

### 1825 ALLENTOWN RD, LIMA OH 45805 419-516-4435

Email: staff@fortuneaccounting.com

# **2022 Individual Taxpayer Organizer**

| Taxpayer  |                 |               |               |           |                                 | Tax ID#*   |                          |                  |
|---|-----------------|---------------|---------------|-----------|---------------------------------|--|--------------------------|------------------|
| First Name  | M.I.            | Last N        | Name          | Email     |                                 |  | IP<br>PIN                |                  |
| Occupation  |                 |               | Date of birth |           |                                 | Are you new to our firm? Yes No                  |                          |                  |
| Address   |                 | City          |               |           |                                 | State  | Zip                      |                  |
| County  |                 | Primary       | phone         |           |                                 | Secondary phone                                  | e                        |                  |
| Driver's License No.  |                 |               |               | State     | Issue Dat                       | te   | Exp. Date                |                  |
| Spouse  |                 |               |               |           |                                 | Tax ID#*   |                          |                  |
| First Name  | M.I.            | Last N        | Name          | Email     |                                 |  | IP<br>PIN                |                  |
| Occupation  |                 | Date of birth |               |           | Are you new to our firm? Yes No |  |                          |                  |
| Address<br>(If different from Taxpayer)   |                 | City          |               |           |                                 | State  | Zip                      |                  |
| County  |                 | Primary       | phone         |           |                                 | Secondary phone                                  | e                        |                  |
| Driver's License No.  |                 |               |               | State     | Issue Dat                       | te   | Exp. Date                |                  |
| If you moved during 2022, enter your previo   | us address.     |               |               |           |                                 | Date of move                                     |                          |                  |
| Marital status at 12/31/22: Single  | Married         | Separateo     | d Widow       | (er)      | Registered De                   | omestic Partnershi                               | ip (RDP) U               | nsure            |
| Were you divorced or separated during the ye<br>Individuals who are in registered domestic po<br>Have you received any notice from the IRS or | artnerships (RD | 1             |               | not consi | idered married                  | eaths in the family<br>for federal tax pur<br>No |                          |                  |
| Names of dependent children Child's full name   | Tax ID #        | <u> </u> *    | IP PIN        | L         | Date of birth                   | Months lived in home in 2022                     | Relationship to taxpayer | College student? |
|   |                 |               |               |           |                                 |  |                          |                  |
|   |                 |               |               |           |                                 |  |                          |                  |
|   |                 |               |               |           |                                 |  |                          |                  |
|   |                 |               |               |           |                                 |  |                          |                  |

Did any of the children have unearned income above \$1,150 for the year? Yes No Do any of the children have a disability? Yes No Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for tax year 2022? Yes No

| Name               |           |           |                        | Tax ID # * | IP PIN  | Date of birth           | Months lived in home in 2022 | Relationship                          | Income              |             |  |
|--------------------|-----------|-----------|------------------------|------------|---|-------------------------|------------------------------|---------------------------------------|---------------------|-------------|--|
|                    |           |           |                        |            |   |                         |                              |                                       |                     |             |  |
|                    |           |           |                        |            |   |                         |                              |                                       |                     |             |  |
|                    |           |           |                        |            |   |                         |                              |                                       |                     |             |  |
| Ban                | k inform  | nation: U | Jse for                | Dire       | ct deposit of refund Dire                                 | ect debit of balance of | lue <i>Name oj</i>           | f bank                                |                     |             |  |
| Che                | cking     | Sav       | ings Routi             | ng tro     | insit number  |                         | Account no                   | umber                                 |                     |             |  |
| As                 | k your ta | ax prepa  | rer for informati      | on ab      | out depositing a refund in                                | nto an IRA account      | or splitting the de          | posit into more that                  | n one account.      |             |  |
|                    |           |           |                        |            | ber (SSN), adoption taxpa                                 |                         |                              | -                                     |                     | ber (ITIN). |  |
| Q                  | uest      | tions     | — All Ta               | axp        | ayers   |                         | ,                            | ovide related states<br>cumentation.) | ments or other      |             |  |
|                    |           |           |                        | -          | — enter "?" if unsure abo                                 | out a question.         | 400                          | umentation.)                          |                     |             |  |
| (ES                | Yes       | No        | _                      |            | ur spouse legally blind?                                  |                         |                              |                                       |                     |             |  |
| LIFESTYLE&TAXES    | Yes       | No        | Did you pay or<br>Paid |            | ve alimony in 2022?<br>Received \$                        | Recipier                | at's SSN                     | Date o                                | of divorce or sepa  | ration      |  |
| IFEST              | Yes       | No        |                        |            | alth insurance through a                                  |                         |                              | •                                     |                     |             |  |
|                    | Yes       | No        |                        |            | nificant changes in incon                                 |                         | t year, such as re           | tirement?                             |                     |             |  |
|                    | Yes       | No        |                        |            | for domestic services in                                  |                         |                              |                                       |                     |             |  |
|                    | Yes       | No        | • •                    |            | new energy-efficient car,                                 |                         |                              |                                       |                     |             |  |
|                    | Yes       | No        | -                      |            | bankruptcy, foreclosure,                                  | repossession, or had    |                              |                                       | ncelled?            |             |  |
|                    | Yes       | No        | Are you a mem          |            | <u> </u>  |                         | State of residen             |                                       |                     |             |  |
|                    | Yes       | No        | -                      |            | f or lived in a foreign cou                               |                         | Foreign country              |                                       |                     |             |  |
|                    | Yes       | No        | -                      |            | financial interest in a for                               | _                       |                              |                                       |                     |             |  |
|                    | Yes       | No        | Designee's nam         | е          | low your tax preparer or                                  | Phone number            | •                            | PIN                                   | (any five digits)   |             |  |
| NOI                | Yes       | No        |                        |            | orn or adopted in 2022? (                                 |                         | or other expenses.           | )                                     |                     |             |  |
| CHILDREN&EDUCATION | Yes       | No        | -                      |            | tending college? (Provid                                  |                         |                              |                                       |                     |             |  |
| N&EC               |           |           | Year in college        |            | Paid by you: Tuition                                      |                         | Student loan                 |                                       | Books \$            | ·           |  |
| IILDRE             | 37        | NI.       | D:1                    | 4:4        | Paid by student: Tuit                                     |                         | Student loan                 | *                                     | Books \$            |             |  |
| 5                  | Yes       | No        | Student                | y tuit     | ion for a private school for                              | or a dependent or tal   | ce classes yoursel           |                                       | J ¢                 |             |  |
|                    |           |           | Name and addi          | 1000 0     | fsahaal   |                         |                              | Amou                                  | nt paid \$          |             |  |
|                    | Yes       | No        |                        |            | d or dependent care so yo                                 | u could work or go      | to school? (add si           | tatement if needed)                   |                     |             |  |
|                    | 103       | 110       | Name of provid         |            | or dependent care so ye                                   | d could work of go      | to senoor. (aaa sa           |                                       | r SSN               |             |  |
|                    |           |           | Address                |            |   |                         |                              |                                       | nt paid \$          |             |  |
|                    | Yes       | No        |                        | ny chi     | ldren who have unearned                                   | income of \$1,150 c     | or more?                     |                                       | <u>F</u> ,          |             |  |
|                    | Yes       | No        | ,                      | •          | ontributions to a 529 plan                                |                         |                              |                                       |                     |             |  |
| - ST               | Yes       | No        | Did you, or wil        | l you,     | contribute any money to                                   | an IRA for 2022?        |                              | Tra                                   | ditional IRA        | Roth IRA    |  |
| INVESTMENTS        | Yes       | No        | Did you roll ov        | er any     | y amounts from a retirem                                  | ent account in 2022     | ?                            |                                       |                     |             |  |
| INVES              | Yes       | No        | Did you sell or        | trans      | fer any stock or sell renta                               | l or investment prop    | erty?                        |                                       |                     |             |  |
|                    | Yes       | No        | Did you receive        | e any      | income from an installment                                | ent sale?               |                              |                                       |                     |             |  |
| ,                  | Yes       | No        | Did you have a         | ny in      | vestments become worth                                    | ess or were you a vi    | ctim of investmen            | nt theft in 2022?                     |                     |             |  |
|                    | Yes       | No        |                        |            | did you exercise, any er                                  |                         |                              |                                       |                     |             |  |
|                    | Yes       | No        |                        |            | as a reward, award, or pa<br>ancial interest in a digital |                         | or services); or (b          | ) sell, exchange, gi                  | ft, or otherwise di | spose of a  |  |
| SNOI               | Yes       | No        | Did you, or do         | you p      | lan to, contribute money                                  | before April 18, 202    | 23 to an HSA for             | 2022? If yes, provi                   | de details.         |             |  |
| DEDUCTIONS         | Yes       | No        | Did you pay an         | y inte     | rest on a loan for a boat                                 | or RV that has living   | g quarters? If yes,          | provide details.                      |                     |             |  |
| DE                 | Yes       | No        |                        |            | xes on a major purchase i                                 |                         |                              | me?                                   |                     |             |  |
|                    | Yes       | No        | Did you make           | any cl     | naritable contributions in                                | 2022? If yes, provid    | le details.                  |                                       |                     |             |  |

| ESS      | Yes     | No          | old you work from a home office or use your car for business?  |              |   |     |  |  |  |  |  |  |  |
|----------|---------|-------------|--|--------------|---|-----|--|--|--|--|--|--|--|
| BUSINESS | Yes     | No          | id you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)?                           |              |   |     |  |  |  |  |  |  |  |
| _        | Yes     | No          | Do you own a business or an interest in a partnership, co  | orporation,  | LLC, farming activities, or other venture?                          |     |  |  |  |  |  |  |  |
| HOME     | Yes     | No          | Did you purchase or sell a main home during the year?  | If yes, prov | vide closing statement.   |     |  |  |  |  |  |  |  |
| Ī        | Yes     | No          | If you sold a home, did you claim the First-Time Home  | buyer Cred   | lit when it was purchased? If yes, provide details.                 |     |  |  |  |  |  |  |  |
|          | Yes     | No          | Did you refinance a mortgage or take a home equity loa   | n? If yes, p | provide closing statement.  |     |  |  |  |  |  |  |  |
|          | Yes     | No          | Did you use any mortgage loan proceeds for purposes o  | ther than to | buy, build, or substantially improve your home?                     |     |  |  |  |  |  |  |  |
|          | Yes     | No          | Did you make any new energy-efficient improvements to  | to your hon  | ne? If yes, provide details.  |     |  |  |  |  |  |  |  |
| Stat     | e info  | rmation     | Full-year resident Part-year resident N  | Vonresident  | t School district   |     |  |  |  |  |  |  |  |
| Sta      | ites of | residence   | during 2022 and dates  |              | Do you rent or own your home? Rent Own                              |     |  |  |  |  |  |  |  |
|          |         |             |  |              | Total rent paid \$ Includes heat? Yes 1                             | No  |  |  |  |  |  |  |  |
|          |         | _           | orksheet   |              |   |     |  |  |  |  |  |  |  |
|          |         |             | parer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 109 for the following forms. Your preparer will report the ap |              | 1099-NEC, 1099-K, and other income reporting statements. Do mounts. | not |  |  |  |  |  |  |  |
|          |         |             | payer, "S" for spouse, "J" for joint   |              | Provide additional statements if more room is need                  | ded |  |  |  |  |  |  |  |
|          |         |             | ge and Tax Statement   |              | T   |     |  |  |  |  |  |  |  |
| T/S      | S       | Employ      | er name  | T/S          | Employer name   |     |  |  |  |  |  |  |  |
|          |         | 1) 4)       |  |              |   |     |  |  |  |  |  |  |  |
|          |         | 2)          | 5)   |              |   |     |  |  |  |  |  |  |  |
|          |         | 3)          |  |              | 6)  |     |  |  |  |  |  |  |  |
| Fo       | rms 10  | )99-INT -   | – Interest Income  | I.           |   |     |  |  |  |  |  |  |  |
| T/5      | S/J     | Name of     | issuer   | T/S/J        | Name of issuer  |     |  |  |  |  |  |  |  |
|          |         | 1)          |  |              | 4)  |     |  |  |  |  |  |  |  |
|          |         | 2)          |  |              | 5)  |     |  |  |  |  |  |  |  |
|          |         | 3)          |  |              | 6)  |     |  |  |  |  |  |  |  |
| Fo       | rms 10  | )99-DIV -   | — Dividends and Distributions  |              |   |     |  |  |  |  |  |  |  |
| T/S      |         | Name of     |  | T/S/J        | Name of issuer  |     |  |  |  |  |  |  |  |
|          |         | 1)          |  |              | 4)  |     |  |  |  |  |  |  |  |
|          |         | 2)          |  |              | 5)  |     |  |  |  |  |  |  |  |
|          |         | 3)          |  |              | 6)  |     |  |  |  |  |  |  |  |
| Fo       | rms 10  | )99-R —     | Distributions From Pensions, Annuities, Retirement or  | Profit-Sha   | ring Plans, IRAs, Insurance Contracts, Etc.                         |     |  |  |  |  |  |  |  |
| T/S      |         | Name of     |  | T/S          | Name of issuer  | _   |  |  |  |  |  |  |  |
|          |         | 1)          |  |              | 4)  |     |  |  |  |  |  |  |  |
|          |         | 2)          |  |              | 5)  |     |  |  |  |  |  |  |  |
|          |         | 3)          |  |              | 6)  |     |  |  |  |  |  |  |  |
| If t     | he dist | tribution i | s before age 59½, give a reason to determine if an except  | ion to pena  | l<br>ulty applies.  |     |  |  |  |  |  |  |  |
| Ta       | x-Exe   | mpt Inte    | rest (such as municipal bonds — include statement)   | -            |   |     |  |  |  |  |  |  |  |
|          |         |             |  |              |   |     |  |  |  |  |  |  |  |

| •  |                        |  |  |
|----|------------------------|--|--|
|    |                        |  |  |
| \$ | Unreported tips        | \$                                     |  |
| \$ | Other                  | \$                                     |  |
| \$ |                        | \$                                     |  |
| \$ |                        | \$                                     |  |
| \$ |                        | \$                                     |  |
|    | Stock sales            | See "Sales and<br>Exchanges Worksheet" |  |
|    | Sale of other property | below.                                 |  |
|    |                        |  |  |
|    | \$                     | \$ \$ \$ Stock sales                   |  |

| Description of property | Purchase date | Cost/basis | Sale date | Sale price |
|-------------------------|---------------|------------|-----------|------------|
|                         |               | \$         |           | \$         |
|                         |               | \$         |           | \$         |
|                         |               | \$         |           | \$         |

#### **Notes:**

- When stock is sold, you will usually receive Form 1099-B, Proceeds From Broker and Barter Exchange Transactions, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.
- · Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- · If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

State estimated taxes — paid in 2022

**Itemized Deductions Worksheet** Deductions must exceed \$12,950 Single, \$25,900 MFJ, \$19,400 HOH, or \$12,950 MFS to be a tax benefit. **Medical Expenses.** Must exceed 7.5% of income to be a benefit — include Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain cost for dependents — do not include any expenses that were reimbursed by insurance or paid with funds from an FSA, HSA, or HRA. documentation for all contributions. Dentists Hospitals Monetary (cash, check, credit card) \$ Noncash contributions (FMV). Clothing or household items Doctors \$ Insurance \$ must be in good used condition or better. \$ Prescriptions \$ Equipment Did you transfer funds from an IRA directly to a charity? Yes No Eveglasses Other Medical miles: Jan. - June July - Dec. \$ Charitable mileage Taxes Paid. Do not include taxes paid for full or parti 1 business or rental-use property, including business use of the hom **Casualty and Theft Losses** If you suffered any sudden, unexpected damage or loss of property, or a theft in a federally-declared disaster area, provide details to your tax preparer. Yes No State withholding Reported on W-2

| Real estate tax  | e            | \$   |                      | <b>Miscellaneous Itemized Deductions.</b> Miscellaneous itemized deductions subject to the 2% AGI limitation are no longer deductible on the federal |  |               |                               |            |  |
|--|--------------|--|----------------------|--|--|---------------|-------------------------------|------------|--|
| Real estate tax  | — other      |  | \$                   |  | return. However, these expenses may still be deductible on your state return.  For use of home, auto mileage, or other job-related expenses, provide information on a separate sheet. Were any expenses reimbursed by your employer? Yes  No |               |                               |            |  |
| Personal prope   | rty taxes    |  | \$                   |  |  |               |                               |            |  |
| Property tax re  | fund — rec   | eived in 2022  | \$(                  | )  |  |               |                               |            |  |
| Foreign tax pai  | id           |  | \$                   |  |  |               |                               |            |  |
| Other  | Other        |  | \$                   |  | Dues   | \$            | Subscriptions                 | \$         |  |
| Other  |              |  | \$                   |  | Investment expenses  | \$            | Supplies                      | \$         |  |
| Other  |              |  | \$                   |  |  | 1             |                               |            |  |
|  |              |  |                      | Job education  | \$   | Tax prep fees | \$                            |            |  |
| Balance paid in 2022 from prior year state returns (do not |              |  |                      |  |  |               |                               |            |  |
| include interest or penalties)                             |              | s  |                      | Job seeking  | \$   | Tools         | \$                            |            |  |
|  |              | sales tax paid during 2022?  |                      | No   | Legal fees   | \$            | Uniforms                      | \$         |  |
| Did you purcha<br>ales tax paid \$                         | _            | ane, boat, or home in 2022?  Purchase paid \$ D                      | Yes<br>No            |  | Licenses   | \$            | Union dues                    | \$         |  |
| aies iax paia \$   |              | Turchase paia \$ D   | uie                  | INO  | Safety equipment   | \$            | Other                         | \$         |  |
| rental-use prop  | erty, includ | lude interest paid for full or or<br>ing business use of the h Forms | artial bu<br>me. Pro |  | Other Deductions. income limit.  | The followi   | ng deductions are not subject | to a 2% of |  |
| 1098 or lender   | information  | and ID numbers.  |                      |  | Gambling losses  | \$            | Federal estate tax on IRD     | \$         |  |
| Main home  | \$           | Equity loan  | \$                   |  |  |               |                               |            |  |
| Second home  | \$           | Equity loan  | \$                   |  |  |               |                               |            |  |
|  |              |  |                      |  | Impairmentrelated expenses   | \$            | Other                         | \$         |  |
| Points   | \$           | \$ Investment interest   |                      |  | 1  |               |                               |            |  |

### Other Deductions or Questions

Notes: • Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.

- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
- Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

| Adjustments Worksheet  |              |
|--|--------------|
| Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$300 each.   | \$           |
| Health savings account (HSA). Contributions for 2022 may be made in 2023. (Only include contributions you made out-of-pocket).   | \$           |
| Self-employed SEP, SIMPLE, and qualified plans. Contributions for 2022 may be made in 2023.  | \$           |
| Self-employed health insurance. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.   | \$           |
| Penalty on early withdrawal of savings.  | \$           |
| IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Contributions for 2022 may be made in 2023.   | \$           |
| Student loan interest. Paid for taxpayers and dependents.  | \$           |
| Moving expenses. Available only to members of the Armed Forces (or their spouses or dependents) on active duty that move pursuant to a military order and incident to a permanent change of station. | Ask preparer |
| Business expenses of reservists, performing artists, and fee-based government officials.   | Ask preparer |

\$

\$

\$

\$

\$

\$

\$

## **Tax Preparation Checklist**

Please provide the following documentation:

Amount applied from 2021 overpayment?

Third

Fourth

Total

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions — All Taxpayers."

Copy of the closing statement if you bought, sold, or refinanced real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.

Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2022.

## **Taxpayer Responsibilities**

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future. **Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

| Taxpayer | Spouse | Date |
|----------|--------|------|

### **Privacy Policy**

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

| Sole Pro       | nrio   | tor General Information  |   | 1 3 3                  |            |  |  |  |  |  |
|----------------|--|--|---|------------------------|------------|--|--|--|--|--|
|                |  |  |   |                        |            |  |  |  |  |  |
| Name of s      | sole p   | roprietor  |   |                        |            |  |  |  |  |  |
| Business       | isiness name (if different)  EIN (if applicable) |  |   |                        |            |  |  |  |  |  |
| Business       | addre  | ss (if different from home address)  |   |                        |            |  |  |  |  |  |
|                |  | ess activity   | Date business started                         | Date business closed   |            |  |  |  |  |  |
|                |  | act or service   |   |                        |            |  |  |  |  |  |
|                | No   | Was the primary purpose of the business activity to realize  |   |                        |            |  |  |  |  |  |
|                | No   | Did you materially participate in the operation of this busing   | ness?   |                        |            |  |  |  |  |  |
|                | No   | Has the business reported any losses in prior years?   |   |                        |            |  |  |  |  |  |
| Accounting Yes |  | thod: Cash Accrual Other (specify)  Does the business file under a calendar year? (If no, list the                               | a fiscal year                                 |                        | -          |  |  |  |  |  |
| 1 68           | NO   | Does the business me under a carendar year? (1) no, ust me   | e Jiscai year.)                               |                        |            |  |  |  |  |  |
| Sole Pro       | prie   | tor Specific Questions   |   |                        |            |  |  |  |  |  |
| Yes            | No   | Did you pay any family members for services?   |   |                        |            |  |  |  |  |  |
| Yes            | No   | Did you make any payments of \$600 or more to subcontra  | ctors, attorneys, accountants, directors, etc | 2.?                    |            |  |  |  |  |  |
| Yes            | No   | If Yes, did you issue Form 1099-NEC? List name and soci  | ial security number (SSN) for each person     | to whom you paid \$600 | ) or more. |  |  |  |  |  |
|                |  | Name   |   |                        |            |  |  |  |  |  |
|                |  | Name SSN   |   |                        |            |  |  |  |  |  |
| Yes            | No   | Did you make, or do you plan to make, any contributions t  | to a self-employed retirement plan?           |                        |            |  |  |  |  |  |
|                |  | Type of plan   |   | Amount contributed     | \$         |  |  |  |  |  |
| Yes            | No   | Did you pay for your own health/dental insurance? If Yes,  | provide amount of premiums paid during        | the year.              | \$         |  |  |  |  |  |
| Yes            | No   | Did you have any employees?  |   |                        |            |  |  |  |  |  |
| Yes            | No   | Did you have any bartering transactions in 2022?   |   |                        |            |  |  |  |  |  |
| Yes            | No   | Did you have a Paycheck Protection Program (PPP) loan t  | hat was forgiven in 2022?                     |                        |            |  |  |  |  |  |
| Sole Pro       | prie   | tor Business Income  |   |                        |            |  |  |  |  |  |
| Gross rec      | eipts  | or sales (if you received Forms 1099-NEC, list name of pay   | er and amount separately from gross rece      | ipts or sales)         | \$         |  |  |  |  |  |
| Form 1         | 1099-  | NEC \$ For   | m 1099-K                                      | \$                     |            |  |  |  |  |  |
| Total of a     | ıll Foı  | rms 1099-NEC and 1099-K received   |   | I                      | \$         |  |  |  |  |  |
| Returns as     | nd all   | owances  |   |                        | \$( )      |  |  |  |  |  |
|                |  | (not included in gross receipts above)   |   |                        | \$         |  |  |  |  |  |
|                | requi  | CC. You may receive Form 1099-NEC (instead of Form W-red to file Schedule C, <i>Profit or Loss From Business</i> , claim income. |   |                        |            |  |  |  |  |  |

Sole Proprietor Cost of Goods Sold (for manufacturers, wholesalers, and businesses that make, buy, or sell goods)

| Inventory at the beginning of the year  |                   |                                |                                       |    |           |    |  |  |
|---|-------------------|--------------------------------|---------------------------------------|----|-----------|----|--|--|
| Purchases less costs of items withdrawn | for personal use  |                                |                                       |    |           | \$ |  |  |
| Cost of labor                           |                   |                                |                                       |    |           |    |  |  |
| Materials and supplies                  |                   |                                |                                       |    |           | \$ |  |  |
| Inventory at the end of the year        |                   |                                |                                       |    |           | \$ |  |  |
| Sole Proprietor Business Expense        | es                |                                |                                       |    |           |    |  |  |
| Advertising                             | \$                | Management fees                |                                       | \$ | Utilities | \$ |  |  |
| Bad debts                               | \$                | Meals for business in deduct.) | restaurants (100%                     | \$ | Wages 1   | \$ |  |  |
| Bank charges                            |                   |                                | ss meals (50% deduct.)                | \$ | Other     | \$ |  |  |
| Business licenses                       |                   | Office supplies                | · · · · · · · · · · · · · · · · · · · | \$ |           | \$ |  |  |
| Commissions and fees                    | \$                | Start-up costs (first y        | ear of business)                      | \$ |           | \$ |  |  |
| Contract labor <sup>1</sup>             | \$                | Pension and profit sh          | aring plans                           | \$ |           | \$ |  |  |
| Employee benefit programs               | \$                | Rent or lease – car, n         | nachinery, equipment                  | \$ |           | \$ |  |  |
| Employee health care plans              | \$                | Rent or lease – other          | business property                     | \$ |           | \$ |  |  |
| Entertainment <sup>2</sup>              | \$                | Repairs and maintena           | ance                                  | \$ |           | \$ |  |  |
| Gifts                                   | \$                | Supplies (not include          | ed in inventory cost)                 | \$ |           | \$ |  |  |
| Insurance (other than health insurance) | \$                | Taxes – payroll <sup>1</sup>   |                                       | \$ |           | \$ |  |  |
| Interest – mortgage                     | \$                | Taxes – property               |                                       | \$ |           | \$ |  |  |
| Interest – other                        | \$                | Taxes – sales                  |                                       | \$ |           | \$ |  |  |
| Internet service                        | \$                | Taxes – state                  |                                       | \$ |           | \$ |  |  |
| Legal and professional services         | \$                | Telephone                      |                                       | \$ |           | \$ |  |  |
| Other Business Expenses – List of       | ut type and expen | se amount                      |                                       |    |           |    |  |  |
|   |                   | \$                             |                                       |    |           | \$ |  |  |
|   | \$                |                                |                                       |    | \$        |    |  |  |
|   |                   | \$                             |                                       |    |           | \$ |  |  |
|   |                   | \$                             |                                       |    |           | \$ |  |  |
|   |                   | \$                             |                                       |    |           | \$ |  |  |
|   |                   | \$                             |                                       |    |           | \$ |  |  |
|   |                   | \$                             |                                       |    |           | \$ |  |  |
|   |                   | 1                              | ı                                     |    |           |    |  |  |

 $<sup>^{\</sup>rm l}$  Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-NEC, Form 1099-MISC, and any state tax forms filed.  $^{\rm l}$  Entertainment is no longer deductible for taxes.

|                  |   |                           | \$                    |           |  |                         | \$                  |
|------------------|---|---------------------------|-----------------------|-----------|--|-------------------------|---------------------|
|                  |   |                           | \$                    |           |  |                         | \$                  |
|                  |   |                           | \$                    |           |  |                         | \$                  |
| Car Expense      | S (use a separate f                           | form for each vehicle)    |                       |           |  |                         |                     |
| Make/Model       |   |                           |                       |           | Date car placed in service   |                         | _                   |
| Yes No           | Car available for p                           | personal use during off-d | uty hours?            |           |  |                         |                     |
|                  |   |                           |                       |           |  |                         |                     |
| Yes No           |   | pouse) have any other car | rs for person         | l use?    | Did you trade in your car to   |                         | No                  |
| Yes No           | Do you have evide                             | ence?                     |                       |           | Cost of trade-in \$  | Trade-in value \$       |                     |
| Yes No           | Is your evidence w                            | vritten?                  |                       |           |  |                         |                     |
|                  |   | Mileage                   |                       |           | 2  | Actual Expenses         |                     |
| Beginning of y   | vear odometer                                 |                           |                       |           | Gas/oil  | \$                      |                     |
| End of year od   | lometer                                       |                           |                       |           | Insurance  | \$                      |                     |
| Business milea   | nge   | Jan. – June               | July – Dec.           |           | Parking fees/tolls   | \$                      |                     |
| Commuting m      | ileage  |                           |                       |           | Registration/fees  | \$                      |                     |
| Other mileage    |   |                           |                       |           | Repairs  | \$                      |                     |
|                  |   |                           |                       |           | ate the deductible costs of  |                         |                     |
|                  | se the standard miles<br>ileage rate method o |                           | in the first year the | car is av | vailable for business. In later  | years, you can then che | oose between either |
|                  |   | or actual expenses.       |                       |           |  |                         |                     |
| Travel Exper     |   |                           |                       |           |  |                         |                     |
| You can use      | the actual cost of yo                         |                           | f traveling away fro  | om your   | <b>ting.</b> You can deduct the ord<br>home for business purposes.<br>Included expenses are transp |                         |                     |
| City visited (fo |   |                           | # of days in city     |           | sited (for per diem)   | # of days in city       |                     |
|                  | 1 /   |                           |                       |           | V 1  |                         |                     |
|                  |   |                           |                       |           |  |                         |                     |
|                  |   |                           |                       |           |  |                         |                     |
|                  |   |                           |                       |           |  |                         |                     |
|                  |   |                           |                       |           |  |                         |                     |
| -                |   |                           |                       |           |  |                         |                     |
| Travel expens    | es  | ,                         |                       |           |  |                         |                     |
| Airfare          |   |                           | \$                    | Other     | travel expenses (describe bei  | low)                    |                     |
| Bus, train, taxi |   | \$                        |                       |           |  | \$                      |                     |
| Entertainment    |   |                           | \$                    |           |  |                         | \$                  |
| Lodging          |   |                           | \$                    |           |  |                         | \$                  |
| Parking and to   | 11s   |                           | \$                    |           |  |                         | \$                  |
| Meals (actual    | receipts)                                     |                           | \$                    |           |  |                         | \$                  |

| Equipment Purchases – Enter the following information for depreciable assets purchased that have a useful life greater than one year |                |      |                        |              |  |
|--|----------------|------|------------------------|--------------|--|
| Asset  | Date purchased | Cost | Date placed in service | New or used? |  |
|  |                | \$   |                        |              |  |
|  |                | \$   |                        |              |  |
|  |                | \$   |                        |              |  |
|  |                | \$   |                        |              |  |
|  |                | \$   |                        |              |  |
|  |                | \$   |                        |              |  |
|  |                | \$   |                        |              |  |
|  |                | \$   |                        |              |  |
|  |                | \$   |                        |              |  |
|  |                | \$   |                        |              |  |

**Depreciation.** Depreciation is the annual deduction that allows you to recover the cost or other basis of your business property over a certain number of years. Depreciation starts when you first use the property in your business. It ends when you either take the property out of service, deduct all your depreciable cost or basis, or no longer use the property in your business. The IRS has outlined a useful life (a set number of years) for most assets.

| Equipment Sold or Disposed of During Year |                |                  |                   |           |  |  |
|---|----------------|------------------|-------------------|-----------|--|--|
| Asset                                     | Date out of se | ervice Date sold | Selling price/FMV | Trade-in? |  |  |
|   |                |                  | \$                |           |  |  |
|   |                |                  | \$                |           |  |  |
|   |                |                  | \$                |           |  |  |
|   |                |                  | \$                |           |  |  |

**Disposition of Property.** A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

### **Business Use of the Home**

Area of home must be exclusively used for business except for storage or day care. *Note:* Managing rental activities or investments does not qualify for business use of the home.

| All Taxpayers                          |  | For Day Care Only          |            |  |
|--|--|----------------------------|------------|--|
| A) Business use area (square footage)  |  | 1) Hours used for day care |            |  |
| B) Total area of home (square footage) |  | 2) Total hours in year     | 8,760 hrs. |  |

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes. If

you bought or sold your home during 2022, copy this worksheet and fill out one for each home.

|                   | Direct | Indirect |                         | Direct | Indirect |
|-------------------|--------|----------|-------------------------|--------|----------|
| Mortgage interest | \$     | \$       | Repairs and maintenance | \$     | \$       |
| Property taxes    | \$     | \$       | Utilities               | \$     | \$       |
| Insurance         | \$     | \$       | Other                   | \$     | \$       |

| Rent                                      | \$ | \$ | Other                    | \$  |    | \$ |
|---|----|----|--------------------------|-----|----|----|
| Depreciation of the Home                  |    |    |                          |     |    |    |
| Lower of cost or fair market value of hor | ne | \$ | Improvements?            | Yes | No |    |
| Value of land                             |    | \$ | Casualty losses in 2022? | Yes | No |    |

### 1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if you use the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening. The exclusive use test is not required for:

- An area used on a regular basis for storage of inventory or product samples.
- A home used as a day care facility.

**Storage of inventory or product samples—exception to exclusive use test.** If you use part of a home for business to store inventory or product samples, you are not required to meet the exclusive use test. However, you must meet all the following tests.

- You are in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- · You home is the only fixed location of the business.
- The storage space is used on a regular basis.
- The storage space is a separately identifiable space suitable for storage.

#### 2) Regular Use Test—Business Use of Home

The regular use test means you must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

### 3) Trade or Business Use Test—Business Use of Home

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

### 4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.

- The relative importance of the activities performed at each place where business is conducted, and
- The amount of time spent at each place where business is conducted.

A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.

### Self-Employment (SE) Tax

- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were \$400 or more, or you had church employee income of \$108.28 or more. The SE tax rules apply no matter how old you are and even if you are already receiving Social Security or Medicare benefits.
- The SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$147,000 (2022) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.