



Donahue Income Tax Services LLC

P: (717)420-5557 Andrew@donahuetax.com

2022 Client Tax Organizer



PLEASE DROP OFF WITH TAX DOCUMENTS
AND SCHEDULE APPOINTMENT ASAP

Name: _____ SSN: _____ DOB: _____

Spouse: _____ SSN: _____ DOB: _____

Street: _____

City: _____ State: _____ ZIP: _____

Occupation: _____ Spouse's Occupation _____

Phone 1: _____ Phone 2: _____

Email _____

Please read and sign below:

This confirms the services we will provide:

- ✓ We will prepare your federal, state, and local returns based on information you provide. We may ask for clarification of certain information, or additional information.
- ✓ It is your responsibility to provide all necessary information related to income and deductions for tax year 2022, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates. You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.
- ✓ It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions.
- ✓ If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review. Our invoices are due and payable upon presentation.
- ✓ We will not release or disclose your tax information to anyone not properly authorized by you, or as permitted by regulation, or as required by law. If you would like for us to disclose your information to anyone, we must have your written approval on file before releasing your information. Our general policy is to release information only to you, our customer. Thank you for understanding.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign below.

Signature: _____

Signature: _____

Date: _____

Please enclose the following forms:

Please fill in Number of each form(s) enclosed on the blank line next to it

<u>Number</u>	<u>Form #</u>	<u>Form Description</u>
_____	W-2	Wage and Tax Statement.
_____	W-2G	Certain Gambling Winnings.
_____	1099-INT	Interest Income.
_____	1099-DIV	Dividends and Distributions.
_____	1099-B	Brokerage Statements (Provide all pages)
_____	1099-R	Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
_____	1099-SSA	Social Security
_____	1099-C	Cancellation of Debt
_____	1099-G	State Income Tax Refund and Unemployment Compensation
_____	1099-S	Proceeds from Real Estate Transactions.
_____	1099-K	Merchant Card and Third-Party
_____	K-1	Partnership, LLC, Estate, Trust, and S Corporation Income
_____	1098	Home Mortgage Interest Paid
_____	1098-E	Student Loan Interest Statement.
_____	1098-T	Tuition Paid Education costs for books, supplies etc. \$ _____
_____	1095-A	Health Insurance Through Market Place
_____		Real Estate Taxes (enclose statements or bills)
_____		Child and Dependent Care Expenses: Amounts Paid \$ _____

Attach Statement with name address and tax id of this provider:

Gifts to Charity (CASH or Check): Do Not Submit Receipts, please attach list.

Total \$ _____

Gifts by OTHER THAN CASH OR CHECK if this total is over \$500, please attach receipt with name and address of organization with value of each. Total \$ _____

Teacher's Classroom Expenses: \$ _____ (Limit increased to \$300.00 per eligible educator)

Deductions

Medical and Dental Expenses You Paid:

(Please do not submit receipts just totals)

1. Prescription medications		\$
2. Health insurance premiums:		\$
a. Medical, dental and vision insurance:		
b. Long-term care premiums	for whom? H W	\$
c. Medicare Premiums:		\$
3. Fees for doctors, dentists, hospitals clinics etc.		\$
7. Eyeglasses and contact lenses		\$
8. Medical equipment and supplies		\$
9. Miles driven for medical purposes		miles

Federal Estimated Taxes You Paid: Please attach copies of cancelled checks if possible.

Federal Income Taxes	Date Paid	Amount
2022 Estimated Payment – Voucher #1 (due 4/15/22)	/ /2022	\$
2022 Estimated Payment – Voucher #2 (due 6/15/22)	/ /2022	\$
2022 Estimated Payment – Voucher #3 (due 9/15/22)	/ /2022	\$
2022 Estimated Payment – Voucher #4 (due 1/16/23)	/ /20	\$

Federal Refund from 2021 Tax Return Applied to 2022 \$ _____

State Estimated Taxes You Paid:

State Estimated Income Taxes	Date Paid	Amount
2022 Estimated Payment – Voucher #1 (due 4/15/22)	/ /2022	\$
2022 Estimated Payment – Voucher #2 (due 6/15/22)	/ /2022	\$
2022 Estimated Payment – Voucher #3 (due 9/15/22)	/ /2022	\$
2022 Estimated Payment – Voucher #4 (due 1/16/23)	/ /20	\$

State Refund from 2021 Tax Return Applied to 2022 \$ _____

Local Estimated Taxes You Paid:

Local Estimated Income Taxes	Date Paid	Amount
2022 Estimated Payment – Voucher #1 (due 4/15/22)	/ /2022	\$
2022 Estimated Payment – Voucher #2 (due 6/15/22)	/ /2022	\$
2022 Estimated Payment – Voucher #3 (due 9/15/22)	/ /2022	\$
2022 Estimated Payment – Voucher #4 (due 1/16/23)	/ /20	\$

Local Refund from 2021 Tax Return Applied to 2022 \$ _____

IMPORTANT QUESTIONS - PLEASE ANSWER.

Additional information is required if you answer yes to these questions - Please attach Documentation

- Yes No Can you or your spouse be claimed as a dependent by another taxpayer?
- Yes No Can any dependent be claimed as a dependent by another taxpayer?
- Yes No Did you **sell** a **personal residence**, vacation home, land, or other real estate this year?
- Yes No Did you **purchase /refinance your home** this year? If yes, please enclose **Settlement Sheet(s)**.
- Yes No Did you receive **unreported tip income** of \$20 or more in any month?
- Yes No **IMPORTANT - Do you have any foreign accounts (bank, securities, trusts, business, etc.)?**
- Yes No Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?
- Yes No Do you wish to have **refund**, (Federal and State), if any, **direct deposited** to either a checking or savings account? **If yes please provide a copy of VOIDED check:**
- Yes No At any time during 2022 did you receive (as a reward, award, or payment for property or services); or sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (Digital currency (ie. Bitcoin or other), NFT or another digital asset)
- Yes No Did you or your spouse get an updated driver's license in 2022. If you answer Yes **Please provide the updated issue and expiration dates.**
- Yes No Did you or your spouse primarily work from home in 2022. If so please measure your office size and provide your total utility cost (water, sewer, trash, electric, heat etc.)

New

Dependent: _____ **Date of Birth:** _____ **SSN:** _____

Lives with you: Yes No **Day Care Expense:** Yes No **U.S. Citizen:** Yes No
Relationship: _____ **Months lived with you:** _____

Dependent: _____ **Date of Birth:** _____ **SSN:** _____

Lives with you: Yes No **Day Care Expense:** Yes No **U.S. Citizen:** Yes No
Relationship: _____ **Months lived with you:** _____