

2022	1040	US	Client Information	1
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McDevitt & Duffy, CPA's PS
330 Dayton St., Suite #2
Edmonds WA 98020
 Telephone number: **425-774-5300**
 Fax number: **425-778-4612**
 E-mail address:

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2022 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table) 1=married filing separate and lived with spouse Year spouse died, if qualifying surviving spouse (2020 or 2021) ...	
Taxpayer	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind	
Spouse	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind	
Address	In care of Street address Apartment number City State ZIP code	
Foreign Address	Region Postal code Country	

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying surviving spouse (QSS)

Please add, change or delete information for 2022.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....		<p>Daytime Phone</p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone.....		
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Taxpayer Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		
Spouse Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		

2022	1040	US	Dependents	2
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Please add, change or delete information for 2022.

DEPENDENTS

	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death.....		
Date of adoption.....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		
IRS theft protection PIN.....		

Type of Dependent

- 1 = Child living w/taxpayer
- 2 = Child not living w/taxpayer
- 3 = Dependent other than child
- 4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent
- 5 = Earned income credit only, not a dependent

Earned Income Credit

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled
- 4 = Force
- 5 = Suppress

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:

- 1. School records or statement
- 2. Landlord or property management statement
- 3. Health care provider statement
- 4. Medical records
- 5. Child care provider records
- 6. Placement agency statement
- 7. Social service records or statement
- 8. Place of worship statement
- 9. Indian tribe office statement
- 10. Employer statement

	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death.....		
Date of adoption.....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		
IRS theft protection PIN.....		

	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death.....		
Date of adoption.....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		
IRS theft protection PIN.....		

NOTE: If your child is disabled, please provide one of the following forms of proof of disability:

- 1. Doctor statement
- 2. Other health care provider statement
- 3. Social services agency or program statement

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Please enter all pertinent 2022 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account
1=electronic payment of balance due
1=electronic payment of estimated tax

Table with 2 columns and 3 rows for deposit information.

BANK INFORMATION

Table with 6 columns: Name of Bank, Percent to Deposit (xx.xx), Routing Number, Account Number, Type of Account (Table 1), Type of Invest. (Table 2).

2022 ESTIMATED TAX / 1040-ES (6)

Federal

Table for Federal 2022 Estimated Tax with columns: Amount Paid, Date Paid, TS, 2022 Voucher Amount. Includes rows for overpayment, quarterly payments, and additional payments.

State

Table for State 2022 Estimated Tax with columns: Amount Paid, Date Paid, TS, 2022 Voucher Amount. Includes rows for overpayment, quarterly payments, and additional payments.

1 Type of Account
1 = Savings
2 = Checking

2 Type of Investment
1 = Checking or savings (default)
2 = Taxpayer's IRA (next year limits)
3 = Spouse's IRA (next year limits)
4 = Health savings account (HSA)
5 = Archer MSA
6 = Coverdell savings account (ESA)
7 = Other
8 = Taxpayer's IRA (current year limits)
9 = Spouse's IRA (current year limits)

Please enter all pertinent 2022 information.

APPLICATION OF 2022 OVERPAYMENT (7.1)

If you have an overpayment of 2022 taxes, do you want the excess refunded? or applied to 2023 estimate?

Other (please explain): _____

2023 ESTIMATED TAX INFORMATION

Do you expect your 2023 taxable income to be different from 2022? Yes No
If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2023 withholding to be different from 2022? Yes No
If "yes" explain any differences: _____

ORGANIZER

2022	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2022 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2021 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2			Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/22	2021 Distribution
		Distribution code #1					Federal (Box 4)	State (Box 14)		
		1=IRA/SEP/SIMPLE								

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2021 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2022 Amount	TS	2021 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

10, 13.1, 13.2

2022	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2022 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2021 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income					Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2021 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

Please enter all pertinent 2022 amounts and attach all 1099-MISC, 1099-NEC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2022 Amount		2021 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins.				
Tier 1 RR retirement benefits (RRB-1099, box 5) ...				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8, 1099-NEC, box 1)				

TAX WITHHELD (not entered elsewhere)				
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, if different from Form 1040	
State, if different from Form 1040	
ZIP code, if different from Form 1040	
Foreign region	
Foreign postal code	
Foreign country	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower cost/market, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=personal services is not a material income producing factor		
1=investment		
1=minister's Schedule C		
1=single member limited liability company		
1=trader in financial instruments or commodities		

INCOME

	2022 Amount	2021 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2022 Amount	2021 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Meals provided by restaurants in full (100%).....		
Uniforms.....		
Utilities.....		
Wages.....		
Other expenses:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2022 Amount	2021 Amount
Description of property		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented	34	

Percentage of ownership if not 100% (.xxxx)		1=did not actively participate	
Percentage of tenant occupancy if not 100% (.xxxx)		1=real estate professional	
1=spouse, 2=joint		1=rental other than real estate	
1=qualified joint venture		1=investment	
1=nonpassive activity, 2=passive royalty		1=single member limited liability company	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no			

INCOME

	2022 Amount	2021 Amount
Rents or royalties received		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2022 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2022 Amount		2021 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2022 payments from 1/1/23 to 4/15/23				

ROTH IRA CONTRIBUTIONS

	2022 Amount	2021 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2022 Amount		2021 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2022 Amount		2021 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				

	2022 Amount		2021 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Alimony paid:				
Date of divorce or sep. agreement				
Recipient's first name				
Recipient's last name				
Recipient's SSN				
Amount paid				
		2021 amt:		2021 amt:

**Please enter all pertinent 2022 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2022 Amount	TS	2021 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven (1/1/22 - 6/30/22)			
Medical miles driven (7/1/22 - 12/31/22)			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2022 estimates are automatic.)

State income taxes - 1/22 payment on 2021 state estimate			
State income taxes - paid with 2021 state return extension			
State income taxes - paid with 2021 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/22 payment on 2021 city/local estimate			
City/local income taxes - paid with 2021 city/local extension			
City/local income taxes - paid with 2021 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2022 purchases			
Use taxes paid with 2021 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - held for investment :			

Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...			
Foreign income taxes			
Other taxes:			

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2022 Amount

TS

2021 Amount

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for mortgage interest and points.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes one row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes one row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for investment interest.

Passive interest

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes one row for passive interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for cash or check contributions and two rows for volunteer expenses and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for cash or check contributions and two rows for volunteer expenses and charitable miles.

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2022 Amount	TS	2021 Amount

30% limitation (see above):

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

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Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Investment expense:

Tax return preparation fee

Safe deposit box rental

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Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

2022	1040	US	Health Savings Accounts (8889)	32.1
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Please enter all pertinent 2022 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2022, a high deductible health plan is one with an annual deductible that is not less than \$1,400 for self-only coverage or \$2,800 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$7,050 for self-only coverage or \$14,100 for family coverage.

	2022 Amount		2021 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

	32.1
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Please enter all pertinent 2022 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2022 Amount		2021 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2022				
Employer-provided benefits forfeited in 2022				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2022		2021 amt:
	1=disabled		
	1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2022		2021 amt:
	1=disabled		
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City		
	State		
	ZIP code		
	Foreign region		
	Foreign postal code		
	Foreign country		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2022		2021 amt:
	1=spouse, 2=joint		