BCD Income Tax & Accounting LLC

205 West Dixon Boulevard Shelby, NC 28152

Phone: (704)481-0223 | Fax:

January	11,	2023

Income tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2022 tax return. Please review the entire packet and answer any questions that apply.

Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

Effective January 1, 2014, unless otherwise exempt, all U.S. citizens, their dependents, and other legal residents are required to have minimum essential health insurance coverage or pay a penalty. We have updated the questionnaire and documentation to help you provide us with the information we need to report your health insurance coverage status and complete the tax forms.

Bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. I appreciate your trust in our business. Please feel free to contact me at (704)481-0223 if you have any questions or need additional information.

Sincerely,

Carolyn W Panther BCD Income Tax & Accounting LLC

BCD Income Tax & Accounting LLC

205 West Dixon Boulevard Shelby, NC 28152

Phone: (704)481-0223 | Fax:

January 11, 2023

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Carolyn W Panther BCD Income Tax & Accounting LLC

BCD Income Tax & Accounting LLC

205 West Dixon Boulevard Shelby, NC 28152

Phone: (704)481-0223 | Fax:

January 11, 2023

Subject: Preparation of Your 2022 Tax Returns

:

Thank you for choosing BCD Income Tax & Accounting LLC to assist you with your 2022 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2022 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is available to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

If you are aware that you may have a filing obligation with another state, you are responsible to bring this to our attention as it may not be readily apparent, and as such, we will not be held liable for non-filing and/or related penalties and interest.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the complexity of the return and the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

Our services for the purposes of this engagement letter are limited to the tax preparation and filing of your federal and state income tax returns. It does not cover any other services including, but not limited to, filing payroll tax reports, W2s, 1099s, property tax listings, sales tax reports, gift or estate tax returns, or preparing any other forms or documents that you may be required to file. It does not include communicating with tax agencies on issues concerning your return or audit representation. Neither does it include any consultations or advice on any other reporting or filing requirements you may have and any other tax questions not specifically pertinent to the preparation and accuracy of this return. We do provide these services, but at an additional cost. You may engage us for these services at your discretion by signing another engagement letter that specifically lists the additional services you are requesting us to perform.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. It is important you understand it is your responsibility to keep these records, not ours. We

will not be held liable for the disallowance of any deductions for which you do not or cannot provide adequate documentation in the case of an audit.

It is your responsibility to carefully examine and approve your completed tax returns before signing and filing. If you have questions about any item on your return, you should bring it to our attention immediately.

Our engagement to prepare your 2022 tax returns will conclude with the delivery of the completed returns to you, and upon your signing, the subsequent submittal of your tax return by e-filing. If you have selected not to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax return documents carefully before signing them. Payment is due when we present the return to you for signature.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

1 3	1		1 1
We appreciate your	confidence in us. Plea	ase call (704)481-022	23 if you have questions.
Sincerely,			
Carolyn W Panther BCD Income Tax &	Accounting LLC		
(Both spouses must s	sign for preparation o	f joint returns.)	
Accepted By:			
			-
Taxpayer			
Spouse			
Date			-

Checklist	
Name:	SSN:
Checklist	
This check list is provided to help you gather necessary information for us to prepare your 2022 income tax re this list, along with the supporting documentation, to our office and let us know of any significant changes from tax year.	
State and city refunds and other government payments (Form 1099-G) [] Unemployment compensation	
Credit card, debit card, and third party network transactions (Form 1099-K) [] Reportable payment transactions	
Other Income (provide supporting documentation for income received for the following items) [] Sale of assets or property [] Cancellation of debt [] Other income	
Payments (provide supporting documentation for payments made for the following items) [] Educator classroom expenses [] Employee business expenses [] Contributions to a Health Savings Account [] Expenses related to work relocation with the military [] Alimony [] Student loan interest [] Refunded student loan interest payments [] Student loan forgiveness [] Tuition and fees for higher education [] Expenses related to child or dependent care [] Contributions to a Retirement Savings Account [] Medical and dental expenses [] Real estate taxes [] Other state and local taxes [] Mortgage interest [] Investment interest [] Cash contributions [] Noncash contributions [] Unreimbursed employee expenses [] Investment expenses [] Gambling losses [] Gambling losses [] Other payments	

	Questionnaire
Name:	SSN:
Questionnaire	
Personal Inform Yes No	nation
[][]	Did your marital status change during the year? If "Yes," explain
[][]	If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2022?
[][]	Can you or your spouse be claimed as a dependent by someone else?
[][]	Did your address change during the year?
[][]	Were you, your spouse, or any dependents a victim of identity theft? If "Yes," explain
[][]	Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)? If "Yes," provide Notice CP01A from the IRS.
Provide	proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)
Dependent Info	rmation
Yes No	
[][]	Did you have any changes in dependents during the year? If "Yes," explain
[][]	Can another person qualify to claim any of your dependents?
[][]	Did you have any childcare expenses during the year?
[][]	Did you have any adoption expenses during the year?
[][]	Did you have any children under age 19 or a full-time student under age 24 with more than \$2,300 of unearned income?
Provide	documentation for proof of dependent credits (school records, medical records, daycare records, etc.)
Health Care Info	ormation
Yes No	
[][]	Did any member of your household have healthcare coverage through the Marketplace (Obamacare)? If "Yes," provide copies of Form 1095-A.
[][]	Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?
Income. Purcha	uses, Sales, and Debt Information
Yes No	300, 3113 2001 1113 11141011
[][]	Did you receive any tips not reported to your employer?
[][]	Did you receive any disability income during the year?
[][]	Did you cash in any U.S. savings bonds during the year?
[][]	Did you start a new business or purchase any rental property during the year?
[][]	Did you sell an existing business, rental property, or other property during the year?
[][]	Did you purchase any business assets or convert any assets to business use? If "Yes," provide the cost of the asset, the date it was placed in service, and business use
	percentage.
[][]	Did you purchase any gasoline, diesel, or special fuels for off-road business use?
[][]	Did you buy or sell any stocks, bonds, or other investments during the year?
[][]	Did you sell a principal residence during the year? If "Yes," provide closing documentation for the purchase and sale of the home.
[][]	Did you have a principal residence or a piece of real property foreclosed on during the year?
[][]	Did you abandon a principal residence or a piece of real property during the year?
[][]	Did you refinance your principal home or second home or take out a home equity loan during the year?
	If "Yes," provide all escrow, closing, and other pertinent documentation and information.
[][]	Did you receive any principal or interest during this year from property sold in prior years?
() ()	Did you rent out your home or use it for business?
[][]	Did you sell, exchange, or purchase any real estate during the year?

	Questionnaire
Name:	SSN:
Questionnaire	
[][] [][] [][]	Did you acquire a new or additional interest in a partnership or S corporation? Did you have any debts canceled or forgiven this year? Does anyone owe you money that has become uncollectible? Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
[][]	If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service. Did you receive income or incur expenses associated with a fantasy sport league? If "Yes," provide documentation.
[][]	Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)? If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.
[][]	Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)? If "Yes," attach Form 1099-K or Form W-2.
[][]	Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)? If "Yes," provide documentation.
[][]	Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)? If "Yes," attach Form 1099-K.
[][]	Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)? If "Yes," provide documentation.
[][]	Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)? If "Yes," provide documentation.
[][]	Did you receive any other income you have not provided information for with this organizer? If "Yes," explain
Itemized Deduct	tion Information
Yes No	
[][]	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
[][] [][] [][] [][] [][] [][] [][]	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year? Did you receive any state or local income tax refunds from prior years? Did you make any major purchases (vehicle, boat, etc.) during the year? Did you pay any real estate property taxes or personal taxes during the year? Did you pay mortgage interest during the year? Did you make cash donations to charity during the year? Did you make noncash donations to charity (clothes, furniture, etc.) during the year? Did you donate a boat or vehicle during the year? If "Yes," attach Form 1098-C.
[][]	Did you have gambling winnings or losses during the year?
[][]	Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
[][]	Did you use your vehicle on the job other than for commuting to work? Did you work out of town at any time during the year?
Retirement Infor	rmation
Yes No [] []	Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement
[][]	plan during the year? Did you make any withdrawals or receive distributions from a pension or profit sharing plan, IRA, Roth,
[][]	Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year? Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified
[][]	retirement plan during the year? Did you receive any Social Security benefits during the year?
Education Inform	mation

Yes No

	Questionnaire
Name:	SSN:
Questionnai	re
111	Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
[][·
[][Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
[][If "Yes," provide the amount of interest that was refunded.
[][Did you receive forgiveness on a qualifying federal student loan?
Foreign Tax I	
Yes N	
[][a foreign country?
] []	
[]	
[]	• • • • • • • • • • • • • • • • • • • •
[][
[][Did you own property in a foreign country?
Refund, With	holding, and Estimated Tax Information
Yes N	0
[]	
[]	
[][
[][Do you want to have any refund or balance due directly deposited or withdrawn? If "Yes," provide a canceled checking or savings slip.
[][
Miscellaneou	s Information
Yes N	
[][
[][disaster area?
	If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
[] []	
	[] [] If "Yes," are you splitting the gift with your spouse?
[][
j [j	
j [j	
j [j	
111	
[][Did you receive any notices from the IRS or state taxing authority? If "Yes," explain
] []] []	

Income	
Name: SSN	:
Wages & Salaries	
Provide all copies of Form W-2 TS Employer name	2022 federal wages
	
	·
	
	
Retirement Provide all copies of Form 1099-R	
Trovide dil copies of Form 1000 TC	2022
TS Payer name	distribution
Yes No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contribution	
Yes No Did you use any of the distributions for disaster relief?	.

	Income		
Name	:	SS	SN:
	dend Income		
Provid	de all copies of Form 1099-DIV and other statements that report dividend income.		
TSJ	Account number Payer name	2022 ordinary dividends	2022 qualified dividends
			_
	-		_
			_
	-		
Into	rest Income		
	rest Income de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.		
rovid			2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income. Account number		2022 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale	of Ca	pital	Assets
------	-------	-------	---------------

Name:			SSN:	
Sale of Capital Assets (not reported on Form 1099-B)				
Provide all brokerage statements TSJ Description of property	Date purchased	Date sold	Sales price	Cost
	paronacca		prioc	
				
				
				
				
				
				
				
Installment Sale Income				
Description of property:				
Date acquired Date sold			2022	Prior years
Selling price		· · · · · ·		
Mortgages assumed		· · · · · · ·		
Cost of property sold		· · · · · ·		
Depreciation allowed		· · · · · ·		
Commissions and expense of sale				
Gross profit percentage		· · · · · · ·		
Interest received		· · · · · ·		
Principal payments received		· · · · · ·		
Property was sold to a related party				

Other	Income	and Ad	iustments
-------	--------	--------	-----------

ame:	SSN	l:
Other Income		
	2022 Taxpayer	2022 Spouse
Social Security Benefits (attach Forms 1099-SSA)		
Railroad Retirement Benefits (attach Forms 1099-RRB)		
State income tax refund (attach Forms 1099-G)		
Alimony received Divorce or separation date Amount		
Unemployment compensation (attach Forms 1099-G)		
Jnemployment compensation repaid in 2022		
Gambling winnings (attach Forms W2-G)		
Alaska Permanent Fund		
Jury duty pay		
ABLE distributions		
Scholarships or grants not reported on Form W-2		
Other income: Adjustments	2022 Taxpayer	2022 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2022 Taxpayer	2022 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2022 Taxpayer	2022 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2022 Taxpayer	2022 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2022 Taxpayer	2022 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2022 Taxpayer	2022 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2022 Taxpayer	2022 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date Name	2022 Taxpayer	2022 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date Name SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K	2022 Taxpayer	2022 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date Name SSN Divorce or separation date	2022 Taxpayer	2022 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date Name SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to an Individual Retirement Account (IRA)	2022 Taxpayer	2022 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date Name SSN Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K Contributions made to an Individual Retirement Account (IRA)	2022 Taxpayer	2022 Spouse

Schedule C - Profit or	Loss from Business
Name:	SSN:
General Business Information	
TS Professional product or service	Employer ID number
Business name	
Business address, city, state, ZIP	
Accounting Method: Cash Accrual Other (specify	y)
This business started or was acquired during 2022.	This business was disposed of during 2022.
	Newspaper delivery and you are under 18 years of age A clergy
Yes No Payments of \$600 or more were paid to an individual, who is not y If "Yes," did you file Forms 1099 for the individuals?	our employee, for services provided for this business.
You received a Paycheck Protection Program (PPP) loan for this I If 'Yes," was any portion of the loan forgiven?	business.
Income	
Gross receipts or sales	2022 Other income
Returns & allowances	
Expenses	
2022	2022
Advertising	Repairs & maintenance
Car & truck expenses	Supplies
Commissions & fees	Taxes & licenses
Contract labor	Travel
Depletion	Total meals
Employee benefit programs	Utilities
Insurance (other than health)	Wages
Interest - mortgage	Family health coverage payments for taxpayer, spouse or dependents
Interest - other	Other expenses (list)
Legal & professional services	
Office expenses	
Pension & profit sharing plans	
Rent (other business property)	
Cost of Goods Sold	
2022	2022
Inventory at beginning of year	Materials & supplies
Purchases	Other costs
Cost of personal use items	Inventory at end of year
Cost of labor	There was a change in inventory method.

Schedule E - Income or	Loss from F	Rental Real Estate &	Royalties
Name:			SSN:
General Property Information			
TSJ Property description			
Address, city, state, ZIP			
Select the property type Single family residence Multi-family residence Commercial Number of days property was rented If the rental is a multi-dwelling unit and you occupied part of the	Number of days p	Land Description of the control of t	Self-rental Other use
This property was placed in service during 2022. This property was disposed of during 2022. This property is your main home or second home. This property was owned as a qualified joint venture.	Yes	not your employee, for	ore were paid to an individual, who is services provided for this rental. Forms 1099 for the individuals?
Income			
Rent income	2022	Royalties from oil, gas, mineral, copyright or patent	2022
Expenses			
	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising			If this Schedule E is for a
Auto & travel			a multi-unit dwelling and you lived in one unit and rented
Cleaning & maintenance			out the other units, use the
Commissions			"Rental and homeowner expenses" column to show
Insurance			expenses that apply to the entire
Legal & professional fees			property. Use the "Rental unit expenses" column to show
Management fees			expenses that pertain ONLY to
Mortgage interest			the rental portion of the property.
Other interest			If the Schedule E is not for a
Repairs			multi-unit property in which you lived in one unit, complete just
Supplies			the "Rental unit expenses"
Taxes			column.
Utilities			
Depletion			

22	Income on Loca from Doutmanshine C. Companyi and and	Fiducionica
	Income or Loss from Partnerships, S Corporations, and	
me:		SSN:
	s, S Corporations, Estates and Trusts	
ovide all copie	s of Schedule K-1 and attachments	
S	Entity name	EIN
_		
_		
_		
_		

Schedule F - Profit o	r Loss from Farming
Name:	SSN:
General Information	
TS Principal product	Employer ID number
Accounting method, if not cash: Accrual	
This farm was disposed of during 2022.	
Yes No Payments of \$600 or more were paid to an individual, who is not If "Yes," did you file Forms 1099 for the individuals? You received a Paycheck Protection Program (PPP) loan for this If "Yes," was any portion of the loan forgiven?	
Income	
2022	2022
Sale of livestock / other items	Custom hire income
Cost of items bought for resale	Beginning inventory for accrual
Sale of products you raised	Ending inventory for accrual
Total cooperative distributions (Provide 1099-PATR)	You used unit-livestock-price or farm-price inventory method.
Total agricultural payments	Other income
CCC loans reported · · · · · · · · · · · · · · · · · · ·	-
CCC loans forfeited	
Expenses	
2022	2022
Car & truck expenses	Rent - other (land, animals, etc.)
Chemicals	Repairs & maintenance
Conservation expenses	Seeds & plants purchased
Custom hire (machine work)	Storage & warehousing
Employee benefit programs	Supplies purchased
Feed purchased	Taxes
Fertilizers & lime	Utilities
Freight & trucking	Veterinary, breeding, & medicine
Gasoline, fuel, & oil	Family health coverage payments for taxpayer, spouse or dependents
Insurance (other than health)	Other expenses
Interest - mortgage (paid to banks, etc.)	
Interest - other	
Non-W-2 labor hired	
W-2 wages paid	
Pension & profit-sharing plans	
Rent - vehicles machinery & equipment	

Form 4835 - Farm Rental Income and Expenses SSN: Name: **General Information** Employer ID Number Description This farm was disposed of during 2022 Income 2022 2022 Income from production of livestock, Crop insurance proceeds: Amount received in 2022 You elect to defer to 2023 Amount deferred from 2021 Commodity Credit Corporation (CCC) loans: CCC loans reported Other income . CCC loans forfeited **Expenses** 2022 2022 Car & truck expenses Seeds & plants purchased Storage & warehousing . Supplies purchased Employee benefit programs Feed purchased Veterinary, breeding, & medicine Other expenses Freight & trucking Gasoline, fuel, & oil Interest - mortgage (paid to banks, etc.) Pension & profit-sharing plans Rent - vehicles, machinery & equipment Rent - other (land, animals, etc.)

Expenses Rel	lated to Business
Name:	SSN:
Auto Expense	
Name of business vehicle is used for	
Description of vehicle	Date vehicle was placed in service
Yes No Was this vehicle available for use during off-duty hours? Was another vehicle is available for personal use?	Yes No Do you have evidence to support your deduction? If "Yes," is the evidence written?
Mileage Number of miles the vehicle was driven during 2022	
Business: Before July 1, 2022	Commuting
After June 30, 2022	Other
Expenses Garage rent Gas Insurance Licenses Oil Parking fees Rental fees Interest Property tax Business Use of Home Name of business home is used for	Tires
What is the total square footage of your home that was used regularly an What is the total square footage of your home?	d exclusively for business?
For daycare facilities not used exclusively for business, complete the folk	owing questions
How many days during the year was the area used? How many hours per day was the area used? The daycare facility was in operation for the entire year	
Expenses Office ex	penses Home expenses
Mortgage interest	In the "Office expenses" column, enter those expenses that
Real estate taxes	pertain exclusively to your office;
Excess mortgage interest	enter those expenses that
Excess real estate taxes	pertain to the entire dwelling.
Insurance	
Rent	
Repairs & maintenance	
Utilities	
Other expenses	

		Household Employment	
Name		SSN:	
TSJ_		Employer Identification Number	
Yes	No		
		Did you pay any one household employee cash wages of \$2,400 or more in 2022?	
		Did you withhold federal income tax during 2022 for any household employee?	
		Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022 to all household employees?	
		Did you pay unemployment contributions to only one state?	
Ш	Ш	Did you pay all state unemployment contributions for 2022 by April 18, 2023?	
		Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	2022
T-4-1 -		The publication Control Constitution	-
		ges subject to Social Security tax	
		ges subject to Medicare tax • • • • • • • • • • • • • • • • • • •	
		ges subject to Additional Medicare tax withholding • • • • • • • • • • • • • • • • • • •	
		ne tax withheld · · · · · · · · · · · · · · · · · · ·	
		leave wages · · · · · · · · · · · · · · · · · · ·	
		ily leave wages · · · · · · · · · · · · · · · · · · ·	
Qualifi	ed hea	Ith plan expenses · · · · · · · · · · · · · · · · · ·	
TSJ_		Employer Identification Number	
Yes	No		
		Did you pay any one household employee cash wages of \$2,400 or more in 2022?	
		Did you withhold federal income tax during 2022 for any household employee?	
		Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022 to all household employees?	
		Did you pay unemployment contributions to only one state?	
		Did you pay all state unemployment contributions for 2022 by April 18, 2023?	
Ш	Ш	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	2022
Total a	oob wa	ges subject to Social Security tax	
		ges subject to Medicare tax	
		ges subject to Additional Medicare tax withholding	
		ne tax withheld	
		leave wages	
		ily leave wages	.
Qualife	ed heal	th plan expenses	

Schedule A - Itemized Deductions

Name:	SSN:
Medical and Dental Expenses	Charitable Contributions
Health insurance premiums (paid by you, not through work)	Donations to charity Cash Noncash Amount Church
Amount that is for Medicare premiums	Boy or Girl Scouts
Long-term care premiums (you)	
Long-term care premiums (your spouse) · · · · · · · ·	
Long-term care premiums (dependents)	
Mileage driven for medical purposes Before July 1, 2022	United Way
After June 30, 2022	Veterans
Prescription medicines	,
Glasses & contacts	
Hearing aids	
Medical equipment & supplies	Amortizable bond premiums
Hospital services · · · · · · · · · · · · · · · · · · ·	
Laboratory services · · · · · · · · · · · · · · ·	Gambling losses
Nursing services	Impairment-related work expenses
Other	Claim repayments
Taxes Paid	Unrecovered pension investments
State and local income taxes	Loss from other activities from Schedule K-1
General sales tax (vehicle, boat, home, etc.)	Ordinary loss debt instrument
Real estate taxes	Excess deduction on termination
Personal property taxes	Job Expenses & Certain Miscellaneous Deductions
Auto registration taxes not deductible for state	Necessary job expenses you paid that were not reimbursed by your employer
Other taxes (list)	Safety equipment, tools, & supplies
	Uniforms
	Protective clothing (shoes, hardhats, glasses, etc.)
Interest Paid	Dues to professional organizations
Home mortgage interest paid (attach Form 1098)	Books & subscriptions
used to buy, build, or improve your home.	Other
Home mortgage interest paid to an individualPaid to:	Union dues
Name	Tax preparation fees
Address	Other nonpersonal expenses related to taxable income
City, State, ZIP	Safe deposit box fees
SSN or EIN	Investment expenses not entered elsewhere
Points not reported on Form 1098	Other
Investment interest	Home equity interest

Other Inf	ormatio	n			
Name:					SSN:
Mortgage Interest Provide all copies of Form 1098					
TSJ Lender's name		Mortgaç interest received	insu	tgage irance niums	Real estate taxes paid
Employee Business Expenses					
TS					
Select if you are: A qualified performing artist A fee-based state or local government official A disabled employee with impairment-related work expenses An Armed Forces reservist You are a member of the clergy	Sele	ect if you: Used your	oersonal vehicle	for your job o	during 2022
_	NOT reimi				your employer ox 1 of your W-2
Parking fees, tolls, local transportation Meals Overnight business travel expenses (Do not include meals & entertainment)					
Other business expenses					
	-				
Casualties and Thefts					
TSJ FEMA code	TSJ		code		
Property description					
Property location	Property lo	ocation _			
Date property was acquired	Date prope	– erty was acq	uired		
Date property was damaged or stolen			naged or stolen		
Cost of property damaged or stolen					
Fair market value before incident					
Fair market value after incident					
Insurance reimbursement					

	Other In	nformation	
Name:		SSN:	
Health Savings Account			
TS			
The taxpayer's coverage is under a high-deductible heal Taxpayer only Family HSA contributions made for 2022			2022
Total distributions from all HSAs during 2022			
Distributions included above that were rolled over into an	nother account		
Qualified medical expenses paid using HSA distributions			
Education Expenses Provide all copies of Form	1098-T		
Student name		Student name	
Type of expense	Amount	Type of expense	Amount
		·	
-			
Student name		Student name	
Type of expense	Amount	Type of expense	Amount
Type of expense	Amount	Type of expense	Amount
Job-related Moving Expenses			
TSJ			
Select this box and complete the fields below if you and moved due to a military order for a permanent of	are a member of th	e Armed Forces on active duty,	2022
Number of miles from old home to old workplace			
Number of miles from old home to new workplace			
Expenses to transport and store household goods and p	ersonal effects		
Travel and lodging expenses while traveling to your new	home		
		•	

2022

2022 Tax Organizer Personal Information

Persona	al Informati	on									
			Name		SSN H						te of birth
Taxpayer											
Spouse											
Name of pe	erson to whom al	l inform	ation should be addressed, if not t	he taxpayer							
Street add	dress, city, stat	e, and	ZIP								
	i		Occupation			Daytime phone	Evenii	ng phone		Cell	ohone
Taxpayer											
Spouse											
Taxpayer	email										
Spouse er	mail										
dentific	Do you or y At any time (a) receiv	our sp during e (as a xchan	pouse a full-time student? pouse want to designate \$3 to g 2022 did you: a reward, award, or payment ge, gift, or otherwise dispose	for property or serv	vice)) a digital asset)			
axpayer's	's type of pho	to ID			Spo	ouse's type of photo	ID				
☐ Driver's license ☐ State-issued photo ID					Ë	Driver's license		State-issued	l photo II)	
hoto ID n	to ID number				Pho	oto ID number					
State photo ID was issued					Stat	te photo ID was issued	t				
Date photo ID was issued					Dat	te photo ID was issued	·				
Date photo ID expires					Dat	te photo ID expires					
Account Information for Deposits and Withdrawals											
	Name of bank		Bank routing number		Bank account number	Type o Checking	f account Savings	_	e this a	ccount for Withdrawals	
Appoint	tment Infor	matic	on						·		
our 2022	appointment	is sche	eduled for								

Dependent Information First and last name Has PPN Relationship Months Date of birth Disabled Simon Simon Simon Simon Date of birth Disabled Simon	Pependent Information Test and last name Has PPIN Relationship Months Information Date of birth Disabled Full Student Expenses The principle of the prin			Dependent a	and Other In	formatio	n			
First and last name SNN Relationship In Date of birth Disabled SNN Disabled Sudent State Pin Name of care provider Address SNN or EN Amount Date paid Amount Da	ret and last name in the print is and last name in the print is and last name in the print in th	ame:		ор					SSN	l:
ist dependents required to file a return Child and Other Dependent Care Expenses Name of care provider Address SSN or EIN Amount Estimates Federal Date paid Amount Date paid Date paid Date paid Amount Date p	dependents required to file a return Initial and Other Dependent Care Expenses	Dependent Information								
Set dependents required to file a return Child and Other Dependent Care Expenses Name of care provider Address SSN or EIN Amount Estimates Federal Resident State Resident City Date paid Amount Date paid	dependents required to file a return Idid and Other Dependent Care Expenses				Relationship	Months in home	Date of birth	Disabled	time	
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econd quarter nird quarter purth quarter	ond quarter d quarter rth quarter	-			_					
ourth quarter	d quarter				-					
ourth quarter	rth quarter	_			_					
					_					
autional payments		dditional payments								
		-								

	Income	
Name:	SSN:	
Form	1 1099-MISC Income	
Provide	e all copies of Form 1099-MISC	2022
TS	Payer name	2022 amount
Form	1099-NEC Income	
Provide	e all copies of Form 1099-NEC	
TS	Payer name	2022 amount