DRGANIZER							
2022	1040	US	Tax Organizer				
	Green	Tax Clini	ic	Tax Return Appointment			
804 Lochwood Place Escondido CA 92026 Telephone number: 760-420-8160 Fax number: 866-517-2405 E-mail address: Admin@GreenTaxClinic.				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.						
of: school re	cords or statem	ent. landlord o	or property management statement, health care pr	ent of the United States. This proof is typically in the form rovider statement, medical records, child care provider , Indian tribal office statement, or employer statement.			
	ur child is disab vices agency or			ity: doctor statement, other health care provider 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... In care of..... Street address..... Apartment number. Address 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...

ORGANIZER 2022 1040 US Tax Organizer 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 2022 Amount Employer name: 2021 Amount Attach Forms W-2 INTEREST INCOME Payer name: Attach Forms 1099-INT **DIVIDEND INCOME** Payer name: Attach Forms 1099-DIV PENSIONS, IRA AND GAMBLING INCOME Payer name: 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) Attach Forms 1099 Form 1099-K - Merchant card and third party network payments Form 1099-S - Sales of real estate (also include closing statements) . Attach Forms 1099 Taxpayer: Attach Forms 1099 Form 1099-Q (529 Plan) Form 1099-QA/5498-QA (ABLE Accounts) Spouse: Attach Forms 1099 Form 1099-Q (529 Plan) Form 1099-QA/5498-QA (ABLE Accounts)

ORGANIZER 2022 1040 US Tax Organizer MISCELLANEOUS INCOME Taxpayer: Alimony received Spouse: Alimony received Other: RETIREMENT PLAN CONTRIBUTIONS 2022 Amount 2021 Amount 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) OTHER GOVERNMENT FORMS - DEDUCTIONS Attach Forms 1098 AFFORDABLE CARE ACT Form 1095-A - Health Insurance Marketplace Statement Attach Forms 1095 Form 1095- B - Health Coverage Form 1095-C - Employer-Provided Health Insurance Offer and Coverage ADJUSTMENTS TO INCOME Taxpayer: Educator expenses..... Other adjustments to income: Spouse: Educator expenses... Other adjustments to income: MEDICAL AND DENTAL EXPENSES Prescription medicines and drugs Doctors, dentists and nurses..... Insurance premiums..... Insurance reimbursement..... Number of medical miles..... Other:

TAXES PAID

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

22	1040	US	Tax Organizer		
TAX	ES PAID (c	ontinued)		2022 Amount	2021 Amount
			21 state extension		
	income taxes -	•			
		-	years and/or to other states		
		-	ment on 2021 city/local estimate		
-		· -	th 2021 city/local extension		
_		· ·	th 2021 city/local return		
_		· ·	ept autos and special items)		
	axes paid on 2	•			
	axes paid on 2	•			
	•		above		
			oft, and other special items		
	•		dence		
			for investment		
P6	•	rty taxes (incl	uding automobile fees in some states)		
	mortgage inte		nts paid:		
<u> </u>				Attach Forms 1098	
Home n	nortgage interest	not on Form 1098	(include name, SSN, & address of payee):		
			, (anotate manner een r a addresse et persee).		
		F 100	0		
Points	s not reported	on Form 109	8:		
Mortg	age insurance	nremiums or	n post 12/31/06 contracts		
5	•	promams or	1 post 12/3 1/00 contracts	• •	
_	=	-	margin accounts):		
_	=	-			
_	=	-			
Invest Passiv	tment interest	(interest on r			
Invest Passiv	tment interest	(interest on r	nargin accounts):		
Invest Passiv CAS	ve interest H CONTRI	(interest on r	margin accounts): or cash or check contributions unless the	donor maintains a bank record, or a	
Invest Passiv CAS	ve interest H CONTRI	(interest on r	margin accounts):	donor maintains a bank record, or a	
Invest Passiv CAS	ve interest H CONTRI	(interest on r	margin accounts): or cash or check contributions unless the	donor maintains a bank record, or a	
Passiv CAS NOTE	we interest H CONTRI No deduction from the dor	(interest on r	or cash or check contributions unless the the name of the organization, contribution	donor maintains a bank record, or an date(s), and contribution amount(s	
Passiv CAS NOTE	we interest H CONTRI : No deductio from the dor	BUTIONS n is allowed finee, showing	or cash or check contributions unless the the name of the organization, contribution	donor maintains a bank record, or an date(s), and contribution amount(s	
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Passiv CAS NOTE	ve interest	BUTIONS n is allowed for the see, showing s (out-of-pock the miles	or cash or check contributions unless the the name of the organization, contribution et)	donor maintains a bank record, or an date(s), and contribution amount(s	5).
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Passin CAS NOTE Volum Numb NON NOTE MISC Union Tax results and the state of the s	ve interest Ve in	BUTIONS In is allowed for the is allowed for any item of the image of	or cash or check contributions unless the the name of the organization, contribution et) ONS or contributions of clothing and household with minimal monetary value may be deni	donor maintains a bank record, or an date(s), and contribution amount(s	5).
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022	1040	US	Child and Dependent Care Expenses (Form 2	441)	33.1,33.2		
Please enter all pertinent 2022 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.							
DED	DENIDEN	IT CADE E	XPENSES (33.1) Zavpayor Spayor Tax	2021 Amoun	t		
			Taxpayer Spouse Tax	kpayer	Spouse		
-		•	d but not paid in 2022				
PER	RSONS	AND EXPE	NSES QUALIFYING FOR DEPENDENT CARE CREDIT				
No.		ast name Fitle or suffix Date of birth (m/	d/y)				
140.	(ii 1	Qualified depend ncurred and pai I=disabled	ent care expenses I in 2022 2021 a	ımt:			
No.	L 1 5	ast name Title or suffix Date of birth (m/o Social security nu	/y)				
	iı 1	ncurred and paid =disabled	ent care expenses in 2022 2021 a	mt:			
PER			NIZATIONS PROVIDING CARE (33.2)				
		Street address City State					
No.	F F F I	Foreign region Foreign postal co Foreign country . dentification nui	de				
			are provider in 2022	ımt:			

33.1,33.2

Pleasi	e enter all pertinent 2022 information. Last year'	s amounts are provided fo	r your reference.
ELIGIBL	E CHILDREN	2022 Amount	2021 Amount
No.	First name. Last name. Identification number. Date of birth (m/d/y). 1=born before 2005 and was disabled 1=special needs child. 1=foreign child. 1=adoption was not final in 2022 Qualified Adoption Expenses Paid in 2021 for adoption of foreign child finalized in 2022 2021 and 2022 for adoption finalized in 2022 2022 for adoption finalized before 2022 1=spouse, 2=joint.		
No.	First name Last name Identification number Date of birth (m/d/y) 1=born before 2005 and was disabled 1=special needs child 1=foreign child 1=adoption was not final in 2022 Qualified Adoption Expenses Paid in 2021 for adoption not finalized by end of 2022 Prior years for adoption of foreign child finalized in 2022 2021 and 2022 for adoption finalized in 2022 2022 for adoption finalized before 2022 1=spouse, 2=joint		
No.	Adoption Prior years for adoption of foreign child finalized in 2022		

22	1040	US	Education Credits / Tuition	n Deduction	No.	38
ı	Please com your	plete the spouse, o	information below if you paid quali or your dependents enrolled in an a Last year's amounts are provide	fied education expense accredited postseconda d for your reference.	es in 2022 for you, ary institution.	
STU	JDENT IN	FORMAT	TION			
1=tax	payer, 2=spou	se				
First n	name					
	_		med			
			ned			
at an el	ligible institution in a	a qualified progran	e for at least one academic period that began in lified expenses were made in 2022) n			
1=stude 1=studer of a con	ent completed first f ent was convicted, be strolled substance	our years of post- efore the end of 2	secondary education before 2022			
EDU	JCATIONA	L INSTIT	UTION ATTENDED (#1)			
Name						
City						
State.						
ZIP co	ode					
1=202	22 Form 1098-T	was NOT rec	eived			
			Box 2 & 7 completed			
			Box 2 & 7 completed			
			3-T			
EDU	JCATIONA	AL INSTIT	TUTION ATTENDED (#2)			
,						
	2 Form 1098-T					
			Box 2 & 7 completed			
			Box 2 & 7 completed			
	al ID number fro		·			
QUA	ALIFIED E	DUCATIO	N EXPENSES	2022 Amount	2021 Amount	
Qualified	d tuition & fees paid	d in 2022 (net of r	efund or assistance, & not entered elsewhere)			
	& supplies requ	uired to be pur	chased from institution			
Books		entered above	2			
Books			stance *			

38

2022	1040	US	Household Employment Taxes (Schedule H)	42

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

HOUSEHOLD EMPLOYMENT TAXES

NOTE:If you paid any one household employee cash wages of \$2,400 or more in 2022; withheld federal income tax during 2022 for any

household employee; or paid total cash wages of \$1,000 or more in any caplease complete the following:	lendar quarter of 2021 or 2	022 to household employees,
Employer identification number		
1=spouse, 2=joint		
Social security, Medicare and income taxes:	2022 Amount	2021 Amount
1=paid any one employee cash wages of \$2,400 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		
Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/17/23		
1=all wages taxable for FUTA were also taxable for state unemployment.		
Name of state		
Contributions paid to state unemployment fund		