TAX DEDUCTION LOCATOR & IRS TROUBLE MINIMIZER

YOUR TAX APPOINTMENT

Please complete and sign this organizer prior to your appointment.

Please call to schedule your appointment. Try to call early before the calendar is booked up.

Please mail the completed organizer along with the requested information to this office prior to your appointment.

Please mail the completed organizer along with the requested information to this office so the return can be prepared by correspondence.

Your tax appointment is scheduled for:

Day:	
Date:	
Time:	
Office Appointment	Virtual Appointment

Office Appointment Virtual Appointment
Please notify this office promptly if you are unable to keep this appointment.

REFERRALS ARE ALWAYS APPRECIATED

If you know someone who would like a tax appointment, please have them call this office. Do not be concerned that your business, personal or financial matters will be discussed with clients whom you refer. All client information is treated in the utmost confidence.



Accounting, Conulting, Tax, & Payroll

Phone: 907-357-7707 email: court@countonaccounting.com Mailing: PO Box 872575,Wasilla AK 99687 Physical: 165 E Parks Hwy, Ste 104,Wasilla AK 99654

IF YOU ARE A NEW CLIENT, BE SURE TO PROVIDE A COPY OF LAST YEAR'S TAX RETURN.

SAVE TIME - READ THIS FIRST

This organizer is designed to assist and remind you of information that is needed to prepare your tax return. The goal is to not overlook anything so you can maximize your legal deductions, comply with government reporting requirements, and avoid problems with the IRS after the return is filed.

Taxes are complicated and the rules change constantly. This organizer was designed specifically for the 2022 tax year and certain items may not apply to other years. Although care has been taken to accommodate most taxpayers' needs, please note questions that are related to issues not included here under "Questions You May Have" in Section D6.

Section Categories

To help you collect your information quickly, this organizer is organized into five general areas. Information required from:

- everyone Sections A1 A13 (Pages 2 & 3)
- those who itemize their deductions Sections B1 B11 (Pages 4 & 5)
- those with business or rental income Sections C1 C7 (Pages 6 & 7)
- business owners Pass-through deduction -Section D1 (Page 8).
- those who have relocated (military only), sold their home, made home energy improvements, or have debt relief income -Sections D2 - D6 (Page 8)

The instructions provided in the header of each section will help you determine if you are required to complete the information in that section.

If you paid foreign taxes (entered at Sections A10 or A11) and are a partner in a partnership or a shareholder in an S-Corporation, it is important that you so notify whoever is responsible for the entity's tax returns.

Before proceeding, please take a moment to review the purpose of the SPECIAL MARKERS used throughout this organizer.



Your tax information from the prior year is automatically transferred to this year's tax return. Therefore, not all taxpayer data and contact info needs to be recorded. The marker signifies that returning clients need only enter data in that section if it has changed since the prior year or if there is new information.



This marker notes areas where the IRS can match the entry in their computer and incomplete or incorrect information can trigger government correspondence or, worse yet, an office audit. Pay particular attention to sections or individual entries with this symbol.



This flag symbol denotes areas where a deduction or item of income is to be treated differently when computing the alternative minimum tax (AMT). The AMT is another way of computing your tax liability, which applies more restrictive limits on certain deductions and preference income. If higher than the regular tax, the AMT applies.



This marker indicates payments that may require the issuance of a 1099 if, in the course of a trade or business (including most rentals), the annual amount paid to an individual is \$600 or more. Failure to file 1099s can lead to a loss of the tax deduction for that expense and failure to timely file the forms with the IRS and furnish copies to payees can result in substantial penalties.

A - TAXPAYER INFORMATION The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your

spouse or dependents.

А1 - ТАХРА					₽ ,≓	A6 - IN	COME	& ADJ	USTMENTS 🗧	You	Spouse
Returning clients: enter	first and last n	ame of filer and ar	ny changes on	ly.		W-2 Wages – P	lease provide	W-2 Forms (re	tain copy "C" for your record	s)	
Filer Name (Must Match SS Admin)	>			Birthda	^y /				ovide complete K-1 copies)	and K-3s if i	ssued
				/	/	Were you the b executor or true			If so, please verify with A K-1.	Yes	Yes
Social Security No. (and IRS IP-PIN if issued)	*		Occupation			State Tax Refur	nd (provide 10	199-G)			
Driver's Licence (DL)				State		Social Security				_	
DL Issued Date		/ [OL Expires	/	/				r IRA distributions in A7		
Contact Phone	/	/	JE Expires		/ Evoning	Alimony Receiv	•				
				Day	Evening	Paid to:			SSN:		
Email Address					ally Blind	Tips (not includ	ded in W-2s)				
Spouse Name (Must Match SS Admin)	'			Birthda	^y /	Unemployment			9-G)		
Social Security No.						Gambling Winn	nings (provide	W-2Gs)			
(and IRS IP-PIN if issued)	·		Occupation			A7 - IR	A & RE	TIREM	ENT PLANS (You	Spouse
Driver's Licence (DL)		I		State		Retirement pla	n with your e	mployer?		Yes	☐ Yes
DL Issued Date	/	/ [OL Expires	/	/	Did you or your	r spouse conv	ert a traditiona	l IRA to a Roth IRA in 2022		☐ Yes
Contact Phone				Day	Evening		Contributior				
Email Address					ally Blind	Traditional IRA, Keogh	Withdrawals				
						& SEP	Rollovers ⁽²⁾⁽³)			
A2 - ADDRI		ovcont for above	c		€ ←	Plans	Basis (Total o	f your prior year n	on-deductible contributions)		
Returning clients can sk	ap this section	except for change					Contribution				
Street			Apt/Unit N			Roth IRA	Withdrawals	. ,			
City			State	Zip			Rollovers ⁽²⁾⁽³		tod in 2020 (Maximum		
Home Phone Number	(if different from	above)				Coronavirus	\$100,000)	Jinally Distribu	ted in 2020 (Maximum		
A3 - STATU	S CHAI	NGES <u>fo</u>	R 202	2		Distribution	Amount Rec	ontributed in 2	022		
Check any that apply an	d enter the effe	ective date.				(1) Show reason i(3) Rollovers from			ported even if not taxable unle taxable.	ss directly "trar	nsferred"
Married	/ /	Moved		/	/ /						
Separated	/ /	Home So	old	/	/ /	A8 - S	PECIAI	L QUES	TIONS & INF	0	1
Divorced	/ /	Spouse I	Deceased		/ /	Coverdell Educa		Contribution	Distribution - pro		
Retired	/ /	Depende	ent Deceased	1 /	/ /	Sec 529 Tuition		Contribution	Distribution - pro		
		· ·			θ	HSA Contributi	_		Distribution - pro		1
A4 - ESTIM This office cannot assume		AXES PA ted taxes were paid		scheduled	· · · · · · · · · · · · · · · · · · ·	Adoption Expen			ling to report an interest in or s		rity over a
time. Therefore, please er	nter the amounts	s and dates of payn	nent or provide	e proof of l		6	. I I	- II	to any foreign accounts, dealing		
Incorrect amounts will re			1						AND OR YOUR SPOUS		
Payment & Due Date		Date Paid	Federal	Sta	ate			ity or are name ds are not you	d as a co-owner on a bank ˈs.	account in a	toreign
Applied from Last Yea	ar's Refund		ļ			Received	an inheritand	e from someor	e in a foreign country.		
First Quarter (April 18	3, 2022)	/ /				Have a fo	oreign bank a	count (over \$1	0,000 at any time in 2022)		
Second Quarter (June	15, 2022)	/ /				Received	a distributior	n from, or were	the grantor, or transferor to	, a foreign tr	ust
Third Quarter (Sept. 1	.5, 2022)	/ /				At any tin	ne during the	/ear hold an int	erest in a foreign financial as	set	
Fourth Quarter (Jan. 1	.7, 2023)	/ /				Receive, s		or otherwise a	cquire a financial interest i	n virtual curi	ency
A5 - REFUN		CT DED	OSIT								
Complete this section to				o your ban	k account.		-		d during the year		
Doing so will speed up t stolen. Direct deposit ca			-	-				come Credit by			
account are provided be	low. If you wish	to make multiple	deposits, plea	ase provid					e, Child Tax, or American Op	. ,	edit
additional account information and how you wish to allocate the refund.											
Bank Name						D Made a g joint gifts	ift of money o s by a married	or property to a I couple) in 202	ny individual in excess of \$ 2	16,000 (\$32	000 for
Bank Routing Numbe	r (Exactly 9 Digits	;)					nousehold wo	. ,			_
Account Number (inclu	de hyphens - omit	t spaces & special ch	aracters – 17 dig	jits max)			elry, gold, coin:	s, or other preci	ous metals during the year		
] Spouse	· ·	ntribute to the Presidential	campaign f	und
Account Type	Checking	Savings	Allocati	on:	%					r	
71 -						l					

A - TAXPAYER INFORMATION The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your



	Last Name	Seciel Come to	v Numeh - v 🔒	S, D, F	MG	Months in H	lome			If over	the age of 18
First Name	(If Different)	Social Securit (and, if issued, IRS II		Other o		(Your Hom		Birth	Date	Income	
								/	/		☐ Yes
								/	/		☐ Yes
								/	/		C Yes
Enter S-Son, D-Daug	hter, F-Father, M-Mother, O	G-Grandchild, or enter	other relationshi	ip. Enter HC	OH for nor	-dependent H	ead of Ho	ousehold qual	ifiers.		
A10 - INTI	EREST INCO	ME						Caution: All in	nterest must	be reported ev	ven if tax-free!
RS matches payer an	id amount. Always use the	e payer name listed or	1099 even if no	t the origin	nal source.						
	of Payer ns 1099INT and 1099OID	Banks, Credit Union, Corp Bonds, Seller Financed	Foreign Tax or With			t U.S. Obligat ng Bonds, T-Bills,			t e Municip a herally Tax-Fre		Other State (Federal Tax-Free)
(Entries are not needed	when 1099s are provided)	Mortgages, etc.		ietu		(State Tax-Free)		(08)			
orfeited Interest (e	arly withdrawal penalty)		·		Federal	Tax Withold	ng on l	nterest & Di	vidends		
		Noto: Sol	Selle ler financed mortga	er Finance			the nave				
ayer Name:		SSN:		ges require t	Address		uie paye	•			
	id amount. Always use pa		99 even if not the	e original s	ource. Son	ne institutions	use subs	titute 1099s a	nd caution i	must be used i	n separating
he various types of d	lividends. Please bring bro										
Please provid	e of Payer le all forms 1099DIV ed when 1099s are provided)	Foreign Taxes Paid or Withheld	Ordinary Dividends	Qualifi Dividend		Capital Gains	199 Divide		rce U.S. Jations ⁽²⁾	Taxable to State Only	State &
.) Oualified dividend	s receive special tax treat	ment and are include	d in the "Ordinary	/ Dividends	" total. (2)	Includes incor	ne from s	avings bonds	. T-Bills. etc	which are stat	e tax-free.
, -	·		,		()				,,,		
											Ę
RS matches gross pro	cceeds from sales using t sales, see Section D2.		tions must be rep	oorted ever	n if there i	s no profit. If b	roker pro	ovides a summ	ary of transa	actions, bring it	and skip
RS matches gross pro his section. For home	oceeds from sales using t	he 1099-B. All transac	Inherited?		n if there i Acquired			Selling Pri	Cos	t or Other Basis ⁽¹⁾	and skip Profit (Memo Only)
S matches gross pro is section. For home	oceeds from sales using t e sales, see Section D2. Description	he 1099-B. All transac	Inherited?						Cos	t or Other	Profit
RS matches gross pro his section. For home	oceeds from sales using t e sales, see Section D2. Description	he 1099-B. All transac	er) Inherited?		Acquired		old		Cos	t or Other	Profit
RS matches gross pro nis section. For home	oceeds from sales using t e sales, see Section D2. Description	he 1099-B. All transac	er) Inherited?		Acquired		old		Cos	t or Other	Profit
RS matches gross pro nis section. For home lease provide all forms	oceeds from sales using t e sales, see Section D2. Description	he 1099-B. All transac	er) Inherited?	Pate	Acquired / / /	Date S	old / / /	Selling Pri	ce Cos	t or Other Basis ⁽¹⁾	Profit
2S matches gross pro- nis section. For home lease provide all forms) The basis from wh	oceeds from sales using t e sales, see Section D2. Description 1099-B and any gain/loss sta	he 1099-B. All transac tements provided by brok ay not be the original	er) Inherited?	Pate Date	Acquired / / / tock splits	Date S	old / / /	Selling Pri	ce Cos	t or Other Basis ⁽¹⁾	Profit
S matches gross pro- his section. For home lease provide all forms) The basis from wh A 13 - CHIII are must enable you	oceeds from sales using t e sales, see Section D2. Description 1099-B and any gain/loss sta ich gain is determined ma	he 1099-B. All transac tements provided by brok ay not be the original NDENT CA prk) or attend school F	er) Inherited Yes Yes Yes Ves REEXP ULL-TIME. Care m	P Date	Acquired / / / tock splits S a child ur	Date S	old / / mergers	Selling Pri	ce Cos	t or Other Basis ⁽¹⁾	Profit (Memo Only)
RS matches gross pro- his section. For home Please provide all forms .) The basis from wh A 13 - CHII are must enable you are. If you are a stud	ich gain is determined ma LDOR DEPE	he 1099-B. All transac tements provided by brok ay not be the original NDENT CA ork) or attend school F RS matches employer	er) Inherited? Yes Yes Yes Scost and must acc REEXP ULL-TIME. Care m provided care be	P Date	Acquired / / tock splits S a child ur income re	Date S	old / / mergers an indivi provide	Selling Pri	ce Cos	t or Other Basis ⁽¹⁾	Profit (Memo Only)
RS matches gross pro- nis section. For home lease provide all forms) The basis from wh A 13 - CHII are must enable you are. If you are a stud	ich gain is determined ma L D OR DEPE to work (or search for wo ent, also see section C4. I provides dependent c	he 1099-B. All transac tements provided by brok ay not be the original NDENT CA ork) or attend school F RS matches employer	er) Inherited Yes Yes Yes Yes State REEEXP ULL-TIME. Care n provided care be MANDATC	Pate Date / / / / count for st ENSE nust be for mefits and	Acquired / / / tock splits a child ur income re mployer ID is an exemp	Date S	old / / mergers an indivi provide	Selling Pri	ce Cos	t or Other Basis ⁽¹⁾ sh sales, etc. mentally incapa	Profit (Memo Only)
RS matches gross pro- nis section. For home lease provide all forms) The basis from wh A 13 - CHII are must enable you are. If you are a stud	ich gain is determined ma L D OR DEPE to work (or search for wo ent, also see section C4. I provides dependent c	tements provided by brok ay not be the original a NDENT CA ork) or attend school F RS matches employer are services Q	er) Inherited Yes Yes Yes Yes State REEEXP ULL-TIME. Care n provided care be MANDATC	P Date / / / / / / / / / / / / /	Acquired / / / tock splits a child ur income re mployer ID is an exemp	Date S	old / / mergers an indivi provide Paym	Selling Pri	ce Cos vidends, was	t or Other Basis ⁽¹⁾ sh sales, etc. mentally incapa	Profit (Memo Only)
his section. For home Please provide all forms 1) The basis from wh A 13 - CHII Care must enable you care. If you are a stud	ich gain is determined ma L D OR DEPE to work (or search for wo ent, also see section C4. I provides dependent c	tements provided by brok ay not be the original a NDENT CA ork) or attend school F RS matches employer are services Q	er) Inherited Yes Yes Yes Yes State REEEXP ULL-TIME. Care n provided care be MANDATC	P Date / / / / / / / / / / / / /	Acquired / / / tock splits a child ur income re mployer ID is an exemp	Date S	old / / mergers an indivi provide Paym	Selling Pri	ce Cos vidends, was	t or Other Basis ⁽¹⁾ sh sales, etc. mentally incapa	Profit (Memo Only)

B - **ITEMIZED DEDUCTIONS**

Taxpayers may choose between itemized or standard deductions. This page and the adjoining page are for recording your expenses, which are needed when itemizing your deductions. If you are certain that you cannot itemize your deductions for either federal or state, you can skip this page and the next one **except B10**.

CAUTION: If you are married and filing separately and either you or your spouse itemize your deductions, then the other spouse must also itemize their deductions. The law does not allow one to itemize and the other to take the standard deduction.

□ If filing married separate and your spouse is itemizing deductions.

B1 - MEDICAL EXPENSES			B 3	- TAXES	PAID				
Although for Federal purposes medical expenses for 2022 a the extent they exceed 7 1/2% of your adjusted gross income				ot list any taxes asso ctible for AMT purpo		ess or renta	al activity. T	axes are no	ot
states, such as Arizona, have no or a different limitation. If y limitation be sure to list your medical expenses. Do NOT lis			Real	Estate – Primary F	Residence		D	o not	
insurance or expenses and premiums paid with pre-tax fun			Real	Estate – 2nd Hom	ie			clude rest and	
INSURANCE PREMIUMS for Medical, Dental, Vision &	Hospital ⁽¹⁾		Real	Estate – Investme	ent Property (Land, e	etc.)		nalties	
Medicare Insurance Premiums (Not payroll tax)			CAUT	ION – Some tax bills in	clude non-deductible sp	pecial service	es. Please pro	ovide copies of	of the tax bills.
	Filer			cle License Fees (T	,	(1)	(2)		(3)
Long-Term Care Insurance	Spouse			onal Property Tax					
Doctors, Dentists ⁽²⁾ (No discretionary cosmetic surgery)			-	s Tax – Receipted (
Acupuncture & Chiropractic Care				s Tax – Cars, Boats me Taxes Paid to A		include abov	ve) State:		
Hospital ⁽³⁾				County, Local Taxe		category)			
Prescription Drugs (No over-the-counter drugs except insulin)			Othe	r:					
	in-home care				e Tax Paid During				
Eye Exam, Glasses, Contact Lenses, Contact Lens Solu			Balar	nce Due	taxes withheto; they a	Other Yea			115.
Hearing Aids & Batteries			-	Return nsion Payment		Or Adjust	0tr. Estima		
Ambulance & Paramedics				Return		Paid Jan. 2		ite	
Auto Travel (To and from medical treatment)		miles	В4	- HOME	MORTGAG	E IN	TERE	ST	9 🎮
Parking & tolls (For medical treatment)				r only interest on loa ence. This deduction					
Taxi, Shuttle, Air Fare, Etc. (To reach medical treatment)			debt	s incurred after 12/1. nd residence. The del	5/2017) of home acc	quisition de	ebt on your	primary or	designated
Lodging (For medical treatment) No. of days:			spou	se. Equity debt interest swere used to make	est is not federally de	eductible f	or years 20	18 thru 20	25 unless loan
Telephone (Medical-related toll charges only)			Some	e states allow a dedu	iction for interest pa	id on up to			
Therapy & Special Schooling ⁽⁴⁾				outer verifies the inte					Amount
Supplies & Equipment (includes Covid-19-related PPE & home COVID-19)	tests to diagnose		enter	payee's name. If paid to me and no 1098 receive	a person from whom yo	u bought	2nd Home	Equity Loan	Provide Form 1098
Handicapped Placard				aid To:					
Handicapped Home Modifications									
Rentals (crutches, wheelchair, walker, oxygen equipment, etc.)				aid To:					
Other:			D P	aid To:					
Other:			D P	aid To:					
(1) Include only amounts you paid.(2) Includes Christian Science practitioner and psychologica	l counseling.		CAU	TION – If Form 1098 w	as issued using a co-ow	ner's SSN. er			e. address & SSN
(3) Includes nursing homes for individuals medically incapa hospital or nursing home meals.	ble of self care. A	lso includes		Name:	j				
(4) Includes physical therapy and psychotherapy; special sch	nooling for physic	cally or mentally	Box	SSN:					
handicapped.			A	Address:					
B2 - INVESTMENT INTERES	Г		If your	home or 2nd home is a	qualified motor home,	boat, etc., lis	t the name o	f the payee h	iere:
Interest paid on loans to acquire investments. This interest of net investment income.	is only allowable	to the extent	CHE	CK ALL THAT AP	PLY.				
Brokerage Margin Accounts				Has the original	home loan ever beer	n refinance	d?		
Vacant Land				Did you refinance	any of these loans t	his year? <mark>(</mark> I	f so, provide	escrow closi	ng statements)
Other:				Have you exceede	ed the \$100,000 (app	olies for so	me states)	equity deb	t limit?
Other:				Does the total of 12/15/2017 loans	all your home loan t ;)?	oalances ex	ceed \$1 m	illion (\$750),000 for post-
		<u> </u>	L						

B - ITEMIZED DEDUCTIONS



/

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B5 - CASH CHARITABLE CONTRIBUTIONS B9 - MISCELLANEOUS If you made cash donations in 2022, complete this section. All cash contributions MUST The expenses listed in this section and section B10 are not deductible for federal in be documented with either a bank record or written verification from the charity. Personal 2018 thru 2025. Some states allow them only to the extent they exceed 2% of your AGI. benefits must be excluded from the donation. Spouse You **DO NOT** enter self-employed business expenses here. Instead House of Worship list them in Section C7 Name: Name: **Employee Business Expenses** Filer Don't include amounts that COULD BE or were reimbursed by your employer. List Payroll Deduction Spouse all travel expenses including out-of-town meals, hotel, air fare, etc., in section C2. Auto Travel See Section C1 Other: Business Gifts - Limited to \$25 per recipient per year. Other: Must be ordinary and necessary Other: **Continuing Education** See Section C4 Employment Seeking & Resume Fees B6 -**NON-CASH CONTRIBUTIONS** Entertainment & Meals (at 100%) Household and clothing items must be in good or better condition. Items of minimal value (amount of meals NOT provided by restaurants: \$_ such as underclothing are not counted. A written receipt is required for donations of \$250 or more. An itemized list should be included with your return if the total exceeds \$500. Equipment - Include individual items with a useful life of one year or more in Deductions are limited to the lesser of your cost or the fair market value (FMV) for each Section B11. item contributed. Insurance – Malpractice, E&O, Etc. Clothing & Household Items Occupational Licenses, Fees, Credentials, Etc. Automobile Travel miles Publications & Journals (Not general interest publications) Volunteer Expenses - Explain: Telephone (Business calls only) Tools - Include individual items with a useful life of one year or more in Section Vehicle Donation (Provide Form 1098-C) B11. Other: Supplies Other: Uniform Purchases (Not including street wear) Uniform Cleaning **B7 - OTHER DEDUCTIONS** Union & Professional Dues The expenses listed in this section are part of the "miscellaneous" itemized deductions but are listed separately because they are not subject to the 2% of AGI limit. Other: Gambling Losses (Only to the extent of gambling winnings) **Other Miscellaneous Deductions** Impairment (Handicapped) Related Work Expenses Attorney Fees (To protect or produce taxable income only) Unrecovered Pension Basis (Deceased taxpayer) IRA or SE Plan Fees Paid By You (Not deducted from the plan) Tax Preparation & Consulting Fees **B8 - CASUALTY LOSSES** Credit/Debit Card Fees to Make Tax Payments For years 2018 thru 2025 personal casualty losses are only deductible to the extent of casualty gains (although some states may still allow personal casualty losses) Other: unless incurred in a presidentially declared disaster area. Generally, after insurance reimbursement, must exceed 10% of your adjusted gross income (AGI) and then only the amount that exceeds the 10% is deductible. **B10 - INVESTMENT EXPENSES** For years 2018 thru 2025 investment expenses are not deductible for federal purposes. But are still allowed in some states. The loss was in a presidentially declared disaster area Investment Expenses – DIRECTLY connected with the production of TAXABLE INCOME ONLY! Do not The loss was from theft or embezzlement include purchase or sales costs. Include interest in Section B2. The loss was the result of a Ponzi scheme Investment Advisory Fees Casualty Description: Safe Deposit Box Fees Legal & Accounting (Related to investments) Date of Casualty / / Other: Insurance Reimbursement B11 - ITEMS WITH A USEFUL LIFE OF ONE Property Damaged - or provide a list in the same format YEAR OR MORE Equipment, tools, computers, etc., purchased this year and used in business having a Fair Market Value Description of Date Original Cost useful life of more than one year must be treated differently for tax purposes. Property Acquired or Other Basis Before Casualty After Casualty **Description of Property Date Acquired** Cost 1 1 1 1 1 1 / / / /

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C - BUSINESS EXPENSES

These expenses are primarily deductible on business schedules. Prior to 2018 employees could also deduct the expenses as an itemized deduction. However, for 2018 thru 2025 the deductions are not allowed as an itemized deduction for employees on the federal return but may be deductible on some state returns.

C1 - VEHICLE OPERATING EXPENSES

DO NOT complete this section or the Business Vehicle Expense section if your vehicle is used only for commuting to work and for personal travel.

used or	ly for commuting to work and for personal travel.	.50 5000.011	, you	, enner		
is used	for business whether or not you use the actual	Vehicl	e #1	Veh	icle #2	
•	5	You		Yo	วน	
		You You Spouse Spous			pouse	
Enter ve	d for business whether or not you use the actual use or "standard mileage rate." IF THIS IS THE FIRST OF BUSINESS USE FOR THE VEHICLE, PROVIDE A OF THE PURCHASE OR LEASE CONTRACT. vehicle make, model and year ehicle is provided (owned) by your employer nt of reimbursement provided by the employer pursement is included in W-2 (Box 1) wages ehicle is available for personal use ave another vehicle for personal use ave written evidence to support your deduction ng Expenses (do not include at place of employment) & Tolls					
The veh	icle is provided (owned) by your employer]			
Amount	of reimbursement provided by the employer					
Reimbu	ement is included in W-2 (Box 1) wages					
This veh	nicle is available for personal use					
You hav	e another vehicle for personal use]			
You hav	e written evidence to support your deduction)			
Parking	Expenses (do not include at place of employment) & Tolls					
		Jan - June	July - Dec	Jan - June		
TOTAL	MILES DRIVEN THIS YEAR				1	
Include a						
S	· · · · · ·				_	
Mile					_	
less						
Business Miles						
8						
	Average Round-Trip Distance to Work – Required					
	Total Commuting Miles for the Year – Required					
actual						
Fuel						
	, , , , , , , , , , , , , , , , , , ,					
	,					
	ayments					
	terest (Self-employed only)					
`	Do Not Duplicate Elsewhere)					
Wash &						
	- AWAY FROM HOME Penses		Yo	u	Spouse	
Check if	expenses incurred as an employee (Section B9)			1		
	expenses incurred for a self-employed business (Sec	tion C7)				
Airfare				+		
Auto Do	ntal Rus Shuttle Tavi Train Etc		1			

BUSINESS EXPENSE DOCUMENTATION

Business expenses must be based on a log and/or other receipts and records. Receipts are required for expenditures of \$75 or more and for all lodging expenses. The records should document: the business purpose, date and time, place and amount. Business meals must be ordinary and necessary to carry on the trade or business, not be lavish or extravagant, and be provided to a current or potential business customer or client, with the taxpayer or an employee present. For federal no deduction allowed for entertainment expenses for2018 thru 2025. You must record the name and business relationship of each person for whom a meal is provided. **You may not deduct these expenses unless documented.**

C3 - HOME OFFICE EXPENSES

To qualify, a "home office" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. A federal home office deduction is not allowed by employees for 2018 thru 2025. Enter 100% of home taxes and mortgage interest in Sections B3 & B4.

Office is for: Filer	Spous	P		Self-E	mpl	oyed Bu	siness			
	eparate set of data			Date use began:			/	,	/	
Area (sq ft) of: Entire Home		² Office Ar	ea		Ft ²	Busines	s Stora	je:		Ft ²
If Day Care Cer	nter, Days per We	eek Used:			Но	ours Per	Day:			
		Expense	es (Entire Home)						
Rent ⁽¹⁾		Utilities				Insura	nce			
Repairs ⁽²⁾		Maintenanc	e			Manag Condo	ement Fees			
		Expenses (Offi	ice Portion On	ly)					
Repairs		Maintenanc	e			Other				
	ur home leave this									

(1) If you own your nome leave this entry blank. If this is the first time to claim this office, provide the nom purchase settlement closing statement, property tax statement and list of improvements to the office. (2) Roof, outside painting included, not lawn care or pool maintenance.

C4 - EDUCATION EXPENSES

CAUTION: These expenses may qualify for tax credits and deductions and are used to justify certain exclusions and tax or penalty-free distributions. Expenses must be segregated by student. Use a different column for each student in the family. Please provide forms 1098-T and/or 1099-Q if applicable. Form 1098-T is mandatory to claim credit.

Student #1 Name:		Тахрауе	r Spouse	Dependent
Student #2 Name:		Taxpaye	r Spouse	Dependent
Student #3 Name:		Taxpaye	r Spouse	Dependent
For Tuitic	on Credit	Student #1	Student #2	Student #3
Full-Time Student? If y	es, check box			
Post-Secondary Tuition	– First Four Years			
Post-Secondary Tuition	– After Four Years			
Enrollment Fees & Cou	Irse Materials			
For Job Related Co	ontinuing Education (No	federal deduction f	for employees for 2	018-2025.)
Tuition & Fees				
Seminar Fees, Etc.				
Books & Supplies				
Travel Expenses	Lis	st in Sections C1	and/or C2	
distributions from Coverde	– Certain expenses, althougl ell Accounts, Qualified Tuitio ve distributions from one of	n (Sec. 529) Plans a	and Savings Bond E	xclusions. If you
Tuition K – 12th Grade (C	overdell, 529 plan)			
Tuition – Post Seconda	ry			
Books & Supplies (not s	529 plan for Grades K-12)			
Room & Board (not 529	plan for Grades K-12)			

)

Auto Rental, Bus, Shuttle, Taxi, Train, Etc.

Laundry

Other:

Bellman, Skycap, Etc.

Meals (Including tips) (amount NOT provided by restaurants: \$______

Lodging (Meals must be separated and included in the line above)



C - RENTAL & BUSINESS INCOME This marker indicates payments that may require the issuance of a 1099 if the annual amount you paid to an individual is \$600 or

more. Failure to issue 1099s could lead to the loss of the deduction for that expense and/or monetary penalties.

C5 - REAL ESTATE RENTAL INCOME & EXPENSES

For property purchased or converted to rental use this year, provide purchase documents and property tax statement. List business vehicle expenses and travel expenses under "Rental Mileage", Section C1. Enter equipment rental business activities in Section C7 below. Copy this page if you have more than two rental activities or purchased more than four business assets or property improvements.

Duranta						Dental la serve	Dama Caracteria	IF A VACATION HOME		
Property Number	R or C ⁽¹⁾		Address o	r Description		Rental Income (Provide any 1099-Ks)	Percent Ownership (if not 100%)	# of Days Personally Used	Number of Rental Days	
#1										
#2										
Expenses			Property #1	Property #2	Expenses		Property #1	Property #2		
Advertising	9				Taxes – Property					
Cleaning &	& Maintena	ance			Taxes – Payroll (D	o not include amounts with	held from employees)			
Commissio	ons	1099			Utilities (electric, ga	as, water, garbage collection				
Insurance					Wages (W-2) (Gene	erally the amount from line	1 of the 2022 form W-3)			
Legal & Pr	ofessional	Fees 📑			Condo or Homeov	vner Association (HOA)	Dues			
Manageme	ent Fees	1.099			Telephone (toll call	ls only)				
9 Mortga	ge Interes	t Paid to Banks			Improvements &	Replacements		urnishings, appliances, dra these expenses in Sectio		
🕈 Other II	nterest				For short-term rer	ntals, including when te				
Repairs		1099			using online servi	ces such as HomeAway	, Airbnb and VRBO,			
Supplies, H	lardware, E	tc.			enter the average	number of days of rent	tal use.			
(1) R for Resi	idential C fo	r Commercial								

C	C6 - BUSINESS PURCHASES AND IMPROVEMENTS											
	Dat	e	Description	Used For Date		Date	Description	Use	Gent			
P	urch	ased	Description	Rental #	Business #	Cost Business #		Description	Rental #	Business #	Cost	
	/	/										
	/	/					/ /					

C7 - SELF-EMPLOYED BUSINESS

List business vehicle expenses and travel expenses in Sections C1 and C2. Enter home office expenses in Section C3. Copy this page if you have more than two business activities.

Business Number	F or S ⁽¹⁾	Self-Employed Hea Insurance Cost	lth Business N	ame		ID Number licable)	Gross	Returns & Allowances	Beginning Inventory		• •	is to Inventory (If other than es provide additional detail)	
#1													
#2													
Expenses			Business #1	Busine	ss #2	Expenses					Business #1	Busine	ss #2
Advertisin	g					Legal & Pro	ofessional			2099			
Commissio	ons and Fee	es 🗾				Licenses (lis	st multi-year lice	enses & permits ur	nder "other")				
Contract L	abor	1099				Office Expe	nse (other than	home office - see t	pelow)				
Dues & Pu	blications					Pension Pla	an Fees						
Business N	1eals (100%) (amount NOT				Rent – Equi	pment						
provided by	restaurants:	\$)				Rent – Othe	er						
Employee	Benefit Pro	ograms				Repairs				1099			
Employee	Health Ber	nefit Plans				Supplies							
Equipment one year	t – with usef	ul life of less than						lude amounts with ayment of 2020 pay		1 - 1			
Equipment	t – Other	Er	nter these expenses i	n Section	C6.	Taxes – Sal	es						
Freight						Taxes – Pro	perty						
Gifts (Limit	ed to \$25 pe	r person)				Telephone							
Insurance	(Not Health)					Utilities							
Interes	t – Mortga	ge (other than home)				Wages (W-2	(Generally the	amount from box	1 of the 2022 fo	rm W-3)			
Interes	t – Other					Other Expe	nses (provide	list and amount	ts)				
Internet Se	ervice					Home Offic	e (Enter informa	ation at C3 and che	eck box indicating) which	_		
Lease Imp	rovements					business the	home office is a	ssociated with)					
(1) F for File	er, S for Spou	se (2) Enter the total gros	ss income including cash	n and credi	t card payment	s. Please provid	le all Forms 109	9-NEC as well as 1	.099-K received f	rom all r	nerchant card and thir	d party payers	

D - BUSINESS DEDUCTION, RELOCATION, HOME SALE, DEBT RELIEF, ENERGY CREDITS



D1 - SEC 199A DEDUCTION		D4 · MOVING	DEDUCTIONS					
Income passed through from a business activity via a K-I n deduction.	nay qualify for a special tax		125, allowed only for active duty members of th a military order. There are no distance requiren					
The information needed to compute this deduction is includ K-1 statement where the business income or loss is from pa		Check if employer reimb and provide the reimburs substitute statement)	ursed any amount of moving expense or home sement statement from the employer (Form 39	sale assistance 03 or a				
and trusts Please be sure to provide the supplemental state you've received.	ment along with any K-1 form	A - Miles from Old Residence to	o New Job	miles				
		B - Miles from Old Residence to	o Old Job	miles				
		A minus B – if less than 50 mil	A minus B – if less than 50 miles, stop: no deduction allowed					
D2 - HOME SALE		Commercial Mover	Truck Rental					
If you sold your home, abandoned it, or lost it to foreclosure, reported. If you received a 1099-S, it is very important that yo the home or lost it to foreclosure, see Section D5.		Temporary Storage (up to 30 days)	Lodging en route (no meals)					
CHECK ALL THAT APPLY		Trailer Rental	Highway Tolls					
		Rental Fuel Costs	Airfare					
Address of Home Sold		# of owned vehicles driven to new home	Auto Travel	miles				
Date Purchased	/ /	Boxes/Tape/Supplies	Other:					
Purchase Price (please provide purchase escrow statement)	1007.15							
You deferred gain from a home sale made prior to 5/7/7 Form 2119 for the year of sale.	1997. If so, please provide the		LIEF & FORECLOSURE					
Improvements to Home Sold (not maintenance)(provide list)		This includes real estate mort	ially forgiven, you may be required to report de tgages, credit card debt, vehicle loans, etc. Debt	s discharged				
Date of Sale (Please bring FINAL closing escrow statement, This	/ /		ven student loans are not included. Please call t tional documentation may be required.	he office in				
Sales Price document will have the information needed for		CHECK ALL THAT APPLY						
Sales Expenses these entries.)		You had any amount of c	redit card debt forgiven and provide a copy of	the 1099-C you				
You owned and used the home as your primary residence (counting back from the sale date)	ce for two of the prior five years	You abandoned your home and provide a copy of the 1099-C						
Your spouse (if married) owned and used the home as h two of the prior five years	is/her primary residence for	You abandoned your home and provide a copy of the 1099-A and/or the 1099-C you received from the financial institution (also complete Section D2 home sale information)						
If owned and used less than two years, give reason for sale:		Your home was foreclosed upon or you sold it under a "short sale" agreement with the lender and provide a copy of the 1099-A and/or the 1099-C you received						
If the home was ever used for business (such as a renta center)	l, home office or day care	D6 - PAYCHECK PROTECTION PROGRAM (PPP) LOANS						
Any of the business use in the prior question was befor	e 5/7/97		ring 2020 or 2021 for your business, please en	er:				
The home was acquired by tax-deferred (Sec 1031) excl	nange after 10/22/04	Amount of loan(s)						
You (and spouse if married) have excluded gain from th within two years of the date of sale of this residence	e sale of a prior residence	Amount of loan(s) forgiven	1					
The home was inherited (including from a deceased specified)	ouse)	Amount of expenses used	to qualify for forgiveness					
The home was not used as your primary residence for a	ny period after 2008	· ·						
You previously claimed the new or long time resident h	omeowner credit		NS YOU MAY HAVE					
D2 - ENERGY CREDITS		If you need more space please	e include a separate note.					
D3 - ENERGY CREDITS Enter only items certified by the manufacturer to meet Gover	nment energy standards.							
Did you have solar electric or solar water heating insta home in 2022?	lled on your main or second							
Did you make energy savings improvements to your ma	in home in 2022?							
Did you purchase a new or used electric vehicle in 202	2?							

D8 - SIGNATURE									
To the best of my knowledge, all the information contained within t	his document is true, correc	t and complete.							
	/ /		/ /						
Filer Signature	Date	Spouse Signature	Date						