

This organizer is designed to assist you in gathering the information required for preparation of your individual income tax returns. Please complete all applicable sections. Also, please provide details and documentation as requested. Documents may be provided electronically using our File Share portal which you access from our website: www.tht.cpa. However if you receive your tax documents in paper format you can mail or drop off the originals at our office.

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS are also mailed or delivered to taxpayers in an envelope clearly marked "Important Tax Documents Enclosed" and should be submitted with this organizer. Include the following, if applicable:

- W-2 (wages)
- 1099-R (retirement)
- 1099-INT (interest)
- 1099-DIV (dividends)
- 1099-B (brokerage sales)
- 1099-MISC (rents, etc.)
- 1099 (any other)
- 1095-A, 1095-B, 1095-C (health insurance)
- 1098-T (education)
- Schedules K-1 (Forms 1065, 1120-S, 1041)
- Annual brokerage statements
- 1098 (mortgage interest)
- 8886 (reportable transactions)
- Closing Disclosure (real estate sales/purchases)
- Copies of any tax elections or revocations in effect
- Other information statements

In addition, please provide a copy of your (and your spouse's, if applicable) driver's license (front and back). This information may be needed to electronically file your tax return.

The filing deadline for your income tax return is **Tuesday, April 18th**. Your completed tax organizer needs to be received no later than **Wednesday, March 15th**. Any information received after that date may require an extension to be filed for this return.

If an extension of time is required, any tax due should be paid with that extension. Any taxes not paid by the filing deadline may be subject to penalties and interest. If you don't pay a reasonable estimate of your tax liability, your extension may be deemed invalid, subjecting you to late-filing penalties.

Your return will be electronically filed unless otherwise requested or ineligible for e-file. The request to opt out of e-filing may require you to sign a form that will be filed with the taxing authority(ies).

We look forward to providing services to you. Should you have questions regarding any items, please do not hesitate to contact us.

Certification:

The undersigned certifies, to the best of his or her knowledge, that the information documented in and provided with this organizer is complete and accurate.

Certified by (taxpayer) _____

Certified by (spouse) _____ (if applicable)

If we did not prepare your prior year returns, provide a copy of federal and state returns for the three previous years. If we did not prepare your prior year returns, do we have permission to contact your predecessor tax return preparer?

Yes

No

If permission is granted, please provide the predecessor's contact information.

Taxpayer's name _____ Social Security number _____ Occupation _____

Spouse's name _____ Social Security number _____ Occupation _____

NOTE: Please indicate if you worked/lived somewhere different than previous years. This may affect where you will need to file state income tax returns.

Home address _____

City, town or post office

County

State

Zip code

School district

Home no. _____ Email (T) _____ Email (S) _____

Contact number (taxpayer) _____

Contact number (spouse) _____

Office _____

Office _____

Fax _____

Fax _____

Mobile _____

Mobile _____

Taxpayer citizenship/visa status _____

Spouse citizenship/visa status _____

Taxpayer date of birth _____

Blind?

Yes

No

Spouse date of birth _____

Blind?

Yes

No

► Dependent children who lived with you:

Full name	Social Security number	Relationship	Birth date

► Other dependents:

Full name	Social Security number	Relationship	Birth date	# months resided in your home	% support furnished by you

Please answer the following questions and submit details for any question answered “yes.”

	Yes	No
► 1) Will the address on your current returns be different from that shown on your prior year returns? If yes, provide the new address and the date moved. _____	<input type="checkbox"/>	<input type="checkbox"/>
► 2) Did any births, adoptions, marriages, separations, divorces or deaths occur related to you, your spouse or any of your dependents for 2022? If yes, provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>
► 3) Were there any changes in dependents from the prior year? If yes, provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>
► 4) Are you entitled to a dependency exemption due to a divorce decree?	<input type="checkbox"/>	<input type="checkbox"/>
► 5) Did any of your dependents have unearned income of \$1,100 or more (\$350 if self-employed)? If yes, do you want us to prepare your child’s tax return? Please let us know if you would like to discuss.	<input type="checkbox"/>	<input type="checkbox"/>
► 6) Are any dependent children married and filing a joint return with their spouse?	<input type="checkbox"/>	<input type="checkbox"/>
► 7) Did any dependent child, 19–23 years of age, attend school full time for less than five months during the year?	<input type="checkbox"/>	<input type="checkbox"/>
► 8) Has the IRS, or any state or local taxing agency, notified you of changes to a prior year’s tax return in which you have not already notified us (including a partnership or LLC in which you have an investment)? If yes, provide copies of all notices or correspondence received.	<input type="checkbox"/>	<input type="checkbox"/>
► 9) Did you receive (as a reward, award or compensation) or sell, exchange, gift or otherwise dispose of a digital asset or a financial interest in a digital asset? If yes, provide details. A digital asset is any virtual currency of value that functions as a medium of exchange, a unit of account and/or a store of value. Cryptocurrency, such as Bitcoin, is an example of a digital asset.	<input type="checkbox"/>	<input type="checkbox"/>
► 10) Did you receive any income from any legal proceedings, cancelation of student loans or other indebtedness during the year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>

▶ 11) Did you acquire, use, dispose of or hold any virtual currency/cryptocurrency (such as bitcoin)? If yes, provide details.

▶ 12) Did you make gift(s) to any person that total more than \$16,000 this year? The gift(s) could have been made directly, indirectly or to a trust. Yes No

▶ 13) Did you make any discounted gifts or gifts of future interest to any person or trust? Yes No

▶ 14) Did you have any interest in, or signature or other authority over, a bank, securities or other financial account in a foreign country? If the aggregate value of all the accounts exceeded U.S. \$10,000 at any time during the year and you are engaging us to complete your Report of Foreign Bank and Financial Accounts (FBAR) on FinCEN Form 114, please complete the following: Yes No

Name and address of financial institution	Account type (bank securities/ other)**	Account number	Maximum value during the year*	Currency	Held separately (S) or jointly (J) or signature authority (SA)	Joint owner's name(s), address, and U.S. taxpayer identification

* Please provide the highest value at any time during the year in the foreign currency.

** Treasury guidance presently (Form 114, *Report of Foreign Bank and Financial Accounts*) defines a foreign financial account as any bank, securities, securities derivatives or other financial instruments account. These accounts generally encompass any accounts in which the assets are held in a commingled fund and the account owner holds an equity interest in the fund (mutual fund). The term also means any savings, demand, checking, deposit, time deposit, debit card or credit card maintained with a financial institution or other person engaged in the business of a financial institution. A financial account also includes a commodity futures or options account, an insurance policy with cash surrender value (whole life) and an annuity policy with cash surrender value.

▶ 15) Did you have an interest in specified foreign financial assets valued at more than \$50,000 on the last day of the tax year or more than \$75,000 at any time during the tax year? Please include assets not previously listed for FinCEN 114 reporting. Yes No

Description of asset	Identifying number	Date asset acquired or disposed of during the year	Maximum value of asset during the tax year	Currency/ exchange rate	If asset is stock of a foreign entity, provide name, type and mailing address	If asset is not a stock of a foreign entity, provide name of issuer, type and mailing address

	Yes	No
▶ 16) Did you have foreign income, pay any foreign taxes that are not reflected on an enclosed Form 1099, or file any foreign information reporting or tax forms? Provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 17) Were you the grantor, transferor or beneficiary of a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 18) Were you a resident of, work for a period of time in more than one state, or receive income from more than one state during the year? If so, provide details. You may be required to file tax returns and may also owe taxes in those states. _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 19) Do you file use tax returns in any states?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 20) Do you have any unpaid sales/use tax for tax year 2022 (such as from goods you purchased online or from a catalog)?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 21) Do you and/or your spouse want to designate \$3 to the Presidential Election Campaign Fund? Taxpayer <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
▶ 22) Do you wish to contribute to any state fund(s)? If yes, indicate amount(s) and which fund(s): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 23) Did you and all members of your household maintain minimum essential health coverage for all months of 2022? Minimum essential coverage includes employer-sponsored health insurance coverage, Medicare, Medicaid or Tricare.	<input type="checkbox"/>	<input type="checkbox"/>
1. Enclose documentation received from your employer and/or insurance company, such as Form(s) 1095-B, Health Coverage, Forms(s) 1095-C, Employer-Provided Health Insurance Offer and Coverage, even for partial periods of coverage.	<input type="checkbox"/>	<input type="checkbox"/>
2. If anyone in the household was not covered for the entire year, provide details that include dates of partial periods of coverage and any other types of health insurance coverage and/or benefits received during the year, such as Indian tribe membership and/or health care sharing ministry membership.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 24) If you or your household did not maintain minimum essential health coverage for the entire year:		
1. Were you offered coverage (through your or your spouse's plan) that you declined?	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes, did the coverage offer minimum value and was it affordable?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were you or any member of your household eligible for Medicare or Medicaid but did not enroll?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 25) Did you or any member of your family enroll in health insurance coverage through the Health Insurance Marketplace at healthcare.gov under the Affordable Care Act? If yes, enclose Form 1095-A, <i>Health Insurance Marketplace Statement</i> .	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
▶ 26) Is more than one tax household sharing the premium tax credit? Examples include adult nondependent children, situations of divorce or a new marriage.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 27) Were either you or your spouse eligible to participate in an employer's health insurance or long-term care plan?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 28) Did you receive any distribution from an individual retirement account (IRA) or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? Include Form 1099-R, <i>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</i> , and proof of the rollover.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 29) Did you receive a required minimum distribution (RMD) from an IRA or other qualified plan during 2022? Provide details (Form 1099-R).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 30) If you received an IRA distribution, which you did not roll over, provide details (Form 1099-R). 1. Did you or your spouse withdraw amounts from your IRA or other qualified plan to acquire a personal residence, pay for unreimbursed medical expenses or pay higher education expenses, or was the withdrawal related to certain qualified disasters? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 31) Did you convert IRA funds or any other qualified retirement plan funds into a Roth IRA? If yes, provide details (Form 1099-R).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 32) Did you receive any Social Security income or disability payments this year?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 33) Did you have any taxable distributions from an achieving a better life experience (ABLE) account?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 34) Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 35) Did you sell or purchase a principal residence or other real estate? If yes, provide the settlement sheet (Closing Disclosure) and Form 1099-S, <i>Proceeds from Real Estate Transactions</i> .	<input type="checkbox"/>	<input type="checkbox"/>
▶ 36) Did you refinance any existing loans on your home or other real estate you own? If yes, provide the settlement sheet (Closing Disclosure).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 37) Did you collect on any installment contract during the year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 38) During this year, do you have any securities that became worthless or loans that became uncollectible?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 39) Did you receive unemployment compensation? If yes, provide Form 1099-G, <i>Certain Government Payments</i> .	<input type="checkbox"/>	<input type="checkbox"/>
▶ 40) Did you receive or pay any alimony during the year? If yes, provide details, including the date of the divorce agreement and the Social Security number of the spouse paying the alimony or whom the alimony was paid.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 41) Did you have any business casualty or theft losses during the year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 42) Did you receive any proceeds (including insurance) on property which was taken from you by destruction, theft, seizure or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
▶ 43) Did you, or do you plan to, contribute money before April 15, 2023, to a traditional or Roth IRA for the last calendar year? If yes, provide details (note that some states may have earlier due dates).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 44) If you or your spouse have self-employment income, do you want to make a retirement plan contribution?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 45) Did you, or do you plan to, contribute money before April 15, 2023, to a health savings account (HSA) for the last calendar year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 46) Did you receive any distributions from an HSA? Were all distributions made for qualified medical expenses? If so, provide details, including Form 1099-SA, <i>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</i> , Form 5498-SA, <i>HSA, Archer MSA, or Medicare Advantage MSA Information</i> .	<input type="checkbox"/>	<input type="checkbox"/>
▶ 47) Did you incur expenses as an elementary or secondary educator? If so, how much? The amount deductible is limited to \$300 per taxpayer.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 48) Did you pay real estate taxes on your principal residence, or any other real property owned? If so, provide details by property.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 49) Did you purchase gasoline, oil or special fuels for non-highway use vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 50) Did you purchase an energy-efficient or other new vehicle? If yes, provide the purchase invoice.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 51) Did you pay sales tax on any large purchases, including home improvements? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 52) Did you make any energy-efficient improvements (remodel or new construction) to your home? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 53) For any property you own, did you purchase and place in service any solar water heating, solar electric, fuel cells, small wind energy or geothermal heat pump?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 54) Did you incur adoption expenses or adopt a U.S. child that the state has determined to have special needs?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 55) Did you acquire or sell any "qualified small business stock?" If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 56) Were you granted, or did you exercise, any stock options? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 57) Were you granted any restricted stock? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 58) Did you pay any household employee over age 18 wages of \$2,400 or more?	<input type="checkbox"/>	<input type="checkbox"/>
1. If yes, provide a copy of Form W-2 issued to each household employee. If yes, did you pay total	<input type="checkbox"/>	<input type="checkbox"/>
2. wages of \$1,000 or more in any calendar quarter to all household employees?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 59) Did you surrender any U.S. savings bonds, or did they mature?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 60) Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
▶ 61) Did you start a business? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 62) Did you purchase or convert property you already owned to rental property? If yes, provide the settlement sheet (Closing Disclosure).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 63) Did you acquire or dispose of any interests in partnerships, LLCs, S corporations, estates or trusts this year? If yes, provide the Schedule K-1 that the organization has issued to you.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 64) Do you have records to support travel, meals or gift expenses incurred in your business? The law requires that adequate records be maintained for travel, meals and gift expenses. The documentation should include the amount, time and place, date, business purpose, description of expense and business relationship of recipient(s). Note that entertainment expenses are not deductible, and meals provided by a restaurant may be 100% deductible.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 65) Did you participate in any bartering transactions (including the use of virtual currency/digital assets)?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 66) Do you have evidence to substantiate all of your charitable contributions? Note: Current tax law requires taxpayers to have the following for all deductible charitable contributions of cash, check or any other monetary gift: (1) a bank record (such as a canceled check) or (2) a written communication from the charity that adequately documents the donation.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 67) Has your will or trust been updated within the last three years? If yes, provide copies.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 68) Can the IRS and state tax authority discuss questions about this return with the preparer?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 69) Did you or any of your dependents receive an identity protection personal identification number (IP PIN) from the IRS or have you been a victim of identity theft, either in 2022 or in prior years? If you received an IP PIN, provide a copy of the IRS notice.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 70) Do you expect a large fluctuation in your income, deductions or withholding in 2023? This will help us calculate possible changes to estimated tax payments. If yes, provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 71) Do you want any overpayment of taxes applied to next year's estimated taxes?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 72) Do you want any federal or state refund deposited directly into your bank account? If yes, enclose a voided check or provide your bank routing number and account number.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 73) Do you want any balance due directly withdrawn from this same bank account on the due date?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 74) If you owe federal or state tax upon completion of your return, are you able to pay the balance due? If not, provide additional information.	<input type="checkbox"/>	<input type="checkbox"/>

▶ 75) Did you or your spouse make any 529 contributions during the year? If yes provide a copy of the year end statement that summarizes the annual contributions.

▶ 76) Would you like to receive a hard copy of your tax returns in addition to a PDF?

▶ 77) We will use the last four digits of the primary taxpayer's SSN as the password on documents we email you. If you would like us to use a different password please provide the password you would like us to use.

▶ 78) Did you or your spouse pay premiums for long term care insurance? If yes, provide the premium amount for each spouse. Do not include premiums paid by your employer or deducted from your compensation.

Estimated tax payments made

	Federal		State (name)	
	Date paid	Amount paid	Date paid	Amount paid
Prior year overpayment				
applied 1st quarter				
2nd quarter				
3rd quarter				
4th quarter				

Childcare expenses/home care expenses

Yes No

▶ 79) Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old or your spouse or dependent age 13 or over, if physically or mentally incapable of caring for themselves in order to enable you to work or attend school on a full-time basis? Yes No

▶ 80) Did you use funds from a cafeteria plan at work to pay for any daycare expenses? Yes No

▶ 81) Did you pay an individual to perform in-home health care services for yourself, your spouse or dependents? Yes No

▶ If the response to either of the questions above is yes, complete the following: Name(s) of dependent(s) for whom services were rendered.

▶ List individuals or organizations to whom expenses were paid during the year (services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for Social Security purposes).

Name and address	ID number	Amount	If under 18
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

▶ If payments of \$2,400 or more during the tax year were made to an individual, were the services performed in your home? Yes No

Educational expenses

Yes No

▶ 82) Did you or any other member of your family pay any post-secondary educational expenses this year? Yes No

▶ If yes, complete the following and provide Form 1098-T, *Tuition Statement*, from the

school: Student name	Institution	Grade/	Amount paid	Date paid

Yes No

▶ 83) Was any of the preceding tuition paid with funds withdrawn from an educational IRA or 529 plan?

If yes, how much? \$_____. Submit Form 1099-Q, *Payments from Qualified Education Programs (Under Sections 529 and 530)*.

Comments/explanations

This copyrighted resource is provided exclusively to AICPA Tax Section members and should not be shared, reproduced or used by anyone who is not a member of the AICPA Tax Section without explicit consent from the AICPA Tax Section. See our [terms and conditions](#). For information about content licensing, please email copyright-permissions@aicpa-cima.com.

