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To: Tax Return Client

This 2022 Client Organizer is designed to assist you in gathering your tax information. In order to minimize the chance of incorrect reporting, and receipt of an IRS notice, we encourage you to create an online account with the IRS at www.IRS.gov to confirm any estimated payments you made towards 2022.

Also available on our website and upon request for daycare providers, rental property owners and business owners, is a summary sheet to organize all of your income and expenses.

Tax Preparation Scheduling Options

We no longer offer preparation appointments. Please provide your tax information anytime via secure email, mail or drop off. **Meetings with Bob, Mark or Chris to review your final return will be available.**

Tax Season Hours begin **January 30, 2023**
Please visit our website for hours for each location -- www.alariocpa.com

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- **Payment is expected as services are rendered unless prior financial arrangements have been made.** Fees must be paid when your tax return is delivered to you or filed for you.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access. We look forward to serving you. We wish you a peaceful, healthy and prosperous New Year.

Very Truly Yours,

Robert Alario

Alario & Associates, CPA, PC

I (We) acknowledge that I (we) have read, understand, and accept the obligations and responsibilities. If applicable, both Taxpayer and Spouse must sign.

Taxpayer Signature	**Date**	**Spouse Signature**	**Date**

Taxpayer Name: ______________________ **Spouse Name:** ______________________
Best Phone Number to be Reached at: ______________________________
How would you like to receive your completed tax return? Paper ____ Electronically ____

Personal Information:

	Yes	No
Did your address change during 2022?	___	___
Did your marital status change during 2022?	___	___

Dependents:

	Yes	No
Were there any changes in dependents from the prior year?	___	___

If new dependents please provide the information below.

Name:__________________________ **SS#:**______________ **Date of Birth:**__________
Name:__________________________ **SS#:**______________ **Date of Birth:**__________

	Yes	No
Did any dependent have earned income greater than $12,950?	___	___
Did any dependent have unearned income greater than $1,150?	___	___
Did you pay for child or dependent care while you worked, looked for work or while you were a full time student?	___	___

If yes, please provide the information below.

Name of Provider	Address	ID# of Provider	Amount Paid

Estimated Taxes Paid:

	FEDERAL			STATE	
Date Paid	Amount Paid	Check #	Date Paid	Amount Paid	Check #

Income:

Submit all applicable informational tax forms, if any, to support items of income.

	Yes	No
Salaries and Wages - Submit forms W-2	___	___
Interest Income - Submit forms 1099-INT	___	___
Dividend Income - Submit forms 1099-DIV	___	___
State Income Tax Refund - Submit forms 1099-G	___	___
Gains/Losses from Stock or Property Sales - Submit form 1099-B or 1099-S	___	___
Retirement Plan Distributions - Submit forms 1099-R	___	___
Unemployment Compensation - Submit forms 1099-G	___	___
Social Security Benefits - Submit forms SSA-1099	___	___
Gambling Winnings - Submit forms W-2G	___	___
Miscellaneous Income - Submit forms 1099-NEC or 1099-MISC	___	___
Rental Income and Expenses - Submit summary for each property	___	___
Self-Employment Income & Related Expenses - Submit summary for each business	___	___
Partnership, S-Corporation, Estate & Trust Income - Submit K-1 for each entity *Ignore this request if we prepare the entity's tax return*	___	___
Did you have any debts canceled, forgiven or refinanced? - Submit form 1099-C	___	___
Did you receive any alimony, under a divorce or separation agreement executed <u>before 2019</u>? **Amount:**________	___	___

Adjustments:

Have you or do you plan to make any IRA contributions for 2022? **Yes** ____ **No** _____

If yes, please provide amount and type. **Traditional** ______________ **Roth** ________________

Contribution deadline is 4/18/23 or 10/15/23 if extended.

Were you required to make alimony payments, under a divorce or separation agreement executed before 2019?? **Yes** ____ **No** _____

If yes, please provide the information below if not on last year's return.

Amount paid: ______________ **Recipient's social security number:** __________________

Student Loan Interest - Submit 1098-E **Yes** ____ **No** _____

Were you self-employed and paid health insurance premiums? **Yes** ____ **No** _____

Amount:_________

Itemized Deductions:

Medical Expenses - Enter the amounts you paid and were not reimbursed for the following (include amounts for dependents you claim on your return)

Doctors, dentists, nurses, hospitals, prescription medicines: ____________

Insurance premiums for medical and dental care (including those paid to the Health Insurance Marketplace, but not paid through S125 plan: ____________

Auto mileage ____________

Travel, lodging, parking, tolls: ____________

Misc. (ie - hearing aids, dentures, eyeglasses, contact lenses) ____________

Long Term Care Insurance Premiums: **Taxpayer** ______________ **Spouse** ______________

Taxes

Real Estate Taxes ____________

Excise Tax ____________

Interest Expense

Home mortgage/equity interest and points - Submit Form 1098 ____________

Home mortgage interest not reported on Form 1098 ____________

Did you refinance a mortgage or take a home equity loan during the year? **Yes** ____ **No** _____

Investment interest (not investment fees) ____________

Are you making any loan payments on a boat or recreational vehicle that has basic living accommodations such as a sleeping space, a toilet, and cooking facilities? **Yes** ____ **No** ____

Charitable Contributions

Donations by cash, check and credit card ____________

Property Donations (Please attach list if over $500) ____________

Volunteer work - number of miles driven for which you have written record ____________

Education Expenses:

Please submit the following information for each individual that had higher education expenses during the year, along with Form 1098-T.

Student(s) ____

Fr. _____ Soph. _____ Jr. _____ Sr. _____ Grad. _____

Full-Time or Part-Time ________________

Tuition, Fees & Required Expenses Paid ____________

Amount contributed to Massachusetts Section 529 plan ____________

Amount withdrawn from Qualified Education Program (include Form 1099-Q) ____________

Yes No

Miscellaneous Questions

If you do NOT want to authorize Robert C. Alario, CPA PC to discuss the processing of you returns with the IRS and DOR check here. ____

If receiving a refund would you like to request direct deposit? ___ ___

If you have a balance due would you like electronic withdrawal? ___ ___

If yes, please provide the following: Bank Name: ______________________________

Checking or Savings Routing #: ______________________ Account #: ______________________

Owner of bank account: Taxpayer ___ Spouse ____ Joint ____

Did you receive an identity protection PIN from the IRS? ___ ___

Did you purchase health insurance through the Marketplace / Exchange?
If yes, please provide Form 1095-A. ___ ___

Did you receive any distributions from your health savings account (HSA)? ___ ___

Did you make any contribution to your health savings account (HSA)? ___ ___

Did you retire or change jobs in 2022? ___ ___

If you are older than 72 have you taken your annual Req. Min. Distribution? ___ ___

If you are a retired public safety officer, did your pension plan make a direct payment to your insurance company for health, accident or long term care insurance? ___ ___

If yes, please provide amount. _____________

Do any bank or investment accounts reported in your name belong to a dependent or other individual? ___ ___

Did you acquire, receive, sell, send, exchange or dispose any financial interest in digital asset, including Bitcoin? ___ ___

Did you have any foreign bank accounts or foreign assets? ___ ___

Did you or your spouse have financial accounts maintained by a foreign institution that totaled more than $50,000 on the last day of the year or more than $75,000 at any time during the year ($100,000 and $150,000, respectively, if married filing a joint return)? ___ ___

Did you sell your personal residence in 2022? ___ ___

Did you engage in any put or call transactions or close any short sales or any other transaction not 1099-B reported? ___ ___

Do you own any securities or hold any debts that became worthless during the year? ___ ___

Did you acquire or sell a business in 2022? ___ ___

Did you pay a babysitter, housekeeper, driver, yard worker, health aide or other $2,400 or more to work for you? ___ ___

Were you notified by the IRS or other taxing authority of any changes in prior year returns? (Bring notices) ___ ___

Did you have expenditures on an alternative technology vehicle? ___ ___

Did you have expenditures for alternative energy source items such as solar, wind or geothermal to heat, cool or provide hot water for your primary residence? ___ ___

Did you install any energy efficiency improvements or property for your primary residence, such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? ___ ___

Did you incur casualty or theft losses during the year, related to a federally declared disaster? *Provide detail including insurance reimbursement.* ___ ___

Do you have a will? ___ ___

Would you be interested in estate planning? ___ ___

Would you be interested in financial planning? ___ ___

Would you be interested in retirement planning? ___ ___

Any question left unanswered we will assume the response is NO.