

2022 Client Information Worksheet

We have designed this worksheet to help our clients gather and organize relevant tax information for their 2022 taxes. This worksheet also helps to ensure that the taxes are prepared correctly and accurately. With recent tax law changes, please take the time to go through this worksheet and update accordingly. If you've filed with our firm last year, you may skip the details that remain the same and only update items that have changed.

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6. Income: Check all that apply and provide legible copies of all documents.

	V	# of Forms		$\overline{\mathbf{A}}$	# of Forms
Form W-2 [Wages or Salary]			1099-B [Stock Gain/Loss]		
1099-INT [Interest Income]			Schedule K-1 [LLC, S-Corp]		
1099-DIV [Dividend Income]			Rental Income		Attach Rental W/S
1099-NEC [Business Income]			1099-G [<i>UI or PFL</i>]		
1099-MISC [Bus/Other income]			1099-G [2021 State Refund]		
1099-R [Retirement Income]			SSA-1099 [Social Security]		
1099-S [Home Sale]			Cryptocurrency		
1099-SA [HSA Distribution]			Other:		

7. Foreign Reporting: You must report income from all sources within and outside of the U.S.

Foreign Wages or Salary	\$ USD	Foreign Stock Gain/Loss	Attach Statement
Foreign Interest Income	\$ USD	Foreign Home Sale	
Foreign Dividend Income	\$ USD	Foreign Rental Income	Attach Rental W/S
Foreign Business Income	\$ USD	Foreign Partnership	
Foreign Retirement Income	\$ USD	Other:	
Foreign Taxes Paid	\$ USD	Other:	

8. Adjustments to Income: Provide legible copies of all documents.

	Taxpayer	Spouse		
Traditional IRA	\$	\$	Alimony Paid	\$
Roth IRA	\$	\$	1098-E [Student Loan Int]	\$
Non-Deductible IRA	\$	\$	1098-T [Tuition Paid]	\$
SEP IRA	\$	\$	Other	
HSA Contribution	\$	\$	Other	

9. Medical/Dental Expense: *Must exceed 7.5% of your adjusted gross income in order to qualify as a deduction.*

Insurance Premiums	\$ Hospital/Dentist Co-Pay	\$
Cost of Prescriptions	\$ # of Medical Miles	Miles
Eyeglasses/Contacts	\$ Medical Equipment	\$

10. Taxes Paid in 2022: Provide legible copies of all documents.

Real Estate Property Taxes	\$ 2022 State Tax [Paid in 2022]	\$
DMV License Fee	\$ 2022 Sales Tax Paid	\$

11. Interest Paid: For Primary and Secondary property only [Not rental]. Provide legible copies of all documents.

Homes Located in the US:	Primary Home	Secondary Home
Home Mortgage Interest [Attach Form 1098 from lender]	\$	\$
Home Equity Line of Credit [HELOC]	\$	\$
Mortgage Insurance Premiums [PMI]	\$	\$

12. Interest Paid to a Person or Foreign Bank: Provide legible copies of all documents.

Homes Located <i>outside</i> of the US:	Primary Home	Secondary Home
Name of the Bank		
Address of the Bank		
Amount of Interest paid on the loan: [USD - Jan to Dec '22]	\$ USD	\$ USD

Name of Charity Date of Donation Check amount Check amount Date of Donation Check amount Attach a copy of the receipt and itemized list of item Name & address of Charity Date(s) of Donation Fair Market Value of items What was donated? Name & address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of Donation Fair Market Value of items What was donated? Share & Address of Charity Date(s) of the every of the receipt and itemized area of your home in Share Address of the every itemized was de
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make and model of the vehicle, date purchased, and VIN.
8. Dependent Care Expense: If the care provider is an Individual provide SSN. Specify for which child.
Provider Name Tax ID Number or SSN
For which Child? Amount Paid in 2022 \$
Address Amount Paimbursed by
City, State, Zip employer FSA [W2, Box 10]
Only, State, Zip
Davider Negro
Provider Name Tax ID Number or SSN
For which Child? Amount Paid in 2022 \$
Address Amount Reimbursed by

20. Bank Account Info: For Direct Deposit or Debit of Taxes

Bank Name: Routing No:

✓ (Check One)
Account No:

Savings

Checking