

Return to: Keystone Accounting Inc
p: 770.886.4424 f: 678.513.6099
em: admin@mykeystoneaccounting.com

Tax Year:

CLIENT TAX ORGANIZER

PERSONAL INFORMATION:

Filing Status: ☐ Married, Filing (circle one): **Jointly** **Separately**
(check 1 box) ☐ Single
☐ Widow(er), Year of Spouse's Death _____

	Name	SSN	DOB	Phone
Taxpayer				
Spouse				
Street Address	City, State, Zip			
TP Email		TP Occupation		
SP Email		SP Occupation		

Blind? Disabled?
Taxpayer ☐ ☐
Spouse ☐ ☐

DEPENDENTS:

Name	DOB	SSN	Relation	Mo's in Hm	FT Student	Gross Inc

Did TP, Spouse, or any dependent receive Health Insurance through the Marketplace? **Y / N**

If yes, attach Form 1095-A.

Did TP or Spouse receive, sell, exchange, or otherwise acquire any financial interest in any virtual ("Crypto") currency? **Y / N**

Did TP or Spouse receive an Identity Protection PIN from the IRS (IPPIN)? **Y / N**

TP: _____ SP: _____

Do you want direct deposit of any refunds? **Y / N**

Do you want ACH of taxes owed (we will discuss any tax owed with you 1st)? **Y / N**

Routing # _____ Acct # _____

INCOME SOURCES:

(check boxes & attach required forms)

Work Income:

<input type="checkbox"/>	Had a Job	Attach W-2
<input type="checkbox"/>	Self Employed	Attach SE Wksheet

Investment Income:

<input type="checkbox"/>	Interest	Attach 1099-INT
<input type="checkbox"/>	Dividends	Attach 1099-DIV
<input type="checkbox"/>	Sold Stocks / Bonds / Crypto	Attach 1099-B
<input type="checkbox"/>	Rental Properties	Attach Rental Wksht
<input type="checkbox"/>	Sold Property	Attach 1099-S

Retirement & Social Security:

<input type="checkbox"/>	IRA, 401k, Pension Withdrawal	Attach 1099-R
<input type="checkbox"/>	Social Security	Attach SSA-1099

Other Income:

<input type="checkbox"/>	Unemployment & Gov Pmts	Attach 1099-G
<input type="checkbox"/>	Schedule K-1	Attach K-1
<input type="checkbox"/>	HSA/MSA Withdrawal	Attach 1099-SA
<input type="checkbox"/>	Gambling Winnings	Attach W-2G
<input type="checkbox"/>	Alimony	
Amount _____		Date Divorced: _____
<input type="checkbox"/>	Jury Duty	
Amount _____		
<input type="checkbox"/>	Sold Main Home	
Date Purchased _____		Purchase/Cost _____
<input type="checkbox"/>	Foreclosure / Debt Cancelled	Attach 1099-A Attach 1099-C
<input type="checkbox"/>	Royalties	Attach 1099-Misc

ITEMIZED DEDUCTIONS:

(check boxes & attach required forms)

Home:

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

Mortgage Interest

Property Taxes

Attach 1098

Main Home: _____

Other Properties: _____

Donations:

<input type="checkbox"/>

Cash / Check Donations

Attach Receipts

Total: _____

<input type="checkbox"/>

NonCash Donations

Attach Receipts

(Receipts should include Organization Name, description, & thrift value)

<input type="checkbox"/>

Charitable Mileage:

Total: _____

Medical:

<input type="checkbox"/>

Medical Mileage:

Jan - June: _____

July - Dec: _____

<input type="checkbox"/>

Health Insurance Out of Pocket

Total Paid: _____

<input type="checkbox"/>

Long Term Care Insurance

Taxpayer: _____

Spouse: _____

<input type="checkbox"/>

Other Unreimbursed Medical Expenses:

Doctors / Dentist / Optometrist_____
Hospitals_____
Prescriptions_____
Other (describe below)

OTHER DEDUCTIONS:**Alimony:**

Recipient Name: _____

SSN: _____

Amount Paid: _____

Date Divorced: _____

Retirement Contributions (list amounts paid):

	Taxpayer	Spouse
Traditional IRA		
Roth IRA		
SEP IRA		
Solo 401K		
Conversions to Roth		

Health Savings Account / Medical Savings Account (HSA/MSA) Contributions:

	Taxpayer	Spouse
HSA		
MSA		

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OTHER DEDUCTIONS (continued):**Student Loan Interest:****Attach 1099-E****Unreimbursed Educator Expenses (i.e. classroom supplies):**

CREDITS:**College Tuition & Expenses:****Attach 1098-T**

Additional Cost of Books or Required Supplies:

Child Care Credit: list children in Child Care:

	Name of Provider & Address	SSN / EIN Amount Paid
Provider #1		
Provider #2		
Provider #3		

ESTIMATED TAX PAYMENTS FOR 2022:

Date Paid:	Federal	State _____	State _____

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SELF-EMPLOYMENT WORKSHEET

Business Name _____ EIN: _____
Address _____ Type Work _____

INCOME:

Attach 1099-NEC

Attach 1099-K

Attach 1099-MISC

Amount earned as cash/checks/crypto: _____

BUSINESS EXPENSES:

GENERAL EXPENSES:

Advertising _____
Commissions _____
Interest _____
Legal / Professional _____
Office Supplies _____
Parking / Tolls _____
Rent - Office _____
Rent - Other _____
Repairs/Maint _____
Supplies _____
Taxes / Licenses _____
Travel _____
Restaurants _____
NonRestaurant Meals _____
Other Expenses (list): _____

COST OF GOODS SOLD:

Purchases/Materials: _____
Subcontract Labor: _____
Other COGS (list): _____

Beginning Year Inventory: _____
Ending Year Inventory: _____

AUTO MILEAGE:

Business Miles
Jan - June: _____ July - Dec: _____
Commuting Miles (total) _____
Personal Miles (total) _____

LARGE PURCHASES (i.e. Real Estate, Equipment, Furniture, etc):

<i>Description</i>	<i>Purchase Date</i>	<i>Amount</i>

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RENTAL PROPERTIES WORKSHEET		
	<i>Address</i>	<i>Number of Personal Use Days</i>
Property #1		
Property #2		
Property #3		

	<i>Prop #1</i>	<i>Prop #2</i>	<i>Prop #3</i>
Rents Received			

Expenses:			
Advertising			
Cleaning / Maintenance			
Commissions			
Insurance - Mortgage			
Insurance - Property			
Management Fees			
Mortgage Interest			
Repairs			
Supplies			
Taxes - Property			
Utilities			
Other (list):			

Lg Repairs / Improvements (list):			