



## **2022 INCOME TAX ORGANIZER**

		Taxpayer(s)				
Name	Date of Birth	Social Security Number	Driver's License #	State	Issue Date	Expiration Date

Address		Home Number	(    )	-	
		Cell Number	(    )	-	
Email					
County		School District			

		Dependents			
Name	Date of Birth	Social Security Number	Relationship	Income over \$1,000	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

### **INCOME TAX PAYMENTS AND REFUNDS**

**\*Please include any IRS or State notices received**

2021 Federal Amount \$ \_\_\_\_\_ Paid / Refund / Applied to 2022

2021 State Amount \$ \_\_\_\_\_ Paid / Refund / Applied to 2022

2021 State Amount \$ \_\_\_\_\_ Paid / Refund / Applied to 2022

<b><u>Estimated Payments</u></b>	<b><u>Federal \$</u></b>	<b><u>Date Paid</u></b>	<b><u>State \$</u></b>	<b><u>Date Paid</u></b>
2021 4 <sup>th</sup> quarter	_____	_____	_____	_____
2022 1 <sup>st</sup> quarter	_____	_____	_____	_____
2022 2 <sup>nd</sup> quarter	_____	_____	_____	_____
2022 3 <sup>rd</sup> quarter	_____	_____	_____	_____
2022 4 <sup>th</sup> quarter	_____	_____	_____	_____

**SCHEDULE A: ITEMIZED DEDUCTIONS****ADJUSTMENTS TO 1040****Medical Expenses**

	<u>Taxpayer</u>	<u>Spouse</u>
Health/Dental insurance premiums (Paid with after tax dollars)	_____	_____
Medicare Part B	_____	_____
Long-term care premiums	_____	_____
Prescription drug insurance	_____	_____
Doctors, hospitals, etc.	_____	_____
Dental out-of-pocket	_____	_____
Glasses and contacts	_____	_____
Hearing aids	_____	_____
Prescription drug co-pays	_____	_____
Long term care expense	_____	_____
Medical lodging- # of nights	_____	_____
Medical mileage - # of miles	_____	_____
Insurance reimbursement	_____	_____

**Taxes**

Property taxes on home \_\_\_\_\_

Car license \_\_\_\_\_

(include copy of registration for Iowa)

Sales tax on major purchases \_\_\_\_\_

Personal property tax \_\_\_\_\_

**Contributions**

Cash contributions supported by cancelled check  
(or provide statements in lieu of completing)

<u>Organization</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Charitable miles driven \_\_\_\_\_

\*Written substation from charitable organization is required for contributions over \$250.

**Other than cash** (if over \$500, need to show when and how acquired, cost and how valued):

_____	_____
_____	_____
_____	_____

**Interest**

Home interest (Form 1098) \_\_\_\_\_

Second home interest \_\_\_\_\_

Home interest paid to an individual:

Amount \_\_\_\_\_

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Mortgage insurance premiums \_\_\_\_\_

Points on mortgage \_\_\_\_\_

Investment interest \_\_\_\_\_

**Miscellaneous**

Tax preparation \_\_\_\_\_

Safe deposit box \_\_\_\_\_

Investment expense \_\_\_\_\_

**Retirement/HSA contributions not paid through employer**

Roth IRA contributions (income limitations apply)	Taxpayer _____	Spouse _____
Regular IRA contributions (income limitations apply)	Taxpayer _____	Spouse _____
Keogh or SEP contributions	Taxpayer _____	Spouse _____
Health Savings Account contributions	Taxpayer _____	Spouse _____
Interest paid on student loans	Taxpayer _____	Spouse _____
Educator expenses	Taxpayer _____	Spouse _____

Alimony paid – Recipient's name \_\_\_\_\_ SSN \_\_\_\_\_

Amount paid \_\_\_\_\_

Date of divorce or legal separation \_\_\_\_\_

**\*\*\*If you had a distribution from a Health Savings Account please provide a copy of the 1099-SA**

**Please provide the following documents:**

- Form **1095-A** (Marketplace Health Insurance)
- Forms **W-2** for wages, salaries and tips
- **All Forms 1099** for non-employee compensation, interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, unemployment, etc.
- **1099-B** Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule **K-1** from partnerships, S corporations, estates and trusts
- If you or your spouse purchased or sold a principal residence or real estate, please include a copy of the **1099-S and closing statement**.
- Information concerning all other sources of income including commissions, alimony received, jury duty, tips & gratuities, director's fees, bartering, etc.

**SCHEDULE B: INTEREST & DIVIDENDS**

(Complete if no 1099 received)

\*TSJ is taxpayer, spouse or owned jointly.

**INTEREST INCOME**

TSJ	Name of Payer	Ordinary	US Bonds	Tax Exempt

**DIVIDEND INCOME**

TSJ	Name of Payer	Ordinary	Qualified	Capital Gain Distribution

**CAPITAL GAINS OR LOSSES**

TSJ	Description	Date Acquired	Date Sold	Sales Price	Cost or Basis

**VIRTUAL CURRENCY**

At any time in 2022, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

No \_\_\_\_ Yes \_\_\_\_ (supply documentation)

**SCHEDULE C: BUSINESS INCOME/EXPENSE**

Business Name _____	Name of owner _____
Address _____	Tax ID # _____
Type of business or profession, including product or service _____	

**INCOME**

	Amount		Amount
Gross Receipts or Sales		Other	

**EXPENSE**

	Amount		Amount
Advertising		Rent	
Commissions & fees		Repairs and maintenance	
Contract labor		Small tools & supplies	
Employee health benefits		Taxes & licenses	
Employee pension		Travel	
Insurance		Meals	
Mortgage interest (include Form 1098)		Utilities	
Other Interest		Wages	
Legal & professional		Payroll Taxes	
Office expense		Telephone	
Office in Home		Miscellaneous Expenses: (List)	
Rent paid \$ _____		_____ \$ _____	
House insurance \$ _____		_____ \$ _____	
Mortgage Interest \$ _____		_____ \$ _____	
Property Taxes \$ _____		_____ \$ _____	
Utilities \$ _____		Beginning Inventory \$ _____	
Total Square Ft of Home _____		Ending Inventory \$ _____	
Square Ft of Office/storage _____		Material/Goods Purchased \$ _____	
Auto Expense \$ _____		Auto mileage for the year _____	
(Gas, oil, insurance, repairs, license, etc.)		Percentage auto used for business _____ %	

**SCHEDULE E: RENTAL INCOME/EXPENSE**

Property Description					
Rental Income					
Advertising					
Maintenance					
Insurance					
Professional					
Management Fees					
Interest					
Repairs					
Supplies					
Taxes					
Utilities					
Other					

Net Income \_\_\_\_\_

**SCHEDULE F: FARM INCOME/EXPENSE****INCOME****\*\*Include ALL 1099's**

	Amount		Amount
Purchased Livestock for resale		Agricultural Payments (** 1099-G)	
<b>Cost</b> of Purchased Livestock	( )	CCC Loans Reported as Income	
Raised Livestock (not breeding)		Crop Insurance Proceeds (**1099-MISC)	
Raised Grain (sold to member coop)		Custom Hire (** 1099-NEC)	
Raised Grain(sold non-member coop/private)		Hedging Gain (** 1099-B)	
Patronage Div**1099-PATR		Reimbursements/Refunds	
Patronage Div**			
Patronage Div**			

**EXPENSE**

	Amount		Amount
Chemicals		Rent (machinery, building)	
Custom hire		Rent (land)	
Depreciation		Repairs and maintenance	
Feed		Seeds and plants	
Fertilizers & lime		Storage/warehouse	
Freight & trucking		Supplies & Small Tools	
Gasoline, fuel, & oil		Real Estate Taxes (farm share)	
Insurance- Property		Real Estate Taxes (home)	
Insurance-Crop		Telephone	
Mortgage interest (** Form 1098)		Utilities	
Other interest (** Form 1099)		Veterinary, medicine	
Wages paid		Breeding Fees	
Employee Health Insurance		Dues, Subs	
Employee Medical Reimbursements		Grain drying	
Employee Pension		Check off	
Payroll Taxes		Sealed Grain Repurchased	
Meals for help		Hedging Losses (** 1099-B)	
Legal, Accounting, Professional			

Truck Expense \$ \_\_\_\_\_  
 (Gas, oil, insurance, repairs, license, etc.)  
 Truck Interest Paid 2022 \$ \_\_\_\_\_  
 TOTAL mileage for the year \_\_\_\_\_  
 FARM mileage for the year \_\_\_\_\_

Miscellaneous Expenses: (List)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Gas Tax Refunds: (Off-road use only)  
 Number of gallons gas \_\_\_\_\_  
 Number of gallons diesel \_\_\_\_\_

DPAD \_\_\_\_\_  
 SE Health Insurance \$ \_\_\_\_\_

## BREEDING LIVESTOCK BOUGHT/SOLD

[illegible]

## DEPRECIATION REVISIONS

List all machinery, equipment, buildings, etc., acquired, traded, or sold during the year.

Column 1: (BN) – item Bought New, (BU) – item Bought USED, (S) - item SOLD, (T) - item TRADED IN

**BOUGHT OUTRIGHT:** complete columns 1, 2, 4, 5

**SOLD:** complete columns 1, 2, 3, 4, 5, 6

**TRADED:** For the traded asset (T) complete columns 1, 2, 3, 4, 5, 6 (list the trade-in allowance price)

-On a separate line - For the newly acquired asset, (B-N or B-U) complete columns 1, 2, 4, 5(list the price before trade in)

**\*Include purchase paperwork**

[illegible]

**TAX CREDITS****Child Care Credit**

Name of provider	ID#	Address	Amount
_____	_____	_____	_____
_____	_____	_____	_____

**Education Expenses**Please provide all copies of **Form 1098-T, 1099-Q and** college detailed billing statements.

Name of Student	Tuition and Fees Paid	Course Materials	School Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
529 Plan Distributions:	Child's name _____	\$ _____	State _____
529 Plan Contributions:	Child's name _____	\$ _____	State _____
	Child's name _____	\$ _____	State _____

**Energy Credits**

Did you make any energy efficient improvements to your main home this year?      Yes      No

Description of work done	Cost
_____	_____
_____	_____

Examples of improvements that may be eligible for a credit would include insulation, exterior windows, exterior doors, certain furnaces, certain air conditioners, certain circulation fans, solar energy property, qualified metal roofs, wind energy property, and geothermal property. Please provide any bills or invoices relating to these items.

**BANK ACCOUNT INFORMATION FOR DIRECT DEPOSIT OR WITHDRAWAL**

Bank Name: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ (check one) Account Number: \_\_\_\_\_

Direct Deposit Yes / No      Direct Withdrawal (for amount due) Yes / No      Date of withdrawal \_\_\_\_\_

Any additional information not included in these forms:

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