

EASTSIDE TAX & ACCOUNTING, LCC

PERSONAL DATA ORGANIZER

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Name: _____

Date: _____

Time: _____

With : _____



This is your tax organizer for the 2022 Tax Year. Please complete the sections that pertain to you. Any questions or comments can be written in spaces provided. You may also choose to call the office and speak with a preparer.

PLEASE BRING THE FOLLOWING TO YOUR TAX APPOINTMENT

ALL W-2, 1099's, K-1's, BROKER STATEMENTS, ETC.

- ❖ BROKERAGE & MUTUAL FUND YEAR-END STATEMENT
- ❖ YEAR-END BANK STATEMENTS
- ❖ DRIVER LICENSE
- ❖ SOCIAL SECURITY STATEMENT -- FORM SSA-1099
- ❖ PROPERTY TAX STATEMENTS
- ❖ MORTGAGE INTEREST STATEMENTS
- ❖ MORTGAGE REFINANCE SETTLEMENT STATEMENTS
- ❖ 1098-E OR 1098-T FORMS
- ❖ PROPERTY SALES SETTLEMENT STATEMENTS
- ❖ OTHER EVIDENCE OF INCOME & DEDUCTIONS
- ❖ DATES OF BIRTH & SOCIAL SECURITY NUMBERS FOR ALL
- ❖ A CURRENT VOIDED CHECK – FOR DIRECT DEPOSIT
- ❖ COST INFORMATION FOR STOCK & BONDS SOLD
- ❖ ACA HEALTH COVERAGE FORMS 1095-A
- ❖ 1099 G UNEMPLOYMENT

NEW CLIENTS PLEASE BRING LAST YEAR'S TAX RETURN

If your filing status is **Head of Household** or you claim certain credits (such as: **Earned Income Tax Credit, Child Tax Credit, Other Dependent Credit, Education Credit**) the IRS requires tax preparers to have documentation of eligibility before we can file your return. You must provide documentation proving residency and expenses.

Examples include: School or medical records, and/ or tuition statement. *Please call the office before your appointment if you are unsure what documentation is necessary.*

If your return includes the Earned Income Tax Credit or Additional Child Tax Credit, the IRS projects direct deposits for most early refund **LAST WEEK OF FEBRUARY TO THE FIRST WEEK OF MARCH**

NOTES & QUESTIONS

AS ALWAYS, WE STAND READY TO SERVE ALL YOUR TAX, ACCOUNTING, BOOKKEEPING, PAYROLL & FINANCIAL PLANNING NEEDS. IF YOU HAVE QUESTIONS ABOUT OUR SERVICES, CALL US AT (517) 336 – 0151

EASTSIDE TAX & ACCOUNTING, LLC

PERSONAL MARRIED SINGLE WIDOW(ER) (EXISTING CLIENTS ENTER NAMES, SOC. SEC. # & CHANGES)

Name(s)	Social Security #	Date of Birth	Occupation	Blind or Disabled	Date of Death
Email Address: _____					

Taxpayer					
Spouse					
Full Address			Phone#1	#2	

DEPENDENTS (CHILDREN & OTHERS. EXISTING CLIENTS NEED ONLY ENTER NAMES, SOC. SEC. # & CHANGES)

Name	M or F	Date of Birth	SS#	# Months in Home	Full-time Student / Disabled	Tuition & Fees (paid only)	Dependent Gross Income

DRIVER'S LICENSE #		ISSUE DATE	EXP DATE	STATE
TAXPAYER				
SPOUSE				

CHILDCARE PROVIDER	ID # OR SS#	ADDRESS	AMT. PAID	CHILD

PLEASE ANSWER QUESTIONS FOR ACCURACY	YES	NO		YES	NO
Are you self-employed or receive hobby income?			Did you receive Marketplace health insurance? Bring form 1095-A.		
Do you have farm income?			Does Employer provide health insurance?		
Do you own rental property?			Did you pay rent? How much? To whom?		
Have you purchased/sold BITCOIN/ CYBER CURRENCY ?			If renting, do you pay heat? How much? _____		
Did you sell/take money from stocks or mutual funds? (If so, bring cost) Worthless securities?			Do you pay student loan interest & tuition for family members? (Bring 1098-T & 1098-E Statements)		
Do you have a foreign bank account, trust or business?			Did your child under 24 yrs. old earn interest, dividends, gains, of \$1150 or more?		
Do you have income from timber?					
Did you refinance your home (bring statement)?			Did you make energy saving improvements?		
Did you contribute to or withdraw from an IRA/401(k)?			Did you convert an IRA to a ROTH IRA?		
Any births, deaths, marriages, adoptions or moves?			Did you give anyone more than \$16,000?		
Any debt cancellation or forgiveness? (bring 1099-C)			Did you file bankruptcy?		
Did you receive a letter from the IRS or State?					

SECURITY & PROPERTY SOLD (LAND, STOCKS, MUTUAL FUNDS, ETC.)						ESTIMATED PAYMENTS	DATE PAID	FEDERAL AMOUNT	STATE AMOUNT
Description	X if Inherit	Date Rec'd	Date Sold	Selling Price	Original Cost				

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SELF-EMPLOYMENT OR ADDITIONAL INCOME

OTHER INCOME	AMOUNT	BRING DOCUMENTATION OF AMOUNTS	AMOUNT
Alimony Received		Child Support Received	
Scholarships & Grants		Unemployment Received –Form 1099G	
Prizes, Bonuses, Awards		Gambling & Lottery Wining – Form W2G	
Unreported Tips		If Gambling Winnings, Losses	
Director Or Executor Fees		Jury Duty	

Workers Compensation		Disability Income	
Veterans Pension		Payments from prior Installment Sales	
State Income Tax Refund		OTHER:	
City Income Refund			

SELF EMPLOYED BUSINESS INCOME & EXPENSES (1099's) – MUST HAVE DOCUMENTATION FOR THE FOLLOWING							
Gross Income		Gifts		Postage & Ship.		Wages	
Refunds		Equipment		Seminars/ Conf.		Rent Paid	
Bgn Inventory		Interest		Small Tools		Fees	
Purchases		Legal & Acctg.		Supplies		Business Insurance	
End Inventory		Labor		Taxes & License		Internet	
Advertising		Office Expense		Telephone		Other/Misc	
Bank Charges		Meals		Travel			
Dues & Pubs		Maint. & Repair		Utilities		# of days off due to Covid	

RENTAL INCOME & EXPENSES (IF NEW RENTAL PROPERTY, PROVIDE SETTLEMENT STATEMENT & TAX BILL)			
Property	Address		
1			
2			
3			
Property # Above	1	2	3
Income			
Advertising			
Cleaning & Fees			
Commission & Fees			
Insurance			
Legal & Professional			
Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Labor			
Telephone			
Other			

OFFICE IN HOME (USE MUST BE EXCLUSIVE, REGULAR & THE PRINCIPLE PLACE OF BUSINESS.)			
Purchase Date		Cost	
Total ft²	Business Ft²	Rent	Utilities
Insurance	Maintenance	Repair	other
BUSINESS USE OF AUTO (YOU MUST KEEP CURRENT WRITTEN RECORDS, INCLUDING YEAR-END MILEAGES TO TAKE AUTO DEDUCTIONS. CALL IF YOU HAVE ANY QUESTIONS ABOUT AUTO USE.)			
	Vehicle 1	Vehicle 2	
Year/Make			
Total Miles			
Purchase Date			
Business Miles			
Commute Miles			
Interest Paid			
Operating Cost			
Lease Cost			
Maintenance Cost			
Home to Work Miles			

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FOR THOSE WHO MAY STILL ITEMIZE

MEDICAL/DENTAL EXPENSES PAID IN CURRENT YEAR		(THESE ARE ONLY DEDUCTIBLE WHEN THEY EXCEED 7.5% OF YOUR INCOME)	
Medical Insurance premium (paid by you)		Doctor, Dentist, Nursing Care, Etc.	
Long Term Care Insurance		Glasses, Contacts, Hearing Aids, Batteries, Etc.	
Prescription Drugs/ Medical Equip & Supplies		Hospital, Nursing Home, ETC.	
Auto Mileage (for medical reasons)		Other Medical/Dental	

TAXES PAID		(BRING ALL PROPERTY TAX STATEMENT PAID & ASSESSED IN 2022 IF NOT PAID, INDICATE ONES NOT ACTUALLY PAID)	
Real Estate (property) taxes		Taxable Value from tax statement	
Auto Tags		Other _____	

INTEREST EXPENSES (CREDIT CARD & CAR LOAN INTEREST IS NOT DEDUCTIBLE UNLESS IT IS USED FOR HOME MORTGAGE OR BUSINESS)			
Mortgage Interest Paid		Land Contract Paid	
Investment Margin Interest		Name _____	
Other Investment Interest		Address _____	
Other Deductible Interest		Social Security # _____	

CHARITABLE CONTRIBUTIONS (AMOUNTS \$250 AND ABOVE MUST BE DOCUMENTED BY RECEIPTS)			
Cash Donations- Charity Name	Amount & Date	Non-Cash Donations- Charity & items description	FMV & Date

ENERGY EFFICIENT IMPROVEMENTS (MUST BE DOCUMENTED BY RECEIPTS)			
Insulation		Solar/Wind/Geothermal	
Windows		Furnace or Water Boiler (nat. gas, propane, oil)	
Exterior Doors		Electric Vehicle	

Comments or questions:

We're Accountants for Main Street....

... Not Wall Street.

New laws impose penalties for not filing your tax return on time. This may apply even if you do not owe any taxes.