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:

our tax appointment is serieud	icu ioi.
Day:	
Date:	
Γime:	
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.

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.

				FORMAT me of filer and a		ly.	₽ ↔			& ADJ		<u> </u>	You	Spouse
Filer Name 😌 Birthday						V	W-2 Wages – Please provide W-2 Forms (retain copy "C" for your records) Partnership, Trust or S-Corporation K-1s (provide complete K-1 copies) and K-3s if issued					sued		
(Must Match SS						/	/	Were you the b	eneficiary of a	an inheritance?	If so, plea	· · · · ·	Yes	Yes
Social Secu (and IRS IP-PIN		<u></u>			Occupation			State Tax Refu			. K 1.			
Driver's Lice	ence (DL)			J		State		Social Security	,			•		
DL Issued D	. ,		,	,	DL Expires	/				1099-Rs) - ente nes with alimon		ributions in A/		
Contact Pho					DE EXPIRES	Day	Evening	l— —	•	and SSN below	· · ·			
Email Addre								Paid to:			,	SSN:		
_		+				Birthda	illy Blind	Tips (not inclu						
Spouse Nan (Must Match SS						/	^y /	l 	· · · · · · · · · · · · · · · · · · ·	on (provide 109	9-G)			
Social Secu (and IRS IP-PIN					Occupation			Gambling Winn		·	ENT	PLANS (9	You	Spouse
Driver's Lice	ence (DL)					State		Retirement pla				<u> </u>	☐ Yes	Yes
DL Issued D	ate	/	,	/	DL Expires	/	/	Did you or you	r spouse conv	ert a traditiona	l IRA to a	Roth IRA in 2022?	Yes	Yes
Contact Pho	one			•		Day	Evening	Traditional	Contribution	ıs				
Email Addre	ess					☐ Lega	ılly Blind	IRA, Keogh	Withdrawals	s (1099-R) ⁽¹⁾				
A 2 A							•	& SEP Plans	Rollovers(2)(3))				
A2 - A Returning cl			ction e	xcept for chang	es.		∀ ←	Flairs	<u> </u>	f your prior year n	on-deductit	ole contributions)		
Street					Apt/Unit N	0		Roth IRA	Contribution					
City					State	Zip		Kotii iid	Rollovers ⁽²⁾⁽³⁾					
Home Phon	ne Number	(if differer	nt from a	above)				Coronavirus Amount Originally Distributed in 2020 (Maximum \$100,000)			20 (Maximum			
A3 - STATUS CHANGES FOR 2022 Distribution Amount Recontributed in 2022														
	Check any that apply and enter the effective date. (1) Show reason if under age 59-1/2 (2) Must be reported even if not taxable unless di (3) Rollovers from Traditional to a Roth IRA may be taxable.					directly "tran	sferred"							
Married	t	/	/	Moved		/	/	A0 - C	DECLAI	OHES	TION	IC O INEC		
Separa	ted	/	/	Home S	Sold	/	/	Coverdell Educa		Contribution	HOR	Distribution - prov		
Divorce	ed	/ .	/	Spouse	Deceased	/	/				Distribution - provi			
Retired		/ .	/	Depend	lent Deceased	d /		HSA Contribut	ion other thar	ı via employer		Distribution - provi	de 1099-SA	
				AXES P			₩ 😝	Adoption Exper	•			Educator Expense		
time. Therefo	re, please ent	er the an	nounts	ed taxes were pa and dates of pay	ment or provide	proof of p						rt an interest in or sig ign accounts, dealings		
		ult in IRS	or stat	e correspondenc			•-	CHECK ALL THAT APPLY TO YOU (AND OR YOUR SPOUSE)						
Applied from		r's Pafur	nd	Date Paid	Federal	Sta	ite	Have signature authority or are named as a co-owner on a bank account in a foreign country even if the funds are not yours.					oreign	
First Quarte			lu	/ /				Received an inheritance from someone in a foreign country.						
		,	2)	· · ·						•	-	iny time in 2022)		
Second Qua	•	•	* +	/ /				-		•		or, or transferor to, a		ıst
Third Quarter (Sept. 15, 2022) / /						<u> </u>				oreign financial ass				
Fourth Quarter (Jan. 17, 2023) / /						during th		or otherwise a	cquire a n	inancial interest in	virtual curr	ency		
				CT DEP		vour banl	k account.	☐ Invest in	a Qualified O	pportunity Fund	d during t	he year		
Doing so wil	l speed up th	ne refund	d and e	liminate the da	nger of a check	being lost	or	☐ Been der	nied Earned In	come Credit by	the IRS			
				o up to 3 separa to make multipl				☐ Been re-	certified for the	e Earned Incom	e, Child Ta	ax, or American Opp	ortunity Cre	dit
additional ac	count inforn	nation ar	nd how	you wish to all	ocate the refun	d.						please call in adva		
Bank Name								☐ Made a gioint gift	jift of money o s by a married	or property to a couple) in 202	ny individ 2	ual in excess of \$1	5,000 (\$32,	000 for
Bank Routir	ng Number	(Exactly 9	Digits)					☐ Employ h	nousehold woi	rkers				
Account Nu	mber (includ	le hyphens	s - omit	spaces & special c	haracters – 17 dig	its max)		☐ Sell jewe	elry, gold, coins	s, or other preci	ous metal	ls during the year		
								Filer] Spouse	You wish to co	ntribute t	o the Presidential o	ampaign fu	nd

Savings

Allocation:

%

Checking

Account Type

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.

A9 - DEPE	NDENTS only enter first names ar	nd any changes Enter	all the informat	ion for nev	w denende	onts							₽
Recarming elleries need	Last Name		_		F, M, G,		nths in Home				If ov	er the	e age of 18
First Name	(If Different)	Social Securit (and, if issued, IRS I			or HOH*	1	(Your Home)	ı	Birth Date		Incon		Student
									/ /	′			☐ Yes
									/ /	/			☐ Yes
									/ /	′			☐ Yes
* Enter S-Son, D-Daugh	ter, F-Father, M-Mother, G	-Grandchild, or enter	other relationsh	ip. Enter H	OH for no	n-depe	endent Head of	Household	d qualifier	S.			
	REST INCOL		n 1099 even if no	ot the origi	nal source			Caution	: All inter	est must	be reported	even i	if tax-free!
Please provide all form	of Payer s 1099INT and 1099OID when 1099s are provided)	Banks, Credit Union, Corp Bonds, Seller Financed Mortgages, etc.	Foreign Tax or With		Savi	ng Bond	Obligations ds, T-Bills, etc. Tax-Free)	Home		Junicipa ly Tax-Fre	al Bonds e)		Other State ederal Tax-Free)
Forfeited Interest (ea	rly withdrawal penalty)						Witholding or	Interest	& Divid	ends			
		Note: Sel	Selle ler financed mortga		ed Mortga the name, S	_	address of the pa	yer.					
Payer Name:		SSN:			Addres	s:							
IRS matches payer and	DEND INCOL I amount. Always use pay vidends. Please bring bro	er name listed on 10	99 even if not th	e original	source. Soi	ne inst	titutions use su	bstitute 10	099s and	caution r	must be used	d in se	parating
Please provide	of Payer all forms 1099DIV I when 1099s are provided)	Foreign Taxes Paid or Withheld	Ordinary Dividends	Qualif Divider		Capi Gaiı		99A dends	Source Obligati		Taxable State Or		Non-Taxable State & Federal
(1) Qualified dividends	receive special tax treatn	ment and are include	d in the "Ordinar	v Dividend	ls" total. (2)	Includ	des income fror	n savings l	bonds, T-B	ills. etc	which are st	tate ta	x-free.
	STMENT SA			y Dividend		· · · · · · · · · · · · · · · · · · ·	acs medine nor						
	ceeds from sales using th		tions must be re	ported eve	en if there	is no p	orofit. If broker p	orovides a	summary	of transa	actions, bring	g it and	d skip
(Please provide all forms 1	Description 099-B and any gain/loss state	ements provided by brok			e Acquired	t	Date Sold	Sellin	g Price		st or Other Basis ⁽¹⁾		Profit (Memo Only)
			Yes	/	-	+	/ /						
			Yes	/		+	/ /	-				-	
(1) The basis from which	ch gain is determined may	y not be the original	Cost and must a		•	rever	• •	ore reinves	ted divide	ands was	sh sales etc		
		-				5,16461	se spiits, merge		iteu uiviu	ilus, was	311 38163, 616.		
	D OR DEPEI					ador a	ao 17 or an ind	ividual wh	o is physi	cally or r	montally inc	anablo	of self
	nt, also see section C4. IR								o is priysi	catty of f	TICILIALLY IIIC	араріс	or seti
☐ Employer ¡	provides dependent ca	re services 😌	Provider	's SSN or E	mployer II) #	Pay	ments M	UST BE	Allocate	ed by Child/	/Depe	ndent
Paid To	Address & Ph	one Number			t is an exem EO, check bo		Child/Depnd.	s Name:	Child/I	Depnd.'s	Name: C	hild/D	epnd.'s Name:

B - ITEMIZED DEDUCTIONS

4

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.

 $\hfill \square$ If filing married separate and your spouse is itemizing deductions.

B1 - MEDICAL EXPENSES	P	В3	- TAXES	PAID				P
Although for Federal purposes medical expenses for 2022 are only deductible to the extent they exceed 7 ½% of your adjusted gross income (AGI) for the year, some states, such as Arizona, have no or a different limitation. If your state has a lower or no limitation be sure to list your medical expenses. Do NOT list expenses reimbursed by			Do not list any taxes associated with a business or rental activity. Taxes are not deductible for AMT purposes.					
			Real Estate – Primary Residence			Do not		
insurance or expenses and premiums paid with pre-tax funds or H	SA distributions.	Real Estate – 2nd Home include interest and						
INSURANCE PREMIUMS for Medical, Dental, Vision & Hosp	rital ⁽¹⁾	Real	Estate – Investm	ent Property (Land,	etc.)	pe	nalties	
Medicare Insurance Premiums (Not payroll tax)		CAUT	ION – Some tax bills i	nclude non-deductible s	pecial servic	es. Please pro	ovide copies	of the tax bills.
File	r	Vehi	cle License Fees	(Tax portion only):	(1)	(2)		(3)
Long-Term Care Insurance Spo	use	l 	onal Property Tax					
Doctors, Dentists ⁽²⁾ (No discretionary cosmetic surgery)		l		(Leave blank for standar				
Acupuncture & Chiropractic Care			s Tax – Cars, Boat me Taxes Paid to	s, Home, Etc. (Do not	include abo	ve) State:		
Hospital ⁽³⁾		1		es (not listed in anothe	r category)	State.		
<u>'</u>		Othe	•	CS (Not asked in anothe	- category,			
Prescription Drugs (No over-the-counter drugs except insulin)		_	State Incon	ne Tax Paid During	2022 (ple	ase provide p	proof of payn	nent)
Nursing Care	me care	-		le taxes withheld; they a				
Eye Exam, Glasses, Contact Lenses, Contact Lens Solution		11	ice Due Return		Other Yea			
Hearing Aids & Batteries		l	sion Payment			Qtr. Estima	ite	
Ambulance & Paramedics		2021	Return		Paid Jan.	2022		
Auto Travel (To and from medical treatment)	miles	B4 - HOME MORTGAGE INTEREST ♀ 🏲						
Parking & tolls (For medical treatment)				ans secured by your p				
Taxi, Shuttle, Air Fare, Etc. (To reach medical treatment)		debts	incurred after 12/	15/2017) of home ac	quisition de	ebt on your	primary or	r designated
Lodging (For medical treatment) No. of days:		spou	se. Equity debt inte	ebt limit applies sepa rest is not federally d	eductible f	or years 20	18 thru 20	25 unless loan
Telephone (Medical-related toll charges only)		funds were used to make home improvements or can be traced to a deductible purpose Some states allow a deduction for interest paid on up to \$100,000 of equity debt. The II						
Therapy & Special Schooling ⁽⁴⁾				erest paid on home r				Amazunt
Supplies & Equipment (includes Covid-19-related PPE & home tests to COVID-19)	diagnose	enter	payee's name. If paid to	eceived, check "Paid To" l o a person from whom yo ved, also complete Box A	ou bought	2nd Home	Equity Loan	Amount Provide Form 1098
Handicapped Placard		□ Doid To.						
Handicapped Home Modifications								
Rentals (crutches, wheelchair, walker, oxygen equipment, etc.)] 🗆 P	Paid To:					
Other:		□Р	☐ Paid To:					
Other:			aid To:					
(1) Include only amounts you paid.		Paid To:						
(2) Includes Christian Science practitioner and psychological count(3) Includes nursing homes for individuals medically incapable of statement	=	CAUTION – If Form 1098 was issued using a co-owner's SSN, enter that individual's name, address & SSN						e, address & SSN
hospital or nursing home meals. (4) Includes physical therapy and psychotherapy; special schooling	for physically or mentally	Box SSN:						
handicapped.		_ A	Address:					
B2 - INVESTMENT INTEREST		If your		a qualified motor home,	boat, etc., lis	st the name o	of the payee l	here:
Interest paid on loans to acquire investments. This interest is only of net investment income.	allowable to the extent	СНЕ	CK ALL THAT A	PPLY.				
Brokerage Margin Accounts				home loan ever bee	n refinance	ed?		
Vacant Land			Did you refinanc	e any of these loans	this year? (lf so, provide	escrow closi	ing statements)
		Have you exceeded the \$100,000 (applies for some states) equity debt limit?						
Other:		Does the total of all your home loan balances exceed \$1 million (\$750,000 for post-						
Other:			12/15/2017 loar	ıs)?				

B - ITEMIZED DEDUCTIONS

7	•
1	

B5 - CASH CHARITABLE CONTRIBUTIONS

If you made cash donations in 2022, complete this section. All cash contributions MUST be documented with either a bank record or written verification from the charity. Personal benefits must be excluded from the donation.

House of Worship		
Payrall Deduction	Filer	
Payroll Deduction	Spouse	
Other:		
Other:		
Other:		

B6 - NON-CASH CONTRIBUTIONS

Household and clothing items must be in good or better condition. Items of minimal value 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. Deductions are limited to the lesser of your cost or the fair market value (FMV) for each item contributed.

Clothing & Household Items	
Automobile Travel	miles
Volunteer Expenses - Explain:	
Vehicle Donation (Provide Form 1098-C)	
Other:	
Other:	

B7 - OTHER DEDUCTIONS

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.	
Gambling Losses (Only to the extent of gambling winnings)	
Impairment (Handicapped) Related Work Expenses	
Unrecovered Pension Basis (Deceased taxpayer)	

B8 - CASUALTY LOSSES

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) 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.

The loss was in a presidentially declared disaster area

	The toss was in a presidentially declared disaster area							
	The loss was from theft or embezzlement							
	The loss was the result of a Ponzi scheme							
Casu	Casualty Description:							
Date	of Casualty	/	/					
Insu	rance Reimbursement							

F	Property Damaged – or provide a list in the same format								
Description of	Date	Original Cost	Fair Market Value						
Property	Acquired	or Other Basis	Before Casualty	After Casualty					
	/ /								
	/ /								
	/ /								
FDARDE & Commisted 2022 Counting and the Counting Wester DDO									

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B9 - MISCELLANEOUS

The expenses listed in this section and section B10 are not deductible for federal in

		· · · · · · · · · · · · · · · · · · ·	7				
DO NOT enter list them in S	You Name:	Spouse Name:					
Employee Bus	rune.	i italiic.					
	Don't include amounts that COULD BE or were reimbursed by your employer. List						
all travel expense	s including out	-of-town meals, hotel, air fare, etc., in section C2.					
Auto Travel		See Section C1					
Business Gifts Must be ordinary a		\$25 per recipient per year.					
Continuing Ed	ducation	See Section C4					
Employment :	Seeking &	Resume Fees					
Entertainmen (amount of meals							
Equipment - II Section B11.	nclude individu	aal items with a useful life of one year or more in					
Insurance – M	lalpractice,	E&O, Etc.					
Occupational	Licenses, F	ees, Credentials, Etc.					
Publications 8	& Journals	Not general interest publications)					
Telephone (Bu	siness calls on	ly)					
Tools – Include B11.	individual item	s with a useful life of one year or more in Section					
Supplies							
Uniform Purcl	hases (Not	including street wear)					
Uniform Clear	ning						
Union & Profe	essional Du	es					
Other:							
		Other Miscellaneous Deductions					
Attorney Fees	(To protect or	produce taxable income only)					
IRA or SE Plar	By You (Not deducted from the plan)						
Tax Preparation	lting Fees						
Credit/Debit (Credit/Debit Card Fees to Make Tax Payments						
Other:	Other:						

B10 - INVESTMENT EXPENSES

For years 2018 thru 2025 investment expenses are not deductible for federal purposes. But are still allowed in some states.

Investment Expenses – DIRECTLY connected with the production of TAXABLE INCOME ONLY! Do not include purchase or sales costs. Include interest in Section B2.

Investment Advisory Fees	
Safe Deposit Box Fees	
Legal & Accounting (Related to investments)	
Other:	

B11 - ITEMS WITH A USEFUL LIFE OF ONE YEAR OR MORE

Equipment, tools, computers, etc., purchased this year and used in business having a useful life of more than one year must be treated differently for tax purposes.

Description of Property	Date Acquired	Cost
	/ /	
	/ /	
	/ /	

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.

is used f	tion MUST be completed for every vehicle that for business whether or not you use the actual	Vehic	le #1	Vehicle #2		
	or "standard mileage rate." IF THIS IS THE FIRST BUSINESS USE FOR THE VEHICLE, PROVIDE A	You		You		
	THE PURCHASE OR LEASE CONTRACT.	Spo	use	Spouse		
Enter ve	hicle make, model and year					
The vehi	icle is provided (owned) by your employer]			
Amount	of reimbursement provided by the employer					
Reimbur	sement is included in W-2 (Box 1) wages)	С]	
This veh	icle is available for personal use))	
You have	e another vehicle for personal use)			
You have	e written evidence to support your deduction)			
Parking	Expenses (do not include at place of employment) & Tolls					
		Jan - June	July - Dec	Jan - June	July - Dec	
	MILES DRIVEN THIS YEAR Il mileage – personal, commuting and business					
	For employer					
	Between First & Second Job					
	From Job to School (for job-related education)					
iles	Rental					
Business Miles	Self-Employed Business					
sine	Temporary Job Sites					
Bu	Other (i.e. investment, tax prep, union or professional meetings - Provide detail)					
	Average Round-Trip Distance to Work – Required					
	Total Commuting Miles for the Year – Required					
Vehic	le Operating & Other Expenses - This information is	only real	ired if yo	ıı are iisin	a the	

Vehicle Operating & Other Expenses – This information is only required if you are using the actual expense method, or if you used the actual method the first year the vehicle was placed in service.

actual expense method, or in you used the actual method the mist year	i the vernete was pe	acca iii scivicc.
Fuel		
Maintenance, Tires, Batteries and Repairs		
Insurance (Do Not Duplicate Elsewhere)		
Vehicle Licenses (Do Not Duplicate Elsewhere)		
Lease Payments		
Loan Interest (Self-employed only)		
Taxes (Do Not Duplicate Elsewhere)		
Wash & Wax		

C2 - AWAY FROM HOME

EXPENSES	You	Spouse
Check if expenses incurred as an employee (Section B9)		
Check if expenses incurred for a self-employed business (Section C7)		
Airfare		
Auto Rental, Bus, Shuttle, Taxi, Train, Etc.		
Meals (Including tips) (amount NOT provided by restaurants: \$)		
Lodging (Meals must be separated and included in the line above)		
Laundry		
Bellman, Skycap, Etc.		
Other:		

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 for 2018 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	mploy	ed Bus	siness			
	eparate set of data		Date use began:			/	,	/		
Area (sq ft) of: Entire Home		² Office Ar	ea:	:	Ft² E	Busines	s Storaç	ge:		Ft²
If Day Care Center, Days per Week Used: Hours Per Day:										
	Expenses (Entire Home)									
Rent ⁽¹⁾		Utilities				Insurar	nce			
Repairs ⁽²⁾		Maintenance	e			Manag Condo				
Expenses (Office Portion Only)										
Repairs		Maintenance	e			Other				
(1) If you own yo	ur home leave this	entry blank. If t	his	is the first tim	e to cla	aim this	office, pr	ovide tl	ne hor	me

(1) If you own your home leave this entry blank. If this is the first time to claim this office, provide the home 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

Books & Supplies (not 529 plan for Grades K-12)

Room & Board (not 529 plan for Grades K-12)

Student #1 Name:

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.

Taynaver

Snouse

Dependent

	Tunpaye	Spouse	Берениене					
	Taxpaye	r Spouse	Dependent					
	Taxpaye	r Spouse	Dependent					
on Credit	Student #1	Student #2	Student #3					
es, check box								
– First Four Years								
– After Four Years								
ırse Materials								
ontinuing Education (No	federal deduction t	for employees for 2	2018-2025.)					
Lis	t in Sections C1	and/or C2						
For Education Plans – Certain expenses, although not deductible, must be reported to justify tax-free distributions from Coverdell Accounts, Qualified Tuition (Sec. 529) Plans and Savings Bond Exclusions. If you did not have distributions from one of those, you can skip the entries below.								
Tuition K – 12th Grade (Coverdell, 529 plan)								
ry								
	es, check box - First Four Years - After Four Years irse Materials ontinuing Education (No Lis - Certain expenses, although eld Accounts, Qualified Tuitio eve distributions from one of	Taxpaye Taxpay	Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Student #1 Student #2 es, check box					

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.

D						Pontal Income	Daniel Orientalia	IF A VACAT	ION HOME
Property Number	R or C ⁽¹⁾		Address or	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)				Taxes – Property				
Cleaning &	Maintena	nce			Taxes – Payroll (De	o not include amounts with	held from employees)		
Commissio	ns	1097			Utilities (electric, ga	as, water, garbage collection	ı, etc.)		
Insurance					Wages (W-2) (Gene	rally the amount from line	1 of the 2022 form W-3)		
Legal & Pro	ofessional	Fees			Condo or Homeov	vner Association (HOA)	Dues		
Manageme	nt Fees	1097			Telephone (toll call	ls only)			
♥ Mortgag	ge Interest	Paid to Banks			Improvements &	Replacements		urnishings, appliances, dra these expenses in Sectio	
Other Ir	nterest				For short-term rer	ntals, including when te	nants are secured		
Repairs		1097			using online servi	ces such as HomeAway	, Airbnb and VRBO,		
Supplies, H	ardware, E	tc.			enter the average				
(1) R for Resi	dential, C fo	r Commercial		•	•				

C6 - BUSINESS PURCHASES AND IMPROVEMENTS

Date	Description	Use	d For	Cost	Date	Description	Use	d For	Cost
Purchased	Description	Rental #	Business #	Cost	Purchased	Description	Rental #	Business #	Cost
/ /					/ /				1
/ /					/ /				

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-Employ Insurance		Business N	ame	Employer I (If Appl		Gross Income ⁽²⁾	Returns & Allowances	Beginning Inventory		ions to Inventory (I hases provide addition		Ending Inventor
#1														
#2														
Expenses			Bus	siness #1	Busines	s #2	Expenses					Business #1	Busine	ss #2
Advertising	9						Legal & Pro	fessional			1099			
Commissio	ns and Fee	es	1099				Licenses (lis	t multi-year lice	enses & permits ur	nder "other")				
Contract La	abor		1099				Office Expe	nse (other than	home office - see b	elow)				
Dues & Pu	blications						Pension Pla	n Fees						
Business M	1eals (100%	S) (amount NOT					Rent – Equi	pment						
provided by	restaurants:	\$					Rent – Othe	er						
Employee I	Benefit Pro	ograms					Repairs				1099			
Employee I	Health Ber	nefit Plans					Supplies							
Equipment	– with usef	ful life of less tha	an				Taxes – Pay	roll (Do not inc	lude amounts with	held from emplo	yees)			
one year							Check the box	if you deferred p	ayment of 2020 pay	roll taxes to 2021	& 2022			
Equipment	- Other		Enter	these expenses i	n Section	C6.	Taxes – Sale	es		,				
Freight							Taxes – Pro	perty		,				
Gifts (Limite	ed to \$25 pe	r person)					Telephone							
Insurance ((Not Health)						Utilities							
• Interest	t – Mortga	ge (other than h	ome)				Wages (W-2) (Generally the	amount from box	1 of the 2022 for	rm W-3)			
† Interest	t – Other						Other Expe	nses (provide	list and amount	is)				
Internet Se	ervice						Home Office	e (Enter informa	ation at C3 and che	eck box indicating	y which			
Lease Impr	rovements						business the l	home office is a	ssociated with)	•				

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

Б	7	-	•	н		0	G	A		n	Е	Ш	0	7		١D	۲
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Income passed through from a business activity via a K-I may qualify for a special tax deduction.

The information needed to compute this deduction is included on **the K-1 and a separate K-1 statement** where the business income or loss is from partnerships, S-corporations and trusts Please be sure to provide the supplemental statement along with any K-1 form you've received.

D2 - HOME SALE

If you sold your home, abandoned it, or lost it to foreclosure, the disposition may need to be reported. If you received a 1099-S, it is very important that you provide it. If you abandoned the home or lost it to foreclosure, see Section D5.

the home or lo	ost it to fo	oreclosi	ure, see Section D5.							
CHECK ALL	CHECK ALL THAT APPLY									
Address of Hon	ne Sold									
Date Purchased	t			/ /						
Purchase Price	(please pr	rovide	purchase escrow statement)							
	rred gain 1 19 for the		home sale made prior to 5/7/2 f sale.	1997. If so, please provide the						
Improvements	to Home S	Sold (n	ot maintenance)(provide list)							
Date of Sale			(Please bring FINAL closing escrow statement. This	/ /						
Sales Price			document will have the information needed for							
Sales Expenses			these entries.)							
	ed and use g back fror			ce for two of the prior five years						
	use (if ma ne prior fiv		owned and used the home as h	nis/her primary residence for						
If owned and u	sed less tl	han tw	o years, give reason for sale:							
☐ If the hor center)	me was ev	ver use	d for business (such as a renta	l, home office or day care						
☐ Any of th	e busines	s use ii	n the prior question was befor	e 5/7/97						
☐ The hom	e was acq	uired b	by tax-deferred (Sec 1031) excl	nange after 10/22/04						
☐ You (and within tv	spouse if vo years o	marrie f the d	d) have excluded gain from th ate of sale of this residence	e sale of a prior residence						
☐ The hom	e was inh	erited	(including from a deceased spo	ouse)						
☐ The hom	e was not	used a	as your primary residence for a	ny period after 2008						
☐ You prev	iously clai	imed th	ne new or long time resident h	omeowner credit						
D3 - E1	NERG	Y	CREDITS							
			ne manufacturer to meet Gover	rnment energy standards.						
Did you l		r electr	ic or solar water heating instal	lled on your main or second						
☐ Did you i	make ener	rgy sav	ings improvements to your ma	nin home in 2022?						
Did you p	purchase a	a new o	or used electric vehicle in 2022	2?						

D4 - MOVING DEDUCTIONS

For federal for years 2018 - 2025, allowed only for active duty members of the Armed Forces who move pursuant to a military order. There are no distance requirements for military change of station.

Check if employer reimbursed any amount of moving expense or home sale assistance

and provide the reimbursement statement from the employer (Form 3903 or a substitute statement)										
A - Miles from Old Residence to New Job mile										
B - Miles from Old Residence t	o Old Job			miles						
A minus B – if less than 50 miles, stop: no deduction allowed mil										
Commercial Mover Truck Rental										
Temporary Storage (up to 30 days)										
Trailer Rental		Highway Tolls								
Rental Fuel Costs		Airfare								
# of owned vehicles driven to new home Auto Travel										
Boxes/Tape/Supplies Other:										

D5 - DEBT RELIEF & FORECLOSURE

If you had debt totally or partially forgiven, you may be required to report debt relief income. This includes real estate mortgages, credit card debt, vehicle loans, etc. Debts discharged in bankruptcy and most forgiven student loans are not included. Please call the office in advance to discuss what additional documentation may be required.

CHECK ALL THAT APPLY

- You had any amount of credit card debt forgiven and provide a copy of the 1099-C you received from the financial institution
- 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)
- 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

D6 - PAYCHECK PROTECTION PROGRAM (PPP) LOANS

If you obtained a PPP Loan during 2020 or 2021 for your business, please enter:

Amount of loan(s)	ı
Amount of loan(s) forgiven	1
Amount of expenses used to qualify for forgiveness	

D7 - QUESTIONS YOU MAY HAVE

If you need more space please include a separate note.

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