

2022

ORGANIZER

METZGER
MANCINI & LACKNER LLP

CERTIFIED PUBLIC ACCOUNTANTS

115 S. Eddy Street, South Bend, IN 46617
T 574 232 9973 • F 574 232 8863

Personal Information

1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) [1]

Mark if you were married but living apart all year [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

	Taxpayer	Spouse
Social security number	[4]	[5]
First name	[6]	[7]
Last name	[8]	[9]
Occupation	[10]	[11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	[12]	[14]
Mark if dependent of another taxpayer	[15]	[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	[17]	
Mark if legally blind	[20]	[21]
Date of birth	[22]	[24]
Date of death	[26]	[27]
Work/daytime telephone number/ext number	[28] [29]	[30] [31]
Home/evening telephone number	[32]	[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	[34]	

Present Mailing Address

Address [40]
 Apartment number [41]
 City, state postal code, zip code [42] [43] [44]
 Foreign country name [46]
 Foreign phone number [49]
 In care of addressee [51]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name ^[52]	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Months ^{***} in home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent [53]

Social security number of qualifying person [54]

Dependent Codes

*Basic	1 = Child who lived with you	**Other	1 = Student (Age 19 - 23)
	2 = Child who did not live with you due to divorce/separation		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit		
***Months	77 = Reported on odd year return		
	88 = Reported on even year return		
	99 = Not reported on return		

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)

[8]

Taxpayer email address

[9]

Spouse email address

[10]

Taxpayer

Spouse

Fax telephone number

[11]

[20]

Mobile telephone number

[12]

[21]

Mobile telephone #2 number

[13]

[22]

Pager number

[14]

[23]

Other:

[15]

[24]

Telephone number

[16]

[25]

Extension

[17]

[26]

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

[18]

[27]

NOTES/QUESTIONS:

Wages and Salaries #1

12

Please provide all copies of Form W-2.

2022 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
 Mark if this is your current employer _____ [6]
 Federal wages and salaries (Box 1) + _____ [10]
 Federal tax withheld (Box 2) + _____ [12]
 Social security wages (Box 3) (If different than federal wages) + _____ [14]
 Social security tax withheld (Box 4) + _____ [16]
 Medicare wages (Box 5) (If different than federal wages) + _____ [18]
 Medicare tax withheld (Box 6) + _____ [21]
 SS tips (Box 7) + _____ [23]
 Allocated tips (Box 8) + _____ [25]
 Dependent care benefits (Box 10) + _____ [27]
Box 13 -
 Statutory employee _____ [29]
 Retirement plan _____ [30]
 Third-party sick pay _____ [31]
 State postal code (Box 15) _____ [32]
 State wages (Box 16) (If different than federal wages) + _____ [34]
 State tax withheld (Box 17) + _____ [36]
 Local wages (Box 18) + _____ [38]
 Local tax withheld (Box 19) + _____ [40]
 Name of locality (Box 20) _____ [43]

Control Totals +**Wages and Salaries #2**

Please provide all copies of Form W-2.

2022 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
 Mark if this your current employer _____ [6]
 Federal wages and salaries (Box 1) + _____ [10]
 Federal tax withheld (Box 2) + _____ [12]
 Social security wages (Box 3) (If different than federal wages) + _____ [14]
 Social security tax withheld (Box 4) + _____ [16]
 Medicare wages (Box 5) (If different than federal wages) + _____ [18]
 Medicare tax withheld (Box 6) + _____ [21]
 SS tips (Box 7) + _____ [23]
 Allocated tips (Box 8) + _____ [25]
 Dependent care benefits (Box 10) + _____ [27]
Box 13 -
 Statutory employee _____ [29]
 Retirement plan _____ [30]
 Third-party sick pay _____ [31]
 State postal code (Box 15) _____ [32]
 State wages (Box 16) (If different than federal wages) + _____ [34]
 State tax withheld (Box 17) + _____ [36]
 Local wages (Box 18) + _____ [38]
 Local tax withheld (Box 19) + _____ [40]
 Name of locality (Box 20) _____ [43]

Control Totals +

Interest Income

13

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer	+						
	Amounts							
2	Payer	+						
	Amounts							
3	Payer	+						
	Amounts							
4	Payer	+						
	Amounts							
5	Payer	+						
	Amounts							
6	Payer	+						
	Amounts							
7	Payer	+						
	Amounts							
8	Payer	+						
	Amounts							
9	Payer	+						
	Amounts							
10	Payer	+						
	Amounts							

**Interest Codes			
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment	
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond	

Control Totals +

Dividend Income

14

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J Code	Type (**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer Amounts											
2	Payer Amounts											
3	Payer Amounts											
4	Payer Amounts											
5	Payer Amounts											
6	Payer Amounts											
7	Payer Amounts											
8	Payer Amounts											
9	Payer Amounts											
10	Payer Amounts											

**Dividend Codes

Blank = Other

3 = Nominee

Control Totals +

Form ID: B-2

Social Security, Tier 1 Railroad Benefits

25

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)
State postal code____ [1]
____ [3]**Social Security Benefits**

If you received a Form SSA - 1099, please complete the following information:

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ _____ [7]

Prescription drug (Part D) premiums

+ _____ [9]

Net Benefits for 2022 (Box 3 minus Box 4) (Box 5)

+ _____ [12]

Voluntary Federal Income Tax Withheld (Box 6)

+ _____ [14]

Prior Year Information

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2022 (Box 5)

+ _____ [22]

Federal Income Tax Withheld (Box 10)

+ _____ [25]

Medicare Premium Total (Box 11)

+ _____ [27]

Prior Year Information

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2022 or receive any prior year benefits in 2022. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[40]
	[41]
	[42]
	[43]
	[44]

NOTES/QUESTIONS:

Control Totals +

Form ID: SSA-1099

Taxpayer

Spouse

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

[1]

[2]

Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

[3]

[4]

Enter the total traditional IRA contributions made for use in 2022

+

[5]

+

[6]

Taxpayer

Spouse

Enter the nondeductible contribution amount made for use in 2022

+

[5]

+

[6]

Enter the nondeductible contribution amount made in 2023 for use in 2022

+

[7]

+

[8]

Traditional IRA basis

+

[17]

+

[18]

Value of all your traditional IRA's on December 31, 2022:

+

[19]

+

[20]

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

Roth IRA

Please provide copies of any 1998 through 2021 Form 8606 not prepared by this office

Taxpayer

Spouse

Mark if you want to contribute the maximum Roth IRA contribution

[29]

[30]

Enter the total Roth IRA contributions made for use in 2022

+

[31]

+

[32]

Enter the amount a 2022 Roth IRA conversion should be adjusted by

+

[39]

+

[40]

Enter the total contribution Roth IRA basis on December 31, 2021

+

[43]

+

[44]

Enter the total Roth IRA contribution recharacterizations for 2022

+

[45]

+

[46]

Enter the Roth conversion IRA basis on December 31, 2021

+

[47]

+

[48]

Value of all your Roth IRA's on December 31, 2022:

+

[49]

+

[50]

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

+

NOTES/QUESTIONS:

☐ Preparer use only

2022 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Business name _____ [5]
 Principal business/profession _____ [6]
 Business code _____ [12]
 Business address, if different from home address on Organizer Form ID: 1040
 Address _____ [15]
 City/State/Zip _____ [16] _____ [17] _____ [18]
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____ [19]
 If other: _____ [21]
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____ [22]
 If other enter explanation: _____ [24]

 Enter an explanation if there was a change in determining your inventory: _____ [25]

 Did you "materially participate" in this business? (Y, N) _____ [26]
 If not, number of hours you did significantly participate _____ [28]
 Mark if you began or acquired this business in 2022 _____ [30]
 Did you make any payments in 2022 that require you to file Form(s) 1099? (Y, N) _____ [31]
 If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [33]
 Mark if this business is considered related to qualified services as a minister or religious worker _____ [35]
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____ [37]
 Medical insurance premiums paid by this activity + _____ [40]
 Long-term care premiums paid by this activity + _____ [44]
 Amount of wages received as a statutory employee + _____ [47]

Business Income

2022 Information

Prior Year Information

Gross receipts and sales _____ + _____ [52]
 _____ + _____
 _____ + _____
 _____ + _____
 Returns and allowances _____ + _____ [55]
 Other income: _____ + _____ [57]
 _____ + _____
 _____ + _____
 _____ + _____

Cost of Goods Sold

2022 Information

Prior Year Information

Beginning inventory _____ + _____ [59]
 Purchases _____ + _____ [61]
 Labor: _____ + _____ [63]
 _____ + _____
 Materials _____ + _____ [65]
 Other costs: _____ + _____ [67]
 _____ + _____
 _____ + _____
 _____ + _____
 Ending inventory _____ + _____ [69]

Control Totals +

Form ID: C-1

Principal business or profession

Prior Year Information

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

+

+

+ _____ [24]

+

+ [26]

+ _____ [29]

$$+ \frac{1}{\sqrt{\pi}} \int_0^x \frac{1}{t} dt = \frac{1}{\sqrt{\pi}} \ln x + C \quad [31]$$

+ [33]

+ _____ [35]

$$+ \quad \quad \quad [37]$$
$$+ \dots \quad [39]$$

+ [41]

+

+ [43]

+ [45]

+ [47]

+ [49]

+ [51]

+ [53]

+

+ [55]

+

+

+

+

Form ID: C-2

Preparer use only

2022 Information

Prior Year Information

Description _____ [2]
 Taxpayer/Spouse/Joint (T,S,J) _____ [3] State postal code _____ [5]
 Physical address: Street _____ [6]
 City, state, zip code _____ [7] _____ [8] _____ [9]
 Foreign country _____ [11]
 Foreign province/county _____ [12]
 Foreign postal code _____ [13]
 Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) _____ [14]
 Description of other type (Type code #8) _____ [15]
 Did you make any payments in 2022 that require you to file Form(s) 1099? (Y,N) _____ [16]
 If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [18]
 Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____ [20]
 Percentage of ownership if not 100% _____ [22]
 Business use percentage, if not 100% (Not vacation home percentage) _____ [24]

Rent and Royalty Income

Rents and royalties

2022 Information

Prior Year Information

_____ + _____ [33]

Rent and Royalty Expenses

2022 Information

Percent if not 100%

Prior Year Information

Advertising + _____ [35] _____ [36]
 Auto + _____ [38] _____ [39]
 Travel + _____ [41] _____ [42]
 Cleaning and maintenance + _____ [44] _____ [45]
 Commissions:
 _____ + _____ [47] _____ [49]
 _____ + _____
 Insurance:
 _____ + _____ [50] _____ [52]
 _____ + _____
 Legal and professional fees + _____ [54] _____ [55]
 Management fees:
 _____ + _____ [57] _____ [59]
 _____ + _____
 Mortgage interest paid to banks, etc (Form 1098)
 _____ + _____ [60] _____ [62]
 _____ + _____
 Other mortgage interest + _____ [63] _____ [65]
 Qualified mortgage insurance premiums + _____ [66] _____ [67]
 Other interest:
 _____ + _____ [69] _____ [71]
 _____ + _____
 Repairs + _____ [72] _____ [73]
 Supplies + _____ [75] _____ [76]
 Taxes:
 _____ + _____ [78] _____ [80]
 _____ + _____
 Utilities + _____ [81] _____ [82]
 Depreciation + _____ [84] _____ [85]
 Depletion + _____ [87] _____ [88]
 Other expenses:
 _____ + _____ [90] _____
 _____ + _____
 _____ + _____
 _____ + _____

Control Totals +

Form ID: Rent

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____

_____[2]

Employer identification number _____

_____[6]

Name of entity _____

_____[13]

State postal code _____

_____[14]

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

_____[17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) _____

_____[2]

Employer identification number _____

_____[6]

Name of entity _____

_____[13]

State postal code _____

_____[14]

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

_____[17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) _____

_____[2]

Employer identification number _____

_____[6]

Name of entity _____

_____[13]

State postal code _____

_____[14]

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

_____[17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J)

[2]

Employer identification number

[3]

Name of activity

[4]

State postal code

[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J)

[2]

Employer identification number

[3]

Name of activity

[4]

State postal code

[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J)

[2]

Employer identification number

[3]

Name of activity

[4]

State postal code

[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Taxpayer/Spouse/Joint (T, S, J)

[2]

Employer identification number

[3]

Name of activity

[4]

State postal code

[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]

Complete this section if you paid interest on a qualified student loan in 2022 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2022. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2022 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

54

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S)

[8]

Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit)

Student's social security number

Student's first name

Student's last name

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution

Institution's federal identification number

[8]

Institution's name

Institution's street address

Institution's city, state, zip code

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2022.

Enter the amount actually paid during 2022.

Tuition paid (Enter only the amount actually paid) (Box 1)

2022 Information

Prior Year Information

Educational institution changed its reporting method for 2022 (Box 3)

Adjustments made for a prior year (Box 4)

Scholarships or grants (Box 5)

Adjustments to scholarships or grants for a prior year (Box 6)

Box 1 or 2 includes amounts for an academic period beginning January - March 2023 (Box 7)

At least half-time student (Box 8)

Graduate student (Box 9) (1=Yes, 2=No)

Insurance contract reimbursement/refund (Box 10)

Non-Institution expenses (Books and fees not paid directly to the educational institution)

American Opportunity Tax Credit (AOTC) disqualifier

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2022

NOTES/QUESTIONS:

T/S/J

2022 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1] _____ + _____ [2]
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4] _____ + _____ [5]
 _____ + _____
 _____ + _____
 _____ + _____

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7] _____ + _____ [8]
 _____ + _____

Prescription medicines and drugs:

[10] _____ + _____ [11]
 _____ + _____
 _____ + _____

[13] Miles driven for medical items (1/1/22 - 6/30/22, 18 cents) _____ [14]

[16] Miles driven for medical items (7/1/22 - 12/31/22, 22 cents) _____ [17]

Schedule A - Tax Expenses

T/S/J

2022 Information

Prior Year Information

State/local income taxes paid:

[18] _____ + _____ [19]
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____

2021 state and local income taxes paid in 2022:

[21] _____ + _____ [22]
 _____ + _____
 _____ + _____

Real estate taxes paid:

[24] _____ + _____ [25]
 _____ + _____
 _____ + _____

Personal property taxes:

[27] _____ + _____ [28]
 _____ + _____

Other taxes, such as: foreign taxes and State disability taxes

[30] _____ + _____ [31]
 _____ + _____
 _____ + _____

Sales tax paid on major purchases:

[36] _____ + _____ [37]
 _____ + _____

Sales tax paid on actual expenses:

[39] _____ + _____ [40]
 _____ + _____
 _____ + _____

Control Totals +

Form ID: A-1

T/S/J

2022 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

[2]		+	[3]
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

[5] Volunteer miles driven [6]

Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

[8]		+	[9]
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

Miscellaneous Deductions

T/S/J

2022 Information

Prior Year Information

Other expenses

[12]		+	[13]
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

Gambling losses: (Enter only if you have gambling income)

[15]		+	[16]
		+	
		+	
		+	
		+	

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

2022 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of Trustee _____ [4]
 State postal code _____ [2]
 Indicate type of health or medical savings account:
 HSA _____ [6]
 Archer MSA _____ [7]
 MA (Medicare Advantage) MSA _____ [9]
 Total HSA/MSA contributions made
 for 2022 (Enter all amounts contributed, including through employer cafeteria plans) + _____ [10]
 Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) _____ [12]
 Number of months in qualified high deductible health plan in 2022 _____ [13]
 Mark if you want to contribute the maximum allowable health or
 medical savings account contribution amount _____ [14]
 Total HSA/MSA contribution to be made for 2022 + _____ [15]
 Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) + _____ [16]
 Excess contributions for 2021 taken as constructive contributions for 2022 + _____ [19]
 Rollover contribution (Form 5498-SA, Box 4) + _____ [21]

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible + _____ [24]
 Enter compensation from employer maintaining high deductible health plan + _____ [27]
 If self-employed, enter earned income from business
 under which plan was established + _____ [31]

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2022? (Y, N) _____ [33]

NOTES/QUESTIONS:

Child and Dependent Care Expenses

Please enter all amounts paid in 2022 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer		Spouse
2021 employer-provided dependent care benefits used during 2022 grace period	+ _____ [3]	+	_____ [4]
Employer-provided dependent care benefits that were forfeited in 2022	+ _____ [5]	+	_____ [6]
Total qualified expenses incurred in 2022			_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]		_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)			_____ [12]

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2022 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2022 + _____
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 Amount paid to care provider in 2022 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Control Totals +