

KAPPER & COMPANY, LTD
Certified Public Accountants
2022 Tax Organizer

(618) 392-0321

Taxpayer Information

<u>First, Initial & Last Name</u>	<u>Social Security No.</u>	<u>Date of Birth</u>	<u>Age in 2022</u>
Taxpayer: _____	_____	_____	_____
Spouse: _____	_____	_____	_____
Street Address: _____	Home# _____		Cell # _____
City, State, Zip: _____	Work # _____		_____
<u>Occupation</u>	<u>EMAIL ADDRESS:</u>		
Taxpayer: _____	(T) _____		
Spouse: _____	(S) _____		
Changes this past year: <input type="checkbox"/> Moved <input type="checkbox"/> Separated <input type="checkbox"/> Spouse Deceased (Date) _____			
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other			

Dependents

<u>First, Initial & Last Name</u>	<u>Social Security No.</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>Child Care Expenses**</u>
				\$
				\$
				\$
				\$
				\$

PLEASE ...be sure dependents listed are not claiming themselves, if they are filing their own tax return.

** Please provide name, address, and SSN or ID# of each child care provider below:

<u>Child Care Provider(s) Name</u>	<u>Address</u>	<u>SSN# or TIN#</u>

Direct Deposit Information

If you receive a refund and would like it directly deposited into you bank account, please provide:

Bank Name: _____	Type of Account
Bank Routing Number: _____	<input type="checkbox"/> Checking
Bank Account Number: _____	<input type="checkbox"/> Savings

INCOME

Wages & W-2 Income: Please provide all W-2's Forms.

Interest Income: Please provide all 1099-INT Forms issued by Banks, etc.

Dividend Income: Please provide all 1099-DIV Forms issued by Brokerage Firm & Companies.

Other Income: Please provide following forms if received -

- Health Insurance - Forms 1095-A, 1095-B, and/or 1095-C
- Social Security - Form(s) SSA-1099
- IRA Distribution - Form(s) 1099-R
- Pension & Annuities - Form(s) 1099-R
- Rental Income - Form(s) 1099-MISC
- Royalties - Form(s) 1099-MISC
- Schedule C Self Employed Income - Form(s) 1099-MISC
- Schedule F Farm Income - Form(s) 1099-MISC & 1099-PATR
- USDA - Form CCC 1099-G
- Stock Sales - Form(s) 1099-B
- Partnerships - Form(s) 1065 K-1
- S Corporations - Form(s) 1120S K-1
- Estates &/or Trusts - Form(s) 1041 K-1
- Unemployment - Form(s) 1099-G
- State Tax Refund - Form(s) 1099-G
- Gambling Winnings - Form(s) W2-G
- All Other Tax Forms Received - Forms(s) 1099-A, 1099-C & all other official looking forms

Additional Other Income:

Alimony Received	\$ _____
Prizes & Awards	\$ _____
Any Other Income:	\$ _____
	\$ _____

Sales of Stock or Property: (Please provide Brokerage Statement and/or closing statements).

<u>Investment</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sales Price</u>	<u>Cost or Basis</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Adjustments to Income

Educator Expenses: Classroom expenses of teachers, counselors, & principals.	\$ _____
Health Savings Account Contribution: Type of Coverage: [] Single [] Family (Please provide Form 1099-SA for distributions from health savings accounts)	\$ _____
Health Insurance Premiums paid by Self Employed Individuals (Sch C and/or F)	\$ _____
IRA Contribution made for the 2022 Year: Taxpayer \$ _____ Spouse \$ _____	
Student Loan Interest paid for taxpayers and dependents: Form 1098 -E	\$ _____
	\$ _____

ITEMIZED DEDUCTIONS (Schedule A)

Medical Expenses Paid (generally must exceed 10% of adjusted gross income)

DO NOT INCLUDE PRE-TAX OR REIMBURSED MEDICAL EXPENSES (FLEX, HSA, Cafeteria, etc.)

	<u>Amount</u>
Prescription medicine & drugs	\$ _____
Doctors and nurses	\$ _____
Chiropractors	\$ _____
Dentist. Dentures, & Braces	\$ _____
Hospitals	\$ _____
Ambulances	\$ _____
Nursing Home Care	\$ _____
Other Skilled Care for Qualified L-T Care	\$ _____
Medicare Insurance Premiums - Part B	\$ _____
Medicare Insurance Premiums - Part D	\$ _____
Health & Dental Insurance Premiums	\$ _____
Long-Term Care Insurance Premiums	\$ _____
Lab Fees, X-Rays, Physical Therapy	\$ _____
Eye Glasses, Contact Lenses & Supplies	\$ _____
Hearing Aids & Batteries	\$ _____
Medical Equipment & Supplies	\$ _____
Wheelchairs & Motorized Scooters	\$ _____
Counseling	\$ _____
Lodging (Limit \$50 per night, per person)	\$ _____
Medical Parking Costs	\$ _____
Medical Miles (list # of Miles)	_____ mi.
Other Medical Expenses:	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Taxes Paid in 2022

Real Estate Taxes on Principal Residence	\$ _____	(Enclose Statements)
- Property Index Number (PIN) _____		
Other Non-Business Real Estate Taxes	\$ _____	
Sales Taxes on New Motor Vehicles:		
<u>Description</u>	<u>Purchase Price</u>	<u>Sales Tax Paid</u>
_____	\$ _____	\$ _____
Sales Taxes on boats, airplanes, & homes	\$ _____	

Interest Paid in 2022

Home mortgage interest paid to banks	\$ _____	(Enclose Form 1098)
Home mortgage interest paid to individuals:		
Name: _____		
Address: _____		
City, Zip: _____ \$ _____		
Points paid on <input type="checkbox"/> purchase <input type="checkbox"/> refinance (include details)	\$ _____	
Investment interest paid	\$ _____	

Charitable Contributions (written verification required for each contribution of \$250 or more)

<u>Cash Contributions</u>	<u>Amount</u>	<u>Volunteer Exp's:</u>	<u>Amount</u>
	\$ _____	Out-of-pocket expenses	\$ _____
	\$ _____	Charitable miles	_____ mi.
	\$ _____		
<u>Non -cash Contributions (list fair market value or garage sale value)</u>			
<u>Item</u>	<u>Amount</u>	<u>Date</u>	
	\$ _____		
	\$ _____		
	\$ _____		

Education Expenses (Enclose Forms 1098-T and 1098-E)

Student's Name	Name of School	Tuition Paid	Books & Supplies	Year in School
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Energy-Efficient Home Improvements

Did you make any energy-efficient improvements to your principal residence during the year such as insulation, doors, windows, water heater, heating and air conditioning unit, or geothermal heat pump?

Description of Improvement	Date	Amount
		\$
		\$
		\$

2022 Estimated Tax Payments

	Federal Estimates	Date Paid	State Estimates	Date Paid
2021 Credit Carryover, if any	\$	N/A	\$	N/A
First Quarter	\$		\$	
Second Quarter	\$		\$	
Third Quarter	\$		\$	
Fourth Quarter	\$		\$	
Totals	\$		\$	

Rental Property Schedule E

If the property was purchased or converted to rental use this year, provide purchase settlement with statement and county tax bill.

Type and Location of each rental property:

A _____

 B _____

 C _____

	A	B	C
Rental Income	_____	_____	_____
Advertising	_____	_____	_____
Auto & Travel	_____	_____	_____
Cleaning & Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal & Professional Fees	_____	_____	_____
Management Fees	_____	_____	_____
Mortgage Interest	_____	_____	_____
Other Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Telephone	_____	_____	_____
Utilities	_____	_____	_____
Bad Debts	_____	_____	_____
Wages & Salaries	_____	_____	_____
Number of Days Used Personally	_____	_____	_____

Improvements & Replacements: (include furniture, appliances, carpet, drapes, major repairs or improvements)

Provide a list with description, date of purchase or completion, and cost for each item.

NOTE: If there was a trade-in of any equipment please provide a copy of the paperwork for the trade-in.

Vehicle Information:

Description of Vehicle: _____

Date Put in Service: _____

Miles Driven: _____ Business Miles _____ Total Miles

Business Income & Expenses (Schedule C)

Owner of the business: Taxpayer _____ Spouse _____
 Business Name: _____
 Business Address: _____
 City, State, Zip: _____
 Business Product or Service: _____
 Federal ID #: _____

Accounting Method:
 Cash
 Accrual

Income

Sales _____
 Other Income (Description) _____

 Total Income _____

Ending Inventory

\$ _____

Expenses

Advertising	_____	Wages (W-2)	_____
Car & Truck Expenses	_____	Payroll Taxes	_____
Parking Fees & Tolls	_____	Employee Benefits	_____
Commissions & Fees	_____	Pension/Profit-Sharing Plans	_____
Contract Labor (1099)	_____	Sales Tax Expense	_____
Insurance	_____	Property Tax Expense	_____
Mortgage Interest	_____	Licenses	_____
Interest - Other	_____	Travel	_____
Legal & Professional Services	_____	Meals & Entertainment	_____
Office Expense	_____	Building Rent	_____
Misc. Supplies	_____	Utilities	_____
Misc. Repairs & Maintenance	_____	Telephone	_____
Work Tools & Equipment	_____	Cell Phone	_____
Tool Repair & Maintenance	_____		_____
Equipment Rental	_____		_____
Tool & Equipment Fuel	_____		_____

Did you sell or purchase and equipment, vehicles, or furniture during the year? YES NO

If yes, bring the purchase or sale paperwork with you.

<u>Property Description</u>	<u>Purchase/Sales Price</u>	<u>Date Acquired/Sold</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vehicle Information:

Description of Vehicle: _____
 Date Put in Service: _____
 Miles Driven: _____ Business Miles _____ Total Miles

Description of Vehicle: _____
 Date Put in Service: _____
 Miles Driven: _____ Business Miles _____ Total Miles

Did you incur any expense for **business use of your home** during the year? YES NO

If yes, complete the following.

Total area of home _____ Business area of home _____
 Mortgage Interest _____
 Real Estate Taxes _____
 Insurance _____
 Repairs & Maintenance _____
 Utilities _____
 Home Improvements _____

IF YOU TRADED IN EQUIPMENT, PLEASE PROVIDE THE PAPERWORK REFLECTING THE TRADED-IN EQUIPMENT.

FARM INCOME & EXPENSES:

FARM INCOME:

Sale of Livestock and other items you bought for resale.

Sale of Breeding Animals (Raised or Purchased)
Dairy Animals, and Machinery

<u>Description</u>	<u>Purchase Date</u>	<u>Cost</u>	<u>Sales Price</u>

<u>Description</u>	<u>Purchase Date</u>	<u>Cost</u>	<u>Sales Price</u>

Sale of Livestock/Grain Raised:

Cattle	_____
Hogs	_____
Other	_____
Corn	_____
Soybeans	_____
Wheat/Milo	_____
Other	_____

Farm Expenses:

Chemicals	_____
Conservation Expense	_____
Custom Hire (Machine Work)	_____
Feed Purchased	_____
Fertilizers & Lime	_____
Freight & Trucking	_____
Gas, Fuel, and Oil	_____
Insurance (Not Health)	_____
Interest-Mortgage pd. to bank	_____
Interest-Other	_____
Labor hired	_____
Rent-Machinery & Equip.	_____
Rent-Other (land, animals, etc.)	_____
Repairs and Maintenance	_____
Seeds and Plants Purchased	_____
Storage and warehousing	_____
Supplies purchased	_____
Taxes	_____
Utilities	_____
Veterinary, breeding, & medicine	_____
Other expenses:	_____

Cooperative distributions (Form 1099-PATR) _____

Agricultural Payments _____

CCC Loans _____

Crop Insurance _____

Custom hire (Machine work) _____

Other Farm Income _____

PURCHASES:

List any business property bought or any improvements made during 2019: (SEE NOTE ABOVE REGARDING TRADE-INS)

<u>Description</u>	<u>Purchase Date</u>	<u>Amount</u>

Vehicle Expense: \$ _____

Business Miles Driven _____

Total Miles Driven _____