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Thank you for letting us assist in the preparation of your income tax returns. We have created this organizer in order to make it easier for you to gather your income tax information. Please complete and bring the following information to your tax appointment.

- 1) If this is your **first year** with our firm, please bring a copy of your **prior year tax return** with you to your tax appointment.
- 2) Any **correspondence** received from the **IRS** or the **state** concerning your taxes.
- 3) **W-2 forms** from your employer or **1099-NEC forms** if you are self employed.
- 4) **Forms 1099** concerning your interest income, dividend income, investment sales, real estate sales, IRA/pension income, rental income, unemployment compensation, social security payments, etc.
- 5) **Schedule K-1** from partnerships, S corporations, estates and/or trusts.
- 6) **Forms 1098** concerning mortgage interest, student loan interest, and tuition payments.
- 7) Statement from child care provider showing **provider name, address, social security/tax ID number and amounts paid.**
- 8) **Form 1095-A** relating to healthcare coverage purchased through a health insurance marketplace.
- 9) If you have a **business**, are a **daycare provider**, have **rental property**, or have a **farm operation**, and don't already have the applicable organizer, please download the organizer from our website or call our office and request the organizer be mailed to you.
- 10) The following personal information if this is **your first year** with our firm. Otherwise, simply fill in **any changes** from last year:

	<u>Taxpayer</u>		<u>Spouse</u>
Name	_____	Name	_____
Social Security #	_____	Social Security #	_____
Date of Birth	_____	Date of Birth	_____
Occupation	_____	Occupation	_____
Home Phone	_____	Cell Phone	_____
Primary Email Address	_____	Preferred Contact Method	_____
Address	_____		_____
City	_____	State	_____ Zip _____
Referred By	_____		_____

Dependents:				
<u>Name</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Income</u>	<u># of Months Child Lived With You During 2022</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

By signing below you acknowledge that, to the best of your knowledge and belief the information contained in this tax organizer is both accurate and complete and fairly represents your income and deductions for the 2022 tax year.

Signature	Date
Signature	Date

Yes No

General Information

- ____ ____ Were there any changes to your filing status or number of dependents during 2022? If yes, provide details.
- ____ ____ Did you receive any notices from the IRS or other state taxing agency during 2022? If yes, provide details.
- ____ ____ Do you want to allow your preparer to be able to discuss your return with the IRS or MN Revenue should the need arise?
- ____ ____ If you receive a refund would you like direct deposit? If yes, provide a voided check if not already on file.
- ____ ____ Would you like a PDF copy of your return instead of a paper copy? If yes, bring your ATS flash drive from prior years and you will receive \$5 off your 2022 tax preparation.
- ____ ____ Did you receive an Identity Protection Personal Identification Number (IP PIN) from the IRS? If yes, provide the six-digit code: Taxpayer: _____ Spouse: _____
- ____ ____ Did you or your spouse have a financial interest in or signature or other authority over a foreign bank or securities account? If yes, did the account value exceed \$10,000 at any time during the year?
- ____ ____ Did you make estimated tax payments for the 2022 tax year? If yes, complete the following:
- | | | | | | | | | |
|----------|------|-------|------|-------|------|-------|------|-------|
| Federal: | 4-18 | _____ | 6-15 | _____ | 9-15 | _____ | 1-17 | _____ |
| State: | 4-18 | _____ | 6-15 | _____ | 9-15 | _____ | 1-17 | _____ |
- ____ ____ Did you purchase health insurance for yourself or a family member through the Health Insurance Marketplace (MNSure). If yes, attach Form 1095-A, Health Insurance Marketplace Statement.

Income

- ____ ____ Did you receive gambling winnings during 2022? If yes, attach Forms W-2G and provide the following:
- | | | | | | |
|-----------------|----|-------|-----------------|----|-------|
| Gambling Income | \$ | _____ | Gambling Losses | \$ | _____ |
|-----------------|----|-------|-----------------|----|-------|
- ____ ____ Did you receive any alimony, unemployment benefits, jury duty pay, or any other items of miscellaneous income during 2022? If yes, provide details.
- ____ ____ At any time during 2022, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? If yes, provide details.
- ____ ____ Did you receive a payment from the Minnesota Frontline Worker Pay Program during 2022? If yes, provide amount. \$_____
- ____ ____ Did you have any debt cancelled during 2022? If yes, provide details and Form 1099-C.

Deductions

- ____ ____ Are you a full-time K-12 teacher, counselor, or other school official who incurred at least \$300 of out of pocket expense for books, supplies, or professional development courses?
- ____ ____ If you are subject to Required Minimum Distributions (RMD) did you direct all or part of your RMD to be paid directly to a qualified charity? Amount \$_____ IRA Custodian _____
- ____ ____ Are you a National Guard member or Reservist who traveled more than 100 miles away from home and stayed overnight to fulfill your training and service commitments? If yes, provide the following:
- | | | | |
|----------------------|-------|---------------|-------|
| Miles Driven | _____ | Hotel/Lodging | _____ |
| Meals or Nights Away | _____ | Parking/Tolls | _____ |
- ____ ____ Did you make a non-payroll related Health Savings Account contribution for the 2022 tax year? \$_____
- ____ ____ If you are self-employed, did you make a contribution to a SEP or SIMPLE IRA for the 2022 tax year? If yes, please provide the amount and type of plan. \$_____ Plan Type _____
- ____ ____ Are you self-employed and paid unsubsidized non-employer health insurance premiums? If yes, provide the amount paid during 2022. Health Insurance \$_____ Long-Term Care Insurance \$_____
- ____ ____ Did you pay alimony in 2022? Amount \$_____ Recipient's Social Security # _____
- ____ ____ Did you make any Traditional or Roth IRA contributions for the 2022 tax year? (Not related to employer plan)
- | | | | |
|----------------------------|-------|---------------------|-------|
| Traditional IRA - Taxpayer | _____ | Roth IRA - Taxpayer | _____ |
| Traditional IRA - Spouse | _____ | Roth IRA - Spouse | _____ |
- ____ ____ Did you pay any student loan interest during 2022? If yes, attach Form 1098-E. \$_____
- ____ ____ Do you own any securities or hold any debts that became worthless during 2022? If yes, provide details.

Yes No

Tax Credits

Did you pay child care costs for a dependent child under the age of 13 so you could work, attend school, or look for a job? If yes, please provide statement from daycare or complete the following:

Table with 4 columns: Name of Provider, Address of Provider, Provider SocSec/Tax ID #, Amount Paid*

*Child must have lived with you for greater than 6 months / Includes nursery or pre-school expense

Did you pay any qualified tuition in 2022? If yes, please attach Form 1098-T and answer the following:

Table with 4 columns: Student's Name & Grade or Year in College, Tuition & Fees Paid During 2022, Required Course Materials Purchased in 2022*, Degree Candidate & At Least 1/2 Student

*Includes amounts spent on books, supplies, and equipment needed for a course of study. For Lifetime Learning Credit only course materials paid directly to the institution as a condition of enrollment qualify.

Did you make any energy efficient home improvements such as solar, fuel cell, wind, or geothermal heat pump to your primary residence? If yes, provide amounts and certification details from manufacturer.

Did you purchase a new plug-in electric vehicle? If yes, attach invoice or provide the following information:

Table with 2 columns: Year / Make / Model, Date / Amount Paid / VIN#

Did you pay any of the following adoption related expenses in 2022 for an adoption finalized in 2022?

Table with 4 columns: Adoption Fees, Attorney Fees, Court Costs, Other Expense

MN Tax Items

Did you reside in more than one state during 2022? If yes, please provide the following:

Table with 4 columns: State, Date Residency Began, Date Residency Ended

Were you in the military during 2022 and did you receive federally taxable pay for federal active duty, state active service, or other compensation relating to National Guard/Reservists training?

Did you receive a military pension or other military retirement pay during 2022?

Did you make contributions to a Sec 529 College Savings Plan during 2022? If yes, provide the following: Amount Paid \$, Account Number, Financial Institution

Did you make any student loan payments during 2022? Attach 1098-E and complete all of the following:

Table with 2 columns: Total Payments (Taxpayer), Total Payments (Spouse)

Would you like to give to the MN Nongame Wildlife Fund? Amount? \$

Did you pay any education related expenses relating to your qualifying child/children in grades K-12?*

Dependent Name and Grade in School

Table with 4 columns for expense categories: Private school tuition, Tutoring expense, Fees for educational after school enrichment programs, Tuition for primarily academic summer camps, Fees for all day kindergarten, Music lesson expense, Drivers education expense, School supplies, Purchase or rental of musical instruments, Transportation costs, Home computer hardware, Other K-12 educational expense

*Costs associated with school lunches, school uniforms, dance costumes, sports activities, college testing fees do not qualify

Itemized Deductions

Medical & Dental (Not reimbursed by insurance and not pretax)

Medical and dental insurance premiums _____

Long-term care insurance premiums - Taxpayer _____

- Spouse _____

Miles driven for medical or dental _____

Doctors, dentists, clinics, chiropractors _____

Prescription drugs and insulin _____

Glasses, contacts, and eye exams _____

Hospitals and ambulance _____

Nursing home or long-term care expense _____

Medicare premiums withheld from Social Security _____

Lodging (Limited to \$50 per night, per person) _____

Hearing aids, hearing aid repairs, and batteries _____

Medical equipment _____

Other transportation costs _____

Parking fees _____

Other: _____

Taxes

Real estate taxes - Primary Residence _____

- Other _____

Personal truck or car license tabs: _____

Sales tax paid on major purchases* _____

*Vehicle, motorcycle, boat, home materials, etc.

Interest (Attach Form 1098's)

Primary residence mortgage interest _____

Home equity/line of credit mortgage interest _____

Were the above home equity/line of credit loan proceeds used
to buy, build, or improve your home? Yes No

If not, what % of the home equity/line of credit loan proceeds
were used to buy, build, or improve your home? _____ %

Mortgage interest paid to individual: (Provide details) _____

Mortgage points paid relating to: (Attach settlement statement)

Purchase or improvement of main home _____

Refinancing of main home _____

Life of loan (Number of years) _____

Investment interest expense _____

Charitable Contributions (Complete even if taking the standard deduction)

Cash, Check, Credit Card, or Payroll _____

Non-Cash _____

Vehicle donation (Must attach 1098-C) _____

Charitable mileage _____

Please provide the following if non-cash items exceed \$500:

Name of organization _____

Address _____

Description of items given _____

Miscellaneous Itemized Deductions (For MN purposes only)

Union and other professional dues _____

Professional books and subscriptions _____

Safety deposit box rent _____

Tax preparation fee _____

Uniforms and protective clothing and upkeep _____

Work tools, equipment, and supplies _____

Professional insurance _____

Professional license _____

Seminars and meeting fees _____

Professional education _____

Job hunting expense in current line of work _____

Investment expense and fees _____

Other: _____

Employee Business Expense - Taxpayer (For MN purposes only)

Parking fees & tolls _____

Car rental, taxi, or other local transportation _____

Airfare _____

Hotel _____

Number of nights away from home overnight _____

Business related meals & entertainment _____

Expenses listed above that were reimbursed by your employer:

Non-Meal Reimbursement _____

Meal Reimbursement _____

Work Related Mileage - Taxpayer (For MN purposes only)

Business miles driven Jan 1 - June 30 _____

Business miles driven July 1 - Dec 31 _____

Total miles vehicle was driven during 2022 _____

Amount reimbursed by employer, if applicable _____

Employee Business Expense - Spouse (For MN purposes only)

Parking fees & tolls _____

Car rental, taxi, or other local transportation _____

Airfare _____

Hotel _____

Number of nights away from home overnight _____

Business related meals & entertainment _____

Expenses listed above that were reimbursed by your employer:

Non-Meal Reimbursement _____

Meal Reimbursement _____

Work Related Mileage - Spouse (For MN purposes only)

Business miles driven Jan 1 - June 30 _____

Business miles driven July 1 - Dec 31 _____

Total miles vehicle was driven during 2022 _____

Amount reimbursed by employer, if applicable _____