

MANZI & ASSOCIATES L.L.C.

Certified Public Accountants

www.manziassociates.com

(978) 975-1099

2022 TAX DATA SHEET

Please take time to review and complete this organizer. This organizer helps us prepare accurate and timely returns.

NEW CLIENTS: Please bring copies of your 2020 and 2021 returns.**1. Personal Information**

Name		Social Security #	Date of Birth	Occupation	Phone Number
Taxpayer					
Spouse					
Street Address		City		State	Zip
Email Address		Identity Protection PIN(s) (if applicable)			

	Taxpayer		Spouse		Marital Status		
Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Married	Will file jointly:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single		
Pres. Campaign Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Widow(er), Date of Spouse's Death		

2. Dependents (Children & Other) - if applicable, please include signed copy of form 8332 (release of exemption for child)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please provide all statements (W-2s, 1099s, 1098, etc)

Please answer the following questions to determine maximum deductions and include all necessary details:

- | | | | |
|---|--|---|--|
| a) Are you self employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | h) Did you give a gift of more than \$16,000 to one or more person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Did you receive rent from real estate or other property | <input type="checkbox"/> Yes <input type="checkbox"/> No | i) Did you have any debt cancelled, forgiven, or refinanced? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Did you have health insurance coverage for you, spouse and dependents (if applicable)?
(Please fill out item #19 below) | <input type="checkbox"/> Yes <input type="checkbox"/> No | j) Did you go through bankruptcy proceedings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Do you provide a home for or help support anyone not listed in Section 2 above? | <input type="checkbox"/> Yes <input type="checkbox"/> No | k) If you paid rent, how much and to whom did you pay? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Did you receive any correspondence from the IRS or State? | <input type="checkbox"/> Yes <input type="checkbox"/> No | l) Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Were there any births, deaths, marriages, divorces or adoptions in your immediate family? | <input type="checkbox"/> Yes <input type="checkbox"/> No | m) Did you have any children under the age of 19 (or 19-23 students) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Do you have any foreign financial accounts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | n) Did you receive, sell, exchange, or acquire any financial interest in virtual currency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

* If yes to any of the above, please include the necessary details.

3. Wage, Salary Information

Attach W-2s:

Employer	Taxpayer	Spouse
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

4. Interest Income

Attach 1099-INT & broker statements

Payer	Amount
Tax Exempt	

5. Dividend Income

From Mutual Funds & Stocks - Attach 1099-DIV

Payer	Ordinary	Capital Gains	Non-Taxable

6. Partnership, Trust, Estate Income, and S-Corps

List of payers of partnerships, limited partnerships, S-Corps, trust, or estate income - attach K-1

7. Investments Sold

Attach 1099-B

Investment	Date Purch/Sold	Cost	Sales Price

8. IRA (Individual Retirement Account) or Roth IRA

Contributions for tax year:

	Date	Amount	Check for Roth
Taxpayer			<input type="checkbox"/>
Spouse			<input type="checkbox"/>

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for withdrawal	Roll-over or Reinvested?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Pension, Annuity Income

Attach 1099-R Payer*	Reason for withdrawal	Roll-over or Reinvested?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:	Taxpayer	Spouse
Social Security Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>
RMD - for 2022, you must take a distribution if you are age 72 by the end of the year (or age 70½ if you reach that age before Jan. 1, 2020).	<input type="checkbox"/>	<input type="checkbox"/>

Did you recontribute any of your RMD to IRA or qualified retirement plan? ☐ Yes ☐ No

Did you directly donate your RMD to a qualified charity? ☐ Yes ☐ No

Attach SSA 1099, RRB 1099

10. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Improv.
Personal Residence*		
Vacation Home		
Land		
Other		

* Provide information on improvements, prior sales of home, and cost of a new residence.

11. Other Income

List All Other Income (incl. non-taxable)

Alimony received (do not include child support) _____
 Unemployment compensation (repaid) _____
 Prizes, Bonuses, Awards _____
 Gambling, Lottery (expenses _____) _____
 Unreported tips _____
 Director/Executor's Fees _____
 Commissions _____
 Jury duty _____
 Worker's compensation _____
 Disability income _____
 Veteran's pension _____
 Payments from installment sales _____
 State income tax refund _____
 Other _____

12. Medical/Dental Expenses

Medical Insurance Premiums (paid by you) _____
 Prescription Drugs _____
 Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Braces _____
 Medical Equipment, Supplies _____
 Nursing Care _____
 Medical Therapy _____
 Hospital _____
 Doctor/Dental/Orthodontist _____
 Mileage (# of miles) _____

13. Taxes Paid

State Income Taxes _____
 Real Property Tax _____
 Personal Property Tax _____
 Sales Tax _____
 Other _____

14. Interest Expense

Mortgage interest paid on primary and
 secondary residence (attach 1098) _____
 Interest paid to individual for your home
 (include amortization schedule) _____
 Paid to: Name _____
 Address _____
 Social Security # _____

Investment interest (only relating to loans used to
purchase taxable investments) _____

15. Charitable Contributions

Church _____
 Goodwill/Salvation Army, etc _____
 Other _____
 Non-Cash _____

* You must have a receipt from the charity for all individual gifts in excess of \$250, non-cash gifts in excess of \$500 require a valuation statement from the charity.

16. Other Deductions

Alimony Paid to _____
 Social security # _____
 Date alimony began _____
 Amount paid _____
 Adoption expenses _____
 Student interest paid _____
 Out of pocket Educator expenses
 (for grade k-12 teachers) _____

17. Education Expenses

Student Name	Type of Expense	Amount

18. Child & Other Dependent Care Expenses

Name of Care Provider _____
 Address _____
 Social Security or Employer ID _____
 Amount Paid _____
 Amount, if any, reimbursed by an
 employer dependent care plan _____

19. Health Care Coverage

A) Did you and everyone in your family have health coverage
for every month of 2022?

Name	Insurance provider	Source- employer, exchange, etc	Specific months of 2022 when covered

B) Did you receive a Form 1095-A, 1095-B or 1095-C? If so, please submit a copy ☐ Yes ☐ No

C) Did you receive advance payments for insurance coverage? ☐ Yes ☐ No

D) Did you contribute to a health savings account for 2022? Or plan to by 4/18/23? ☐ Yes ☐ No

E) Did you receive any distributions from your health savings account ? ☐ Yes ☐ No

If yes, how much did you receive? _____

If yes, how much was spent on qualified unreimbursed medical costs? _____

20. Estimated Tax Paid

Date Paid	Federal	State

21. Banking Information for Direct Deposits and Withdrawals

Would you like to have your refund(s) directly deposited into your account?

☐ Yes ☐ No

Would you like to have your tax due directly withdrawn from your account?

☐ Yes ☐ No

BANKING INFORMATION

Owner of account

☐ Taxpayer

☐ Spouse

☐ Joint

Type of account

☐ Checking

☐ Savings

Name of financial institution

Financial institution routing number

Your account number

Questions, Comments, or Other Information

To the best of my knowledge the information enclosed in this client organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer

Date

Spouse

Date