=trader in financial instruments or commodities .....		

**INCOME**

	2022 Amount	2021 Amount
Gross receipts or sales (Form 1099-MISC, box 7) .....		
Returns and allowances .....		
Other income:		
_____		
_____		
_____		

**COST OF GOODS SOLD**

Inventory at beginning of the year .....		
Purchases .....		
Cost of items for personal use .....		
Cost of labor .....		
Materials and supplies .....		
Other costs:		
_____		
_____		
_____		
Inventory at end of the year .....		

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2022 Amount	2021 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Meals provided by restaurants in full (100%).....		
Uniforms.....		
Utilities.....		
Wages.....		
Other expenses:		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2022 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2022 Amount	TS	2021 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer .....			
Long-term care premiums - spouse .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Medical miles driven (1/1/22 - 6/30/22) .....			
Medical miles driven (7/1/22 - 12/31/22) .....			
Other medical and dental expenses:			
_____			
_____			
_____			

**TAXES PAID** (State and local withholding and 2022 estimates are automatic.)

State income taxes - 1/22 payment on 2021 state estimate .....			
State income taxes - paid with 2021 state return extension .....			
State income taxes - paid with 2021 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/22 payment on 2021 city/local estimate .....			
City/local income taxes - paid with 2021 city/local extension .....			
City/local income taxes - paid with 2021 city/local return .....			

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items) .....			
Use taxes paid on 2022 purchases .....			
Use taxes paid with 2021 state return .....			
Sales tax on autos not included above .....			
Sales tax on boats, aircraft, other special items .....			

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____			
_____			
Real estate taxes - held for investment :			
_____			
_____			
_____			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...			
Foreign income taxes .....			
Other taxes:			
_____			

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2022 Amount

TS

2021 Amount

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for mortgage interest and points.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes one row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . . .

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes one row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for investment interest.

Passive interest . . . . .

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes one row for passive interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for cash or check contributions and two rows for volunteer expenses and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for cash or check contributions and two rows for volunteer expenses and charitable miles.

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

_____
_____
_____

2022 Amount	TS	2021 Amount

30% limitation (see above):

_____
_____
_____


30% capital gain property (gifts of capital gain property to 50% limit orgs.):

_____
_____
_____


20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

_____
_____
_____


**STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT** (subject to 2% AGI limit)

Union and professional dues .....

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Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

_____
_____
_____
_____


Investment expense:

_____
_____
_____
_____


Tax return preparation fee .....

Safe deposit box rental .....

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Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

_____
_____
_____
_____




Please enter 2022 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

	2022 Amount	2021 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
Area of home included above used exclusively for daycare business, if any (sq ft).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Other indirect expenses:		
_____		
_____		
_____		

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		
_____		
_____		
_____		

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

- 1=vehicle used primarily by more than 5% owner
1=vehicle is available for off-duty personal use
1=no other vehicle is available for personal use
1=no evidence to support your deduction
1=no written evidence to support your deduction

Table with 2 columns: 2022 Amount, 2021 Amount. Contains 5 rows for vehicle information.

VEHICLE 1

- Description of vehicle
Date placed in service (m/d/y)
Total mileage (for the tax year)
Business mileage (1/1/22 - 6/30/22)
Business mileage (7/1/22 - 12/31/22)
Commuting mileage (for the tax year)
Average daily round-trip commute
Number of months of business use if changed from 100% personal use
Parking fees and tolls (business portion only)

Table with 2 columns: 2022 Amount, 2021 Amount. Contains 8 rows for Vehicle 1 details.

Actual expenses:

- Gasoline, lube, oil
Repairs
Tires
Insurance
Miscellaneous
Auto license (other than personal property taxes)
Personal property taxes (based on car's value)
Interest (car loan) (for Schedule C, E & F)
Vehicle rent or lease payments
Inclusion amount (enter as positive)
Value of employer-provided vehicle on Form W-2 (2106)

Table with 2 columns: 2022 Amount, 2021 Amount. Contains 10 rows for actual expenses.

VEHICLE 2

- Description of vehicle
Date placed in service (m/d/y)
Total mileage (for the tax year)
Business mileage (1/1/22 - 6/30/22)
Business mileage (7/1/22 - 12/31/22)
Commuting mileage (for the tax year)
Average daily round-trip commute
Number of months of business use if changed from 100% personal use
Parking fees and tolls (business portion only)

Table with 2 columns: 2022 Amount, 2021 Amount. Contains 8 rows for Vehicle 2 details.

Actual expenses:

- Gasoline, lube, oil
Repairs
Tires
Insurance
Miscellaneous
Auto license (other than personal property taxes)
Personal property taxes (based on car's value)
Interest (car loan) (for Schedule C, E and F)
Vehicle rent or lease payments
Inclusion amount (enter as positive)
Value of employer-provided vehicle on Form W-2 (2106)

Table with 2 columns: 2022 Amount, 2021 Amount. Contains 10 rows for actual expenses.