

1135 E. Route 66, Suite 108 Glendora, CA 91740 626 852-2202

## **Dear Client:**

The Tax Organizer will assist you in collecting and reporting information necessary for us to properly prepare your income tax return. Please complete the organizer sections and provide supporting documentation where necessary.

Please supply us with the following additional information:

- A copy of your prior year tax return, if not prepared by this office
- Form(s) W-2 (wages, etc.)
- Form(s) 1099 (interest, dividends, etc.)
- Schedule(s) K-1 (income/loss from partnerships, S Corporations, etc.)
- Form(s) 1098 (mortgage interest) and property tax statements
- Brokerage statements from stock, bond or other investment transactions
- Closing statements pertaining to real estate transactions
- All other supporting documents (schedules, checkbooks, etc.)
- Any tax notices received from the IRS or other taxing authorities.

Thank you for your help in the completion of the Tax Organizer. Please contact us if you need further assistance.

Sincerely, Calvary Tax Service **ORGANIZER** 

Calvary Tax Service 1135 E Route 66 Glendora CA 91740

Telephone number: (626) 852-2202 Fax number: (626) 852-0804

E-mail address: brandon.weeks51@yahoo.com

Tax Return Appointment

Date: Time: Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2022 tax return. Please enter all pertinent 2022 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

or social services agency of	program statement.		
CLIENT INFORMA	TION	Taxpayer	Spouse
First name and initial			
Last name			
Title/suffix			
Social security number			
Occupation			
Date of birth (m/d/y)			
Date of death (m/d/y)			
1=blind			
Home phone			
Work phone			
Work extension			
Cell phone			
E-mail address			
	In care of		
	Street address		
Address	Apartment number		
Addicss	City		
	State		
	ZIP code		
DEPENDENTS			
52. 2.152.110	T	Dependent No.	Dependent No.
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death (m/d/y)			
Date of adoption (m/d/y)			
Social security number			
Relationship			
Months lived at home			
	I	Dependent No.	Dependent No.
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of birth (m/d/y)  Date of death (m/d/y)			
Date of birth (m/d/y) Date of death (m/d/y) Date of adoption (m/d/y)			
Date of birth (m/d/y)  Date of death (m/d/y)  Date of adoption (m/d/y)  Social security number			
Date of birth (m/d/y)  Date of death (m/d/y)  Date of adoption (m/d/y)  Social security number  Relationship			
Date of birth (m/d/y)  Date of death (m/d/y)  Date of adoption (m/d/y)  Social security number			

ORGANIZER 2022 1040 US Tax Organizer Please enter all pertinent 2022 information. If you have attached a government form for an item, check the box and do not enter a 2022 amount. WAGES, SALARIES AND TIPS 2022 Amount Employer name: 2021 Amount Attach Forms W-2 INTEREST INCOME Payer name: Attach Forms 1099-INT **DIVIDEND INCOME** Payer name: Attach Forms 1099-DIV PENSIONS, IRA AND GAMBLING INCOME Payer name: Attach Forms 1099-R & W-2G Winnings not reported on W-2G..... Total gambling losses..... OTHER GOVERNMENT FORMS - INCOME Form 1099-B - Sales of stock (also include transaction history) . . . . . Attach Forms 1099 Form 1099-K - Merchant card and third party network payments . . . . Form 1099-S - Sales of real estate (also include closing statements) . Attach Forms 1099 Taxpayer: Attach Forms 1099 Form 1099-Q (529 Plan) ..... Form 1099-QA/5498-QA (ABLE Accounts) ..... Spouse: Attach Forms 1099 Form 1099-Q (529 Plan) ..... Form 1099-QA/5498-QA (ABLE Accounts) .....

ORGANIZER 2022 1040 US Tax Organizer MISCELLANEOUS INCOME Taxpayer: Alimony received Spouse: Alimony received Other: RETIREMENT PLAN CONTRIBUTIONS 2022 Amount 2021 Amount Taxpayer: Traditional IRA contributions (1=maximum)..... Roth IRA contributions (1=maximum)..... Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) . . . . . Spouse: Traditional IRA contributions (1=maximum)..... Roth IRA contributions (1=maximum)..... Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) . . . . . OTHER GOVERNMENT FORMS - DEDUCTIONS Attach Forms 1098 AFFORDABLE CARE ACT Form 1095-A - Health Insurance Marketplace Statement Attach Forms 1095 Form 1095- B - Health Coverage ..... Form 1095-C - Employer-Provided Health Insurance Offer and Coverage . . . . . ADJUSTMENTS TO INCOME Taxpayer: Educator expenses..... Other adjustments to income: Spouse: Educator expenses... Other adjustments to income: MEDICAL AND DENTAL EXPENSES Prescription medicines and drugs ...... Doctors, dentists and nurses..... Insurance premiums..... Insurance reimbursement..... Number of medical miles..... Other:

TAXES PAID

State income taxes - 1/22 payment on 2021 state estimate

22	1040	US	Tax Organizer		
TAX	ES PAID (c	ontinued)		2022 Amount	2021 Amount
			21 state extension		
	income taxes -	•			
		-	years and/or to other states		
		-	ment on 2021 city/local estimate		
-		· -	th 2021 city/local extension		
_		· ·	th 2021 city/local return		
_		· ·	ept autos and special items)		
	axes paid on 2	•			
	axes paid on 2	•			
	•		above		
			oft, and other special items		
	•		dence		
			for investment		
P6	•	rty taxes (incl	uding automobile fees in some states)		
	mortgage inte		nts paid:		
<u> </u>				Attach Forms 1098	
Home n	nortgage interest	not on Form 1098	(include name, SSN, & address of payee):		
			, (anotate manner een r a addresse et persee).		
		F 100	0		
Points	s not reported	on Form 109	8:		
Mortg	age insurance	nremiums or	n post 12/31/06 contracts		
5	•	promams or	1 post 12/3 1/00 contracts	• •	
_	=	-	margin accounts):		
_	=	-			
_	=	-			
Invest  Passiv	tment interest	(interest on r			
Invest  Passiv	tment interest	(interest on r	nargin accounts):		
Invest Passiv CAS	ve interest H CONTRI	(interest on r	margin accounts):  or cash or check contributions unless the	donor maintains a bank record, or a	
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Invest Passiv CAS	ve interest H CONTRI	(interest on r	margin accounts):  or cash or check contributions unless the	donor maintains a bank record, or a	
Passiv CAS NOTE	we interest H CONTRI No deduction from the dor	(interest on r	or cash or check contributions unless the the name of the organization, contribution	donor maintains a bank record, or an date(s), and contribution amount(s	
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