

2022 Tax Organizer Personal Information

Personal Information

Name		SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
Occupation		Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2022

- Single
 Married
 Widowed - If widowed and your spouse died in 2022, enter the date of death _____
 Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2022?

Yes No

- Are you or your spouse blind?
 Are you or your spouse disabled?
 Are you or your spouse a full-time student?
 Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?
 At any time during 2022 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?
 (a) receive (as a reward, award, or payment for property or services) a digital asset
 (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)

Identification Information

Taxpayer's type of photo ID <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID		Spouse's type of photo ID <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID	
Photo ID number _____		Photo ID number _____	
State photo ID was issued _____		State photo ID was issued _____	
Date photo ID was issued _____		Date photo ID was issued _____	
Date photo ID expires _____		Date photo ID expires _____	

Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2022 appointment is scheduled for _____

Dependent and Other Information

Name: _____

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return _____

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2021						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

- PLEASE CHECK IF ANY OF THESE APPLY FOR 2020:**
- Did you start a business or rent property to others during the year?
 - Do you own foreign accounts that total \$50,000 or more?
 - Did you buy or sell stocks, bonds, or investment property?
 - If you purchased, sold, or refinanced any real estate, bring the closing statements.
 - Did you started or completed an adoption process,? Documents and receipts are required.
 - If a noncustodial parent claiming a child, Form 8332 is required.
 - Did you have a child under age 19 or a fulltime students under the age of 24 on January 1, 2021, with gross income over \$1,110 or total investment income over \$2,200*?
 - Did you contribute to a 529 plan?

- Did you make total gifts to a person or trust that were more than \$15,000?
 - Did you pay or receive alimony? (Do not include child support)
- (Check One) Received Paid
- Name _____
 SS# _____
 Amount \$ _____
 Divorce Date _____
- Can we discuss your tax return with the IRS or state?
 - Other Income:
 Form 1099C or A _____
 Jury Duty _____
 Form 1099 PATR _____
 Other: _____

Medical Deductions	
Medical Insurance Premiums (Not paid thru employer)	
Long Term Care Insurance Premiums (T)	
	(S)
Medical Miles: _____ x 16¢	
Prescriptions _____	
Eyeglasses /Contacts _____	
Doctors/Dentists _____	
Hospitals _____	
Nursing Home _____	
In-Home Care _____	
Lodging Expenses _____	
Total Other Medical Expenses:	
TOTAL	

Interest Paid	
Home Mortgage Interest (1st Mortgage)	
Home Mortgage Interest (2nd Mortgage)	
Equity Line of Credit if used to buy, build or improve the home that secures the loan	
Points Paid for Home Loan	
Mortgage Insurance Premiums-PMI	
Investment/Margin Interest	
Required Information/Seller Financed Mortgage Interest:	
Name: _____	
Address: _____	
SSN #: _____	
TOTAL	

Taxes Paid	
2021 Additional State Tax Paid	
Real Estate Taxes	
Personal Property Taxes	
Sales Tax Paid on Large Items	
TOTAL	

Charitable Contributions- Receipts Required	
Cash or Check Contributions	
Property or Clothes Contributions	
Mileage Driven for Charitable Activities	
(T) _____ x .14	
(S) _____ x .14	

- Fuel Credits**
- Did you purchase gas for off-road business use? # of gallons _____
 - Did you purchase diesel for off-road business use? # of gallons _____
 - Did you purchase kerosene or propane for off-road busi-

SC Motor Fuel Income Tax Credit

To claim the SC Motor Fuel Income Tax Credit you must complete Form SC I-385. This can be found on our webpage. Receipts for gas and maintenance are required.

Initial _____

Adjustments to Income

Did you contribute to a health savings account (HSA) in 2020?

(Check One) Individual _____ Family Plan _____

Amt. contributed that was NOT DEDUCTED from wages _____

HSA Distribution _____

Education Loan Interest \$ _____

Self-Employed Health Ins (T) _____ (S) _____

Educator Expenses Paid (T) _____ (S) _____

Traditional IRA Contributions (T) _____ (S) _____

ROTH IRA Contributions (T) _____ (S) _____

SEP Contributions (T) _____ (S) _____

Miscellaneous Deductions

Gambling Losses	

Casualty Loss

Description of Event:	
Date of Casualty/Loss:	
Original Cost	
Fair Market Value before Casualty	
Fair Market Value after Casualty	
Insurance Proceeds Received	

Education (Form 1098-T - Required)

Student	Tuition	Scholarship	Books and Fees

South Carolina Education Credit

<i>Transcript Required for SC Tuition Credit</i>	Spring	Summer	Fall
Tuition			
Credit Hours			
Scholarships /Grants			
Did student receive Life or Palmetto Scholarship? (YES) ____ (NO) ____			
Yr of HS graduation _____ Name of HS _____			
1st College Attended _____ Date _____			

Insurance

What Type of Insurance Do You Carry	
*If You Have Market Place Insurance You Must Bring Your Form 1095 A or 1095 C	

South Carolina - Additional Information

Homeowners Insurance on Primary Residence	
Total Years in Active Military Service	
Total Years in Inactive or National Guard Service	
Cost of Economic Impact Zone Stock	
Amount of Fed Estate Tax In Paid 2020	

SC Police/Officers - # of Work Days	
SC Firefighters/Volunteer Points	
Military Retiree ?	
Have you adopted a special needs child?	

Do you expect significant changes in income, expenses, or dependents in 2021? If yes, please explain below.

NOTES:

The information supplied in this organizer is accurate and true to the best of my knowledge.

Signature: _____

Date _____