2022 Tax Organizer

Thank you for choosing Freelance Financial Planning for your 2022 taxes! This organizer will assist you in gathering information necessary to complete your return. Please review the entire document and upload it along with all supporting documentation to your [secure client portal](https://freelancefp.securefilepro.com/).

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| **Taxpayer Information** | | | | | | | | | | | | | | | | | |
| Taxpayer name |  | | | | | Spouse name | | | | |  | | | | | | |
| SSN |  | | | | | SSN | | | | |  | | | | | | |
| Date of birth |  | | | | | Date of birth | | | | |  | | | | | | |
| Phone |  | | | | | Phone | | | | |  | | | | | | |
| Email address |  | | | | | Email address | | | | |  | | | | | | |
| Occupation |  | | | | | Occupation | | | | |  | | | | | | |
| Street address |  | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | State | | | |  | Zip | | |  |
| Filing status | Single |  | Married filing jointly | | | |  | Married filing separately | | | | | | |  |  | |
|  | Head of household | | |  | Qualified widow(er) | | | | |  | |  | | | | | |

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| **Dependent Information** | | | | | |
| Name | SSN | Relationship | Date of birth | Disabled | Full-time student |
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| **2022 Tax Questionnaire** | | |
| **Yes** | **No** |  |
|  |  | Did your marital status change during the year? |
|  |  | Did you buy, sell, or refinance any substantial property (home, auto, boat, etc)? |
|  |  | Have you been issued an identity protection PIN from the IRS?  If yes, provide IP PIN and/or Notice CP01A: |
|  |  | Have you had any changes in dependents during the year? |
|  |  | Did any of your children or dependents have investment income? |
|  |  | Did you pay tuition or educational expenses for any member of your household? |
|  |  | Did you buy, sell, exchange, or acquire any virtual currencies (e.g. Bitcoin)? |
|  |  | Did you pay wages to any household employees (babysitter, housekeeper, etc)? |
|  |  | Did you make gifts to any one person of more than $15,000? |
|  |  | Did you own or have signature authority over any foreign financial assets? |
|  |  | Did you obtain health insurance coverage through the federal or state healthcare exchange? |

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| **Estimated Tax Payments Made** | | | | | | |
|  | **Federal** | | **State** | | **Local** | |
|  | **Date** | **Amount** | **Date** | **Amount** | **Date** | **Amount** |
| Overpayment applied from 2021 |  |  |  |  |  |  |
| Quarter 1 |  |  |  |  |  |  |
| Quarter 2 |  |  |  |  |  |  |
| Quarter 3 |  |  |  |  |  |  |
| Quarter 4 |  |  |  |  |  |  |
| Additional Payments |  |  |  |  |  |  |

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| **Account information for tax payments/refunds** | | | | | | |
| Use last year’s account information (leave below blank if checked): | | | | | | |
| **Bank name** | **Routing number** | **Account number** | **Account type** | | **Use for** | |
| Checking | Savings | Deposits | Withdrawals |
|  |  |  |  |  |  |  |
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| **Photo ID information** | | | | |
|  | **Taxpayer** | | **Spouse** | |
| Type of ID | Driver’s License | State ID | Driver’s license | State ID |
|  |  |  |  |
| ID# |  | |  | |
| Issuing state |  | |  | |
| Issue date |  | |  | |
| Expiration date |  | |  | |

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| **Healthcare Information** | | |
| **Household member** | **Coverage type (employer, exchange, Medicare, etc.)** | **# of months covered** |
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| **Child/Dependent Care** | | | | |
|  | | **Dependent 1** | **Dependent 2** | **Dependent 3** |
| **Child/dependent name** | |  |  |  |
| **Care provider 1** | **Name** |  |  |  |
| **Address** |  |  |  |
| **SSN/EIN** |  |  |  |
| **Amount paid** |  |  |  |
| **Care provider 2** | **Name** |  |  |  |
| **Address** |  |  |  |
| **SSN/EIN** |  |  |  |
| **Amount paid** |  |  |  |

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| **Itemized Deductions** | | |
| Out-of-pocket medical & dental expenses | |  |
| Miles driven for medical purposes | |  |
| State and local income taxes paid | |  |
| Real estate taxes | |  |
| Personal property taxes (incl. auto registration fees) | |  |
| Mortgage/home equity loan interest paid | |  |
| Mortgage premiums | |  |
| Investment interest paid | |  |
| Cash/check charitable donations | |  |
| Noncash charitable donations | |  |
| Tax preparer fees | |  |
| Others (explain): |  |  |
|  | |  |

2022 Document Checklist

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| **Income** | | | | | | |
| **Yes** | **N/A** | |  | | | |
|  |  | | Copy of Drivers License | | | |
|  |  | | 1095-A (Health Insurance Marketplace Statement) | | | |
|  |  | | W-2s | | | |
|  |  | | 1099-G (Unemployment, state/local tax refunds, etc.) | | | |
|  |  | | 1099-R (distributions and rollovers from IRAs/401ks/other retirement accounts) | | | |
|  |  | | 1099-SA (Distributions from Health Savings Account) | | | |
|  |  | | 1099-INT (Interest income) and/or 1099-DIV (Dividend and Capital Gain income) | | | |
|  |  | | 1099-B (Sales of stocks/funds) – include cost basis information if not reported | | | |
|  |  | | 1099-MISC/1099-NEC (Self-employment income) | | | |
|  |  | | 1099-K (from online merchants, credit card payment processors, etc.) | | | |
|  |  | | 1099-A/1099-C (Cancellation of debt or property foreclosures) | | | |
|  |  | | K1 (Income from partnership, estate, trust, or S corporation) – include basis schedule | | | |
|  |  | | SSA-1099 (Social Security income) | | | |
|  |  | | Alimony/Spousal maintenance received | | | |
|  |  | | Amount received: |  | Date of decree: |  |
|  | |  | Business Income and Expenses worksheet plus bookkeeping records | | | |
|  | |  | Rental Property worksheet plus bookkeeping records | | | |
|  | |  | Auto, Home Office, and Equipment worksheets if applicable | | | |
|  | |  | Foreign asset account statements (e.g. bank or investment accounts) | | | |
|  | |  | Did you receive gifts or inheritance from foreign persons/entities during the year? If yes, please provide information in Notes section. | | | |
|  | |  | Did you have any other sources of income (gambling, hobbies, property sales, etc.) during the year? If yes, please provide information in Notes section. | | | |
|  | |  | Did you receive, sell, send, exchange, or otherwise acquire cryptocurrency during the year? | | | |

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| **Deductions/Credits** | | | | | | | | | | | | | | | | | | |
| **Yes** | **N/A** |  | | | | | | | | | | | | | | | | |
|  |  | Childcare - Provide statement from childcare provider and/or payroll reports for nanny or babysitter including name, address, and amount paid | | | | | | | | | | | | | | | | |
|  |  | 1098-T (Tuition statement for college education) | | | | | | | | | | | | | | | | |
|  |  | 1098-E (Student loan interest paid) | | | | | | | | | | | | | | | | |
|  |  | 1098 (Mortgage interest paid) | | | | | | | | | | | | | | | | |
|  |  | Charitable donations: Provide receipts plus itemized list of non-cash items/values | | | | | | | | | | | | | | | | |
|  |  | Proof that children live with you – provide school, day care, or health records, or other documents for ALL children or dependents | | | | | | | | | | | | | | | | |
|  |  | 1095-A (Health insurance obtained through Healthcare Exchange) | | | | | | | | | | | | | | | | |
|  |  | Retirement contributions: | | | | | | | | | | | | | | | | |
|  |  | Traditional IRA: | |  | | | Roth IRA: |  | | SEP: | | |  | | Solo 401(k:) | | |  |
|  |  | Health Savings Account contributions: | | | | | | |  | | | | | | | | | |
|  |  | Employer: |  | | | Employee (via paycheck): | | | | |  | | | Individual: | | |  | |
|  |  | 529 Plan contributions: | | |  | | | | | | | State plan: | | | |  | | |

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| **Misc** | | | |
| **Yes** | **N/A** |  | |
|  |  | Copy of state-issued photo ID – **required for all taxpayers** | |
|  |  | Signed tax preparation agreement | |
|  |  | Copy of 2021 tax return (new clients only) | |
|  |  | State, informational, or other tax documents: | |
|  |  | Describe: |  |
| **Notes/Questions** | | | |
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