RESET FORM

VTA
VALLEY TAX ADVISORS

2022 Tax Organizer

All clients are required to complete and submit this organizer with their tax documents

CLIENT INFORMATION

	TAXPAYER:	SPOUSE:
Name		
DOB		
Social Security #		
Primary Phone		
Occupation		
Email		
Street Address		City, State Zip
Was this your address for all of 2022?	Y☐ N☐	If no, Date moved
Prior Address:		City, State Zip

NYS Filers: provide a copy, front and back of your current state driver's license.

DEPENDENT INFORMATION

List those whom you are claiming as a dependent. If you are unsure, please contact VTA.

Name			
Relation			
Social Security #			
DOB			
Lived with you for all of 2022?	Y☐ N☐	Y☐ N☐	Y☐ N☐
If not, how many months did they live with you?			
Full-time college student in 2022 for a least 5 months?	Y☐ N☐	Y☐ N☐	Y☐ N☐
Filed own tax return for 2022?	Y☐ N☐	Y☐ N☐	Y☐ N☐

Attach sheet for additional dependent

Attach VOIDED check for direct deposit / electronic payment

Alternate
Routing #
_____
Account #
_____

IMPORTANT – The last page of this organizer requires a signature

2022 STATUS CHANGES - Check and effective date:

Married☐_____ *Separated☐_____ *Divorced☐_____

Dependent Deceased☐_____ Spouse Deceased☐_____ Retired☐_____

ESTIMATED TAXES PAID - ***Do not include amounts from your W-2's***

	Date Paid	Federal $	State $	Local $
First Qtr (Apr 22)				
Second Qtr (Jun 22)				
Third Qtr (Sep 22)				
Fourth Qtr (Jan 23)				

Have ever been denied the Earned Income Credit by the IRS?						Y☐	N☐
Do you want to contribute $3 to the Pres. Election Campaign Fund? (Does not affect refund)							
TAXPAYER	Y☐	N☐	SPOUSE	Y☐	N☐		

COVID-19 ISSUES

In 2022, did you:		
Receive Identity Protection Pin (IP PIN) or been a victim of identity theft? *If yes, attach IRS doc*	Y☐	N☐
Receive an IRS adjustment to your 2021 refund or balance due for any reason (e.g., UC benefits, stimulus tax credits, health premium tax credits)? *If yes, attach IRS letter*	Y☐	N☐
Work as a telecommuting employee due to COVID-19 protocols while working at home for a job that normally was located outside of your home state?	Y☐	N☐
Receive emergency sick pay or family leave wages?	Y☐	N☐

GENERAL - Provide supporting documents. If new to VTA, provide 2020 & 2021 federal & state returns.

Do you expect a large fluctuation in income for next tax year – 2023?	Y☐	N☐
Can you be claimed as a dependent on another individual's return?	Y☐	N☐
In 2022, did you:		
Have debts canceled, forgiven, or refinanced?	Y☐	N☐
Purchase a principal residence using funds withdrawn from an IRA or Roth IRA?	Y☐	N☐
Sell, exchange, or purchase any real estate? *If yes, attach closing statements **(HUD-1)***	Y☐	N☐
Cash any U.S. Savings Bonds?	Y☐	N☐
Make any gifts in excess of $16,000 to any one donee/individual?	Y☐	N☐
Have signature authority or named as a co-owner on a bank account in a foreign country even if the funds are not yours? *If yes, complete an **FBAR** Organizer*	Y☐	N☐
Receive an inheritance from someone in a foreign country?	Y☐	N☐
Have a foreign bank/financial account (over $10,000)? *If yes, complete an **FBAR** Organizer*	Y☐	N☐
Purchase an electric vehicle?	Y☐	N☐
Incur expenses in conjunction with adoption of a child? *If yes, provide documents*	Y☐	N☐

HEALTH CARE

If insured thru the Marketplace/Pennie, provide **Form 1095-A,** and check here ☐
If insured thru the Marketplace with dependents and a dependent filed his/her own return, check here ☐
If an individual on your return was included on another's policy, provide that 1095-A.

Did you receive distributions from ***OR*** contribute to a Health Savings Account (HSA) Y☐ N☐

PROVIDE FORMS 1099-SA (DISTRIBUTION). 5498-SA (CONTRIBUTION) OR 1099H

NJ ONLY **– Complete and provide your 1095A, 1095B, or 1095C**

Did you have health coverage via an employer or gov't plan (Medicare), or private policy? Y☐ N☐

If you DID NOT have coverage for every month of 2021, check boxes for months you WERE insured.

Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

INCOME AND ADJUSTMENTS TO INCOME

In the event of a refund, would you like to credit it towards your 2023 tax?	Y☐	N☐
In 2022, did you:		
Receive W-2s from employers?	Y☐	N☐
Receive Interest Income (***1099-INT***)?	Y☐	N☐
Receive Dividends (***1099-DIV***)?	Y☐	N☐
Receive a Prior year state/local tax refund (***1099-G***)?	Y☐	N☐
Have capital gains/losses (**1099-*B***)? ***If yes, ensure cost basis data is complete***	Y☐	N☐
Receive, sell, send, exchange, or acquire any financial interest in any virtual currency?	Y☐	N☐
Sell a personal residence?	Y☐	N☐
Receive distributions (i.e., withdrawals) from an IRA, Pension or Annuity (***1099- R***)?	Y☐	N☐
Receive Unemployment Compensation (Form ***1099-G***)?	Y☐	N☐
Receive Social Security Benefits (Form ***SSA-1099***)?	Y☐	N☐
Receive gambling or contest winnings (***W-2G***)? *If yes, provide win/loss documents*	Y☐	N☐
Receive Schedule ***K-1*** from Partnership or S corporation?	Y☐	N☐
Receive Schedule ***K-1*** from estates and trusts?	Y☐	N☐
Have Business Income (Self Employed)? *If yes, complete* ***Schedule C*** *Organizer*	Y☐	N☐
Have Rental Real Estate income? *If yes, complete* ***Schedule E*** *Organizer*	Y☐	N☐
Pay Student Loan Interest (Form ***1098-E***)?	Y☐	N☐
Have a dependent attend college and/or post-high school educational training (***1098-T***)?	Y☐	N☐
Or **will you** have contributed to a traditional IRA (Form 5498) by **4/18/2023**?	Y☐	N☐
Receive Alimony (not including child support)? Date of Divorce _____	Y☐	N☐
Pay alimony that is covered by a ***pre-2019*** order (not including child support)? *If yes, provide amount paid* _____ *name of recipient* _____ *and recipient's social security number* _____	Y☐	N☐

Did you contribute to a qualified 529 College Plan? **(Attach Form 1099-Q)** Y☐ N☐

Amount $_____ Dependent Name_____

Amount $_____ Dependent Name_____

Did you pay someone else for childcare so that you could work? (**Tax ID or SSN required**) Y☐ N☐

Name of individual/organization providing care_____

Address _____

Phone #_____ Tax ID # (or SSN of individual) _____

Amount paid (by dependent) _____ _____ _____

IF YOU DO NOT ITEMIZE, YOUR ORGANIZER IS COMPLETE - *Please sign the last page*

ITEMIZED DEDUCTIONS

You itemize (generally) if you own your own home, pay real estate taxes and mortgage interest, incur large medical expenses, and/or give large sums to charity – or some combination thereof

If you wish to provide details via a hard copy attachment or an electronically transmitted spreadsheet, complete all Y/N questions and write "See Attached".

Taxes – Property - primary residence $ _____ Property - secondary residence $ _____

State/local income taxes not listed elsewhere $_____ *(Do not include amounts from your W2)*

Sales tax – If you made any **major purchases** and paid significant sales tax, please advise; you can deduct the higher of state income tax or sales tax paid during 2022, in most cases the income tax paid will be higher.

Mortgage Interest

Mortgage Interest (attach ***Form 1098***) $_____ Equity interest (attach ***Form 1098***) $_____

Were the equity loan proceeds used to buy, build, or substantially improve the home that secures the loan? Y☐ N☐

Other Mortgage Interest Paid $_____

Party to whom you paid this interest:

Name _____ Tax ID# - Required _____

Address_____

Did you refinance your home? *If yes, please enclose the closing statement (HUD-1).* Y☐ N☐

Medical and Dental (**NOT** reimbursed by insurance or HSA distributions). ***Caution – medical expenses are only included as itemized deductions if they exceed 7.5% of your Adj. Gross Income***

Cost of prescribed drugs.	$_____
Cost of all doctors, dentists, and nurses.	$_____
Hospital	$_____
Medical and Dental Insurance**	$_____
Hearing Aid/Contact/Eyeglasses/Dentures	$_____
Ambulance Service	$_____
X-Rays	$_____
Clinic (Lab)	$_____
Lodging for medical Care	$_____
Long-term Care Insurance (taxpayer)	$_____
Long-term Care Insurance (spouse)	$_____
Miles traveled to doctors and hospitals	_____

**** If insurance is paid thru employment as a "pre-tax" deduction, do not include it - it is non-deductible**

Charitable Contributions - Provide details of any charitable contributions made including name of charity, address, and details of items donated. Cash donations require a receipt, regardless of amount.

Cash Contributions

Organization Name	Amount
_____	$_____
_____	$_____

Non-Cash Contributions – acknowledgement & description required for value over $250

Organization Name	Address	Items	Amount
_____	_____	_____	$_____
_____	_____	_____	$_____

Please provide any mileage incurred while traveling to perform work for any charity _____

Other Deductions include investment interest expense, gambling losses and amortizable bond premiums.

Description	Amount
_____	$_____
_____	$_____

PA INCOME TAX ONLY

(Documented unreimbursed employee expenses reduce your PA and local earned income tax liability but PA may request details of expenses claimed, dated receipts and letter from employer)

Unreimbursed Employee Expenses (list in detail – attach sheet if needed): Uniform, auto, union dues, meals, business gifts, cell phone, periodicals, subscriptions, internet, home office, office supplies, etc.

Description	Amount
_____	$ _____
_____	$ _____

Please provide any amount received as partial reimbursement for items listed above

NOTE: The PA Department of Revenue requires the following with your E-Filed Tax Return:

- Detailed documentation for each line item (including copies and a summary page)
- A letter from your employer indicating that the expenditures were necessary and not reimbursed (REV-757 – Employer Letter Template)

If an employer letter is not available, submit one of the following:

- A signed affidavit (REV-775 – Personal Income Tax Employee Business Expense Affidavit), or
- A copy of the employer's employee expenses reimbursement policy

Unreimbursed mileage for employment purposes _____ *(Do NOT include commuting mileage)*

Total mileage driven in 2022 for any all purpose _____

Signature: _____ Date: _____