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Varshawsky Huber LLP
 1297 Flynn Rd. Ste. 260
 Camarillo CA 93012
 Telephone number: 805-484-3100
 Fax number: 833-693-1213
 E-mail address: Tracy@vh-cpa.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.

CLIENT INFORMATION

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		
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	

DEPENDENTS

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		

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		

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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

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2022 Amount	2021 Amount
Attach Forms W-2	_____

INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	_____

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	_____

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	_____

_____	_____
_____	_____

Winnings not reported on W-2G.....
 Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history)
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) .

Attach Forms 1099	
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<input type="checkbox"/>	Form 1099-G - State tax refunds.....
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Attach Forms 1099	_____
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits
<input type="checkbox"/>	Form 1099-G - Unemployment compensation
<input type="checkbox"/>	Form 1099-Q (529 Plan)
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits
<input type="checkbox"/>	Form 1099-G - Unemployment compensation
<input type="checkbox"/>	Form 1099-Q (529 Plan)
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099	
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MISCELLANEOUS INCOME

Taxpayer: Alimony received
 Spouse: Alimony received

Other: _____

RETIREMENT PLAN CONTRIBUTIONS

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)

2022 Amount	2021 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest
 Form 1098-T - Tuition and related expenses

Attach Forms 1098	

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement
 Form 1095-B - Health Coverage
 Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

Attach Forms 1095	

ADJUSTMENTS TO INCOME

Taxpayer:
 Self-employed health insurance premiums
 Educator expenses
 Other adjustments to income:

Alimony paid - Recipient name & SSN

Spouse:
 Self-employed health insurance premiums
 Educator expenses
 Other adjustments to income:

Alimony paid - Recipient name & SSN

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
 Doctors, dentists and nurses
 Hospitals and nursing homes
 Insurance premiums
 Long-term care premiums - taxpayer
 Long-term care premiums - spouse
 Insurance reimbursement
 Out-of-pocket lodging and transportation expenses
 Number of medical miles
 Other: _____

TAXES PAID

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

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2022	1040	US	Client Information	1
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Varshawsky Huber LLP
 1297 Flynn Rd. Ste. 260
 Camarillo CA 93012
 Telephone number: 805-484-3100
 Fax number: 833-693-1213
 E-mail address: Tracy@vh-cpa.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 add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying surviving spouse (2020 or 2021) ...	
Taxpayer	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	
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	
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying surviving spouse (QSS)

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Client Information (continued)

1 p2

Please add, change or delete information for 2022.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone.....		
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
Taxpayer Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		
Spouse Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		

1 p2

2022	1040	US	Dependents	2
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Please add, change or delete information for 2022.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying surviving spouse (QSS) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2022, please check the appropriate box and provide additional information if necessary.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an economic impact payment? If so, how much? |

Please enter all pertinent 2022 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2022 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2022 Voucher Amount
Overpayment applied from 2021				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2022 Voucher Amount
Overpayment applied from 2021				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2022 information.

APPLICATION OF 2022 OVERPAYMENT (7.1)

If you have an overpayment of 2022 taxes, do you want the excess refunded? [] or applied to 2023 estimate? []

Other (please explain): _____

2023 ESTIMATED TAX INFORMATION

Do you expect your 2023 taxable income to be different from 2022? Yes [] No []

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2023 withholding to be different from 2022? Yes [] No []

If "yes" explain any differences: _____

7.1

2022	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2022 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2021 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/22	2021 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 14)		
		1=IRA/SEP/SIMPLE							

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2021 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2022 Amount	TS	2021 Amount
Total gambling losses.....			
Winnings not reported on Form W-2G.....			

10, 13.1, 13.2

2022	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2022 amounts and attach all 1099-MISC, 1099-NEC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2022 Amount		2021 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins.				
Tier 1 RR retirement benefits (RRB-1099, box 5) ...				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8, 1099-NEC, box 1)				

TAX WITHHELD (not entered elsewhere)				
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

	14.1
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2022

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2022 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2022 1099-G Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2022 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) .		
	1=city or local income tax refund		
	Tax year for box 2 if not 2021 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8)			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2022 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) .		
	1=city or local income tax refund		
	Tax year for box 2 if not 2021 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8)			
State income tax withheld (Box 11).....			

14.2

2022

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US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2022 Amount	2021 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Meals provided by restaurants in full (100%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

16 p2

2022	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2022 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

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Vehicle Expenses

No.

22 p3

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2022 Amount	2021 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months of business use if changed from 100% personal use		

AUTOMOBILE MILEAGE

Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

22 p3

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Itemized Deductions

25

Please enter all pertinent 2022 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums, Insurance reimbursement, Lodging and transportation, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2022 estimates are automatic.)

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Rows include State income taxes (1/22 payment on 2021 state estimate, paid with 2021 state return extension, paid with 2021 state return, paid for prior years and/or to other state), and City/local income taxes (1/22 payment on 2021 city/local estimate, paid with 2021 city/local extension, paid with 2021 city/local return).

SALES AND USE TAXES PAID

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Rows include State and local sales taxes (except autos and special items), Use taxes paid on 2022 purchases, Use taxes paid with 2021 state return, Sales tax on autos not included above, Sales tax on boats, aircraft, other special items.

OTHER TAXES PAID

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Rows include Real estate taxes - principal residence, Real estate taxes - held for investment, Personal property taxes (including auto fees in some states. Provide a copy of tax notice), Foreign income taxes, and Other taxes.

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Itemized Deductions (continued)

25 p2

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2022 Amount

TS

2021 Amount

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for mortgage interest and points.

Home mortgage interest not reported on Form 1098:

Form for payee information: Payee's name, SSN or FEIN, street address, city, state, ZIP code, region, postal code, country.

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Row for Amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for points.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for mortgage insurance.

Investment interest (interest on margin accounts):

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for investment interest.

Passive interest

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes three rows for passive interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes rows for cash contributions, volunteer expenses, and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: 2022 Amount, TS, 2021 Amount. Includes rows for cash contributions, volunteer expenses, and charitable miles.

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2022

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2022 Amount

TS

2021 Amount

Three horizontal lines for entering 50% limitation amounts.

Table with 3 columns: 2022 Amount, TS, 2021 Amount. 3 rows.

30% limitation (see above):

Three horizontal lines for entering 30% limitation amounts.

Table with 3 columns: 2022 Amount, TS, 2021 Amount. 3 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Three horizontal lines for entering 30% capital gain property amounts.

Table with 3 columns: 2022 Amount, TS, 2021 Amount. 3 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Three horizontal lines for entering 20% capital gain property amounts.

Table with 3 columns: 2022 Amount, TS, 2021 Amount. 3 rows.

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2022 Amount, TS, 2021 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering other unreimbursed employee expenses.

Table with 3 columns: 2022 Amount, TS, 2021 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering investment expense.

Table with 3 columns: 2022 Amount, TS, 2021 Amount. 5 rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2022 Amount, TS, 2021 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering miscellaneous deductions.

Table with 3 columns: 2022 Amount, TS, 2021 Amount. 5 rows.

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2022

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US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2022 information.

GENERAL INFORMATION

1=spouse.....	<input type="text"/>	<input type="text"/>
Foreign address of taxpayer, if different from Form 1040:		
Street address.....	<input type="text"/>	
City.....	<input type="text"/>	
Region.....	<input type="text"/>	
Postal code.....	<input type="text"/>	
Country.....	<input type="text"/>	
Employer:		
Name.....	<input type="text"/>	
U.S. street address.....	<input type="text"/>	
U.S. city.....	<input type="text"/>	
U.S. state.....	<input type="text"/>	
U.S. ZIP code.....	<input type="text"/>	
Foreign street address.....	<input type="text"/>	
Foreign city.....	<input type="text"/>	
Foreign region.....	<input type="text"/>	
Foreign postal code.....	<input type="text"/>	
Foreign country.....	<input type="text"/>	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other.....	<input type="text"/>	<input type="text"/>
Employer type, if other.....	<input type="text"/>	

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of citizenship.....	<input type="text"/>
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City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

31.1

2022

1040

US

Foreign Income Exclusion (2555)

No.

31.1 p2

Please enter all pertinent 2022 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2022 as well as travel for 2023 known to date.

Table with 5 columns: Travel Type (table), Name of country (if not United States), Date arrived, Date left, Days in U.S. on business

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Form for Bona Fide Residence Test and Physical Presence Test, including fields for beginning/ending dates, living quarters, and family living abroad.

Form for Bona Fide Residence Test and Physical Presence Test, including fields for submitted statements, tax requirements, and visa information.

Form for Bona Fide Residence Test and Physical Presence Test, including fields for U.S. home address and ZIP code.

Form for Bona Fide Residence Test and Physical Presence Test, including fields for names and relationships of occupants in U.S. home.

Form for Bona Fide Residence Test and Physical Presence Test, including field for principal country of employment.

FOREIGN HOUSING EXPENSES

Form for Foreign Housing Expenses, including fields for 2022 and 2021 amounts and qualifying days in location.

Travel Type
1 = Travel to U.S. (default)
2 = Travel to foreign country
3 = Travel to restricted country

2022	1040	US	Foreign Income Exclusion (Form 2555)	No. <input style="width:40px;" type="text"/>	31.2
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**Please enter all pertinent 2022 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.**

FOREIGN WAGES, SALARIES, TIPS

	2022 Amount	2021 Amount
Name or number.....		
1=spouse.....		
1=retirement plan (Box 13).....		
Name of employer (Box c).....		
Wages, tips, other compensation (Box 1).....		
Federal income tax withheld (Box 2).....		
Social security tax withheld (Box 4).....		
Medicare tax withheld (Box 6).....		
State income tax withheld (Box 17).....		
Local income tax withheld (Box 19).....		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging).....		
Meals.....		
Car.....		
Other properties or facilities:		
<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>		

Allowances and Reimbursements

Cost of living and overseas differential.....		
Family.....		
Education.....		
Home leave.....		
Quarters.....		
Other purposes:		
<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>		

Meals and lodging provided for the convenience of the Employer (excludable under section 119).....		
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Other Foreign Earned Income

<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>		

2022 Days Worked Allocation Information

Total number of days worked (if not 240).....		
Total days worked before and after foreign assignment.....		
Foreign days worked before and after foreign assignment.....		

	31.2
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2022	1040	US	Health Savings Accounts (8889)	32.1
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**Please enter all pertinent 2022 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2022, a high deductible health plan is one with an annual deductible that is not less than \$1,400 for self-only coverage or \$2,800 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$7,050 for self-only coverage or \$14,100 for family coverage.

	2022 Amount		2021 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses ...				

	32.1
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2022	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2022 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2022 Amount		2021 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2022				
Employer-provided benefits forfeited in 2022				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2022		2021 amt:
	1=disabled		
	1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2022		2021 amt:
	1=disabled		
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City		
	State		
	ZIP code		
	Foreign region		
	Foreign postal code		
	Foreign country		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2022		2021 amt:
	1=spouse, 2=joint		

2022

1040

US

Report of Foreign Bank and Financial Accounts

82.1

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

2022 Amount

2021 Amount

Canadian province or Mexican state

Input fields for Canadian province or Mexican state and Other type of filer.

Other type of filer

Foreign identification:

Taxpayer:

1=passport, 2=foreign TIN

Input field for Taxpayer identification type.

Other type of identification

Input field for Other type of identification.

Number

Input field for Number.

Country of issue

Input field for Country of issue.

Spouse:

1=passport, 2=foreign TIN

Input field for Spouse identification type.

Other type of identification

Input field for Spouse other type of identification.

Number

Input field for Spouse Number.

Country of issue

Input field for Spouse Country of issue.

Taxpayer:

Title

Input field for Taxpayer Title.

Spouse:

Title

Input field for Spouse Title.

82.1

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

	2022 Amount	2021 Amount
Description of asset		
Type of account: 1=deposit, 2=custodial		
Use financial institution information from Form 114		
Financial institution information (if not filing Form 114):		
Maximum value of account during year		
Name of institution		
Account number (mandatory for part I)		
Mailing address of institution		
City of institution		
State/province of institution		
Postal code of institution		
Country of institution		
1=account opened during year		
1=account closed during year		
1=account jointly owned with spouse		
1=no tax item in Part III with respect to this account		
1=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which account is maintained		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		

OTHER FOREIGN ASSETS (Part II)

Identifying number or other designation (mandatory for part II)		
Date asset acquired during year (m/d/y)		
Date asset disposed of during year (m/d/y)		
1=jointly owned with spouse		
1=no tax item in Part III with respect to this asset		
Maximum value of asset during year		
1=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which asset is denominated		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		
Foreign entity information (complete if stock or interest):		
Name of entity		
Type of entity		
Mailing address of entity		
City of entity		
State/province of entity		
Postal code of entity		
Country of entity		

1

Type of Entity

1 = Partnership
 2 = Corporation
 3 = Trust
 4 = Estate

2022

1040

US

Foreign Reporting (8938) (continued)

No.

82.2 p2

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Table with 2 columns and 8 rows for issuer/counterparty #1.

Issuer or counterparty (#2):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Table with 2 columns and 8 rows for issuer/counterparty #2.

Issuer or counterparty (#3):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Table with 2 columns and 8 rows for issuer/counterparty #3.

Issuer or counterparty (#4):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Table with 2 columns and 8 rows for issuer/counterparty #4.

2
Type of Issuer or Counterparty
1 = Individual
2 = Partnership
3 = Corporation
4 = Trust
5 = Estate

82.2 p2

