



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2022 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2022 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2021 information is included for your reference. You do not need to make any 2021 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2021 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, Form 1099-NEC or Form 1099-K.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- Copies of invoices regarding residential clean energy improvements.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

## Topic Index

**ORG2**

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General Questions

ORG3

PERSONAL INFORMATION

Yes No

- 1 Did your marital status change during 2022?
If yes, explain
2 Do you want to allow your tax preparer to discuss this year's return with the IRS?
If no, enter another person (if desired) to be allowed to discuss this return with the IRS.
Caution: Review any transferred information for accuracy.
Designee's Name
Phone Number
Personal Identification Number (5 digit PIN)
3 Do you or your spouse plan to retire in 2023?
4 Were you or your spouse permanently and totally disabled in 2022?
5 Enter date of death for taxpayer or spouse (if during 2022 or 2023): Taxpayer: Spouse:
6 Were you or your spouse a member of the U.S. Armed Forces during 2022?

DEPENDENT INFORMATION

Yes No

- 7a Do you have dependents who must file?
b If yes, do you want us to prepare the return(s)?
8a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,300?
b If yes, do you want to include your child's income on your return?
9 Are any of your dependents not U.S. citizens or residents?
10 Did you provide over half the support for any other person during 2022?
11 Did you incur adoption expenses during 2022?

IRA, PENSION AND EDUCATION SAVINGS PLANS

Yes No

- 12 Did you take a retirement account distribution related to the corona virus or a natural disaster?
13 Did you receive payments from a pension or profit-sharing plan?
14 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?
15a Did you convert all or part of a regular IRA into a Roth IRA?
b Did you roll over all or part of a qualified plan into a Roth IRA?
16 Did you contribute to a Coverdell Education Savings Account?

ITEMS RELATED TO INCOME/LOSSES

Yes No

- 17 Did you receive any disability payments in 2022?
18 Did you receive tip income not reported to your employer?
19a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2022?
(Attach copies of any escrow statements or Forms 1099.)
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?
c Are you planning to purchase a home soon?
20 Did you incur any casualty or theft losses during 2022?
21 Did you incur any non-business bad debts?

PRIOR YEAR TAX RETURNS

Yes No

- 22 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?
If yes, enclose agent's report or notice of change.
23 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?

**General Questions (continued)**

**ORG3**

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

	Yes	No
24 Did you have foreign income or pay any foreign taxes in 2022 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
25 a At any time during 2022, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2022? Report all interest income on Org 11 .....	<input type="checkbox"/>	<input type="checkbox"/>
26 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
27 Did you at any time during 2022, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH AND LIFE INSURANCE**

	Yes	No
28 Did you receive Form 1095-A (Health Coverage)? If so, please attach .....	<input type="checkbox"/>	<input type="checkbox"/>
29 a Did you or your spouse have self-employed health insurance? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....	<input type="checkbox"/>	<input type="checkbox"/>
30 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? .....	<input type="checkbox"/>	<input type="checkbox"/>
31 Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....	<input type="checkbox"/>	<input type="checkbox"/>

**MISCELLANEOUS**

	Yes	No
32 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2022? If yes, please attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
33 Did you start paying mortgage insurance premiums in 2022? If yes, please attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
34 Did you purchase a motor vehicle or boat during 2022? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach documentation showing sales tax paid.		
35 Did you purchase an energy efficient vehicle in 2022? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, enter year, make, model, and date purchased: _____		
36 Did you donate a vehicle in 2022? If yes, attach Form 1098C .....	<input type="checkbox"/>	<input type="checkbox"/>
37 What was the sales tax rate in your locality in 2022? _____ % State ID _____		
38 Did you or your spouse make gifts of over \$16,000 to an individual or contribute to a prepaid tuition plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
39 Did you make gifts to a trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
40 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach details.		
41 Did you or your spouse participate in a medical savings account in 2022? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
42 Did you make a loan at an interest rate below market rate? .....	<input type="checkbox"/>	<input type="checkbox"/>
43 Did you pay any individual for domestic services in 2022? .....	<input type="checkbox"/>	<input type="checkbox"/>
44 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....	<input type="checkbox"/>	<input type="checkbox"/>
45 Did you, your spouse, or your dependents attend post-secondary school in 2022? .....	<input type="checkbox"/>	<input type="checkbox"/>
46 Did a lender cancel any of your debt in 2022? (Attach any Forms 1099-A or 1099-C) .....	<input type="checkbox"/>	<input type="checkbox"/>
47 Did you receive any income not included in this Tax Organizer? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach information.		
48 At any time during 2022, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ..	<input type="checkbox"/>	<input type="checkbox"/>
49 a Did you obtain a Paycheck Protection Program (PPP) loan? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, has any portion of that loan been forgiven? .....	<input type="checkbox"/>	<input type="checkbox"/>
50 a Do you want to change the language with which the IRS communicates with you? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, which language? .....		

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

	Yes	No
51 If your tax return is eligible for Electronic Filing, would you like to file electronically? .....	<input type="checkbox"/>	<input type="checkbox"/>
52 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Caution:</b> Review transferred information for accuracy.		
53 If yes, please provide the following information:		
a Name of your financial institution .....		
b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....		
c Account number .....		
d What type of account is this? .....	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
<input checked="" type="checkbox"/> Please attach a voided check (not a deposit slip) if your bank account information has changed.		

# Health Insurance Coverage

**ORG3A**

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

<b>Part 1 Coverage</b>																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

\*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

**Business/Investment Questions**

**ORG4**

	Yes	No
<b>1</b> Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did you buy or sell any stocks or bonds in 2022? ..... If yes, attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you surrender any U.S. savings bonds during 2022?.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2022? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did you sell property or equipment on installment in 2022? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you do a 'like-kind' exchange of property in 2022? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient Do you have records to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did you purchase special fuels for non-highway use?..... If yes, please list the type of use and the number of gallons for each fuel.  _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	_____	_____
First name .....	_____	_____
Middle initial and suffix .....	Mi ..... _____ Suffix .....	Mi ..... _____ Suffix .....
Social security number .....	_____	_____
Occupation.....	_____	_____
Work phone/extension .....	_____	_____
Cell phone .....	_____	_____
E-mail address.....	_____	_____
Driver's License/Id issuing state ....	_____	_____
License /Id number .....	_____	_____
License/Id issue date .....	_____	_____
License/Id expiration date.....	_____	_____
Birthdate .....	MM/DD/YYYY .....	MM/DD/YYYY.....
Blind .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number .....
City.....	_____ State.....	ZIP code.....
Home phone.....	_____ Foreign country.....	_____
Fax .....	_____ Foreign phone .....	_____

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year.....

Check this box if you are eligible to claim spouse's exemption .....

Check this box if your spouse itemizes deductions.....

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

5 Qualifying surviving spouse

Check the box for the year the spouse died .....

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Not qualified credit +Months Other dep In U.S.	Date of Birth *Not Citizen	2022 Child Care Expense 2021 Child Care Expense
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

\*\* For the Dependent Code, enter the following: L = dependent child who lived with you  
 N = dependent child who didn't live with you due to divorce or separation  
 O = other dependent  
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

\* Check this box if dependent child is not a U.S. citizen or resident alien

**Social Security Benefits/Form 1099-G/Other Income**

ORG10

**SOCIAL SECURITY BENEFITS**

<input checked="" type="checkbox"/> <b>Attach all copies of SSA and RRB forms.</b>		<b>Taxpayer</b>	<b>Spouse</b>
1	Social Security Benefits from Form SSA-1099.....		
2	Federal income tax withheld from Form SSA-1099 .....		
3	Medicare B premiums withheld from Form SSA-1099 .....		
4	Medicare C premiums withheld from Form SSA-1099 .....		
5	Medicare D premiums withheld from Form SSA-1099 .....		
6	Railroad Retirement Benefits from Form RRB-1099 .....		
7	Federal income tax withheld from Form RRB-1099 .....		
8	Medicare premiums withheld from Form RRB-1099.....		

**FORM 1099-G**

<input checked="" type="checkbox"/> <b>Attach all copies of 1099-G forms.</b>				
Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
1	Unemployment compensation.....			
a	Unemployment benefits you repaid in 2022 .....			
2	State and local income tax refunds .....			
3	Enter the tax year from 1099-G box 3 .....			
a	If tax year is 2021 or prior, enter the taxable portion of the amount reported in box 2 .....			
4	Federal income tax withheld.....			
5	RTAA payments.....			
6	Taxable grants .....			
7	Agriculture payments .....			
8	Check if box 2 amount is from trade or business .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain .....			
10a	Two-letter state abbreviation .....	---	---	---
	Two or three-letter local abbreviation .....	---	---	---
b	State identification number .....			
11	State income tax withheld.....			

**OTHER INCOME**

Nature and Source	2022 Taxpayer	2022 Spouse	2021 Combined
1 Alimony received .....			
2 Recovery of bad debts previously deducted .....			
3 Jury duty pay .....			
4 Gambling winnings not reported on W2G/1099.....			
5 Income from not for profit activities (hobbies).....			
6 Income from the rental of personal property.....			
7 Non-Government unemployment received/repaid in 2022 .....			
8 Other Taxable income:			
a Union unemployment benefits.....			
b Private fund unemployment benefits.....			
c State employee unemployment benefits .....			
9 Other miscellaneous income items:			
Description:			





**Medical and Tax Expenses**

**ORG13**

<b>MEDICAL AND DENTAL EXPENSES</b>		<b>2022</b>	<b>2021</b>
<b>1</b>	Prescription medications.....		
<b>2</b>	Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
<b>3</b>	Qualified long-term care premiums		
<b>a</b>	Taxpayer's gross long-term care premiums .....		
<b>b</b>	Spouse's gross long-term care premiums .....		
<b>c</b>	Dependent's gross long-term care premiums .....		
<b>4</b>	Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
<b>5</b>	Insurance reimbursement.....		
<b>6</b>	Doctors, dentists, etc.....		
<b>7</b>	Hospitals, clinics, etc.....		
<b>8</b>	Lab and X-ray fees.....		
<b>9</b>	Expenses for qualified long-term care.....		
<b>10</b>	Eyeglasses and contact lenses .....		
<b>11</b>	Medical equipment and supplies .....		
<b>12a</b>	Miles driven for medical purposes 01/01/2022 thru 06/30/2022.....		
<b>b</b>	Miles driven for medical purposes 07/01/2022 thru 12/31/2022.....		
<b>13</b>	Ambulance fees and other medical transportation costs.....		
<b>14</b>	Lodging.....		
<b>15</b>	Other medical and dental expenses:		
<b>a</b>	_____		
<b>b</b>	_____		
<b>c</b>	_____		
<b>d</b>	_____		
<b>e</b>	_____		
<b>f</b>	_____		
<b>g</b>	_____		
<b>h</b>	_____		
<b>i</b>	_____		
<b>j</b>	_____		
<b>TAXES</b>		<b>2022</b>	<b>2021</b>
Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>			
<b>16</b>	Real estate taxes paid on principal residence .....		
<b>17</b>	Real estate taxes paid on additional homes or land .....		
<b>18</b>	Auto registration fees based on the value of the vehicle.....		
<b>19</b>	Other personal property taxes .....		
<b>20</b>	Other taxes:		
	_____		
	_____		

**Interest Paid and Cash Contributions**

ORG14

<b>HOME MORTGAGE INTEREST PAID</b>			
<b>Lender's Name</b>	<b>Check if NOT on Form 1098</b>	<b>2022</b>	<b>2021</b>
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

<b>POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME</b>		
<b>Lender's Name</b>	<b>Check if NOT on Form 1098</b>	<b>2022</b>
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

<b>SELLER FINANCED MORTGAGE</b>		
<b>Individual's Name</b>	<b>Identifying Number</b>	<b>Address</b>

<b>OTHER PERSON RECEIVING FORM 1098</b>	
<b>Form 1098 Recipient's Name</b>	<b>Address</b>

<b>OTHER POINTS</b>					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
<b>Lender's Name</b>	<b>Loan Over</b>	<b>Points Paid</b>	<b>Date of Loan</b>	<b>Loan Length (years)</b>	<b>2021 Points Deducted</b>
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

<b>QUALIFIED MORTGAGE INSURANCE PREMIUMS</b>		
	<b>2022</b>	<b>2021</b>
Premiums paid in 2022 for qualified mortgage insurance not from Form 1098 import .....		

**Interest Paid and Cash Contributions (continued)**

**ORG14**

<b>INVESTMENT INTEREST</b>		
	<b>2022</b>	<b>2021</b>
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc).....		

<b>LIMITED HOME MORTGAGE DEDUCTION</b>					
If the mortgage meets the following reasons during 2022 complete the following: - The principal amount of you mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan					
	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
<b>1a</b> Interest paid in 2022 .....					
Points paid in 2022.....					
Months loan outstanding ....					
Principal pd on loan in 2022.					
<b>b</b> Was all proceeds of this loan used to buy, build, or substantially improve the home? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
<b>2</b> Home Debt Origination on or after December 15, 2017					
Beginning of year balance ..					
Additional borrowed in 2022					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
<b>3</b> Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
<b>4</b> Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

<b>CASH CONTRIBUTIONS</b>			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2022	2021
			<input type="checkbox"/>
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven.....			
Miles driven to deliver noncash contributions .....			
Parking fees, tolls, and local transportation .....			

## Noncash Contributions

ORG14A

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A			
B			
C			
D			
E			
F			
G			
H			
I			

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A		
B		
C		
D		
E		
F		
G		
H		
I		

Method for Fair Market Value*	Date of Contribution	Complete these columns <b>only</b> for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A				
B				
C				
D				
E				
F				
G				
H				
I				

- \*Methods of determining FMV:**
- |               |                          |                   |             |
|---------------|--------------------------|-------------------|-------------|
| Appraisal     | Capitalization of income | Present value     | Thrift shop |
| Average share | Comparative sales        | Replacement cost  |             |
| Catalog       | Consignment shop         | Reproduction cost |             |

- \*\*Type of Donated Property**
- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| Household/clothing items        | Business equipment                | Intellectual property                  |
| Motor vehicle, boat or airplane | Business inventory                | Real property, conservation property   |
| Art, other than self-created    | Stock, publicly traded            | Real property, other than conservation |
| Art, self-created               | Stock, other than publicly traded | Other personal property                |
| Collectibles                    | Securities, other than stock      | Other intangible property              |

**\*\*\*How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

**Miscellaneous Itemized Deductions (FOR STATE USE ONLY)**

**ORG15**

<b>MISCELLANEOUS DEDUCTIONS (2% LIMITATION)</b>	<b>2022</b>	<b>2021</b>
<b>Employee Business Expenses</b>		
<b>Note:</b> if you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete <b>ORG17</b> for all your employee expenses.		
<b>1</b> Union and professional dues .....		
<b>2</b> Professional subscriptions .....		
<b>3</b> Uniforms and protective clothing .....		
<b>4</b> Job search costs .....		
<b>5</b> Other unreimbursed employee expenses:		
<b>a</b> _____		
<b>b</b> _____		
<b>c</b> _____		
<b>d</b> _____		
<b>e</b> _____		
<b>Other Expenses Subject to the 2% Limitation</b>		
Treat all MACRS assets for this activity as qualified Indian reservation property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this property located in a Qualified Disaster Area? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check to code assets as Investment Expense ..... <input type="checkbox"/>		
Use <b>ORG50</b> to record dispositions.		
Use <b>ORG51A</b> to enter additional assets.		
Use <b>ORG11a</b> for investment expenses related to interest income.		
Use <b>ORG11b</b> for investment interest related to dividend income.		
<b>6</b> Tax return preparation fees .....		
<b>7</b> Investment counsel and advisory fees .....		
<b>8</b> Certain attorney and accounting fees.....		
<b>9</b> Safe deposit box rental .....		
<b>10</b> IRA custodial fees.....		
<b>11 a</b> Government unemployment benefits repaid in <b>2022</b> ..... <input type="checkbox"/>		
<b>b</b> Other expenses (list):		
_____		
_____		
_____		
_____		
_____		
<b>OTHER MISCELLANEOUS DEDUCTIONS</b>	<b>2022</b>	<b>2021</b>
<b>12</b> Federal estate tax paid on income in respect of a decedent .....		
<b>13</b> Amortizable bond premiums (acquired before 10/23/86) .....		
<b>14</b> Gambling losses (to the extent of gambling income) .....		
<b>15</b> Claim repayments.....		
<b>16</b> Unrecovered investment in annuity .....		
<b>17</b> Ordinary loss attributable to certain debt instruments .....		

**Car And Truck Expenses**  
(Employees use ORG17 – Employee Business Expenses)

ORG18

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle.....			
2 a Date placed in service.....			
b Date acquired, if different from line 2a.....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading.....			
b Beginning mileage reading.....			
c Total miles for the year (line 3a less line 3b).....			
4 a Business miles 01/01/2022 thru 06/30/2022.....			
b Business miles 07/01/2022 thru 12/31/2022.....			
5 Total commuting miles.....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc.....			
9 Vehicle registration fee (excluding property tax).....			
10 Vehicle lease or rental fee.....			
11 Inclusion amount (Preparer Use Only).....			
12 Depreciation (Preparer Use Only).....			
13 Parking fees, tolls, and local transportation.....			
14 Portion of vehicle registration fee based on value.....			
15 Interest on vehicle.....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis.....			
17 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use).....			
20 Section 179 expense (Preparer Use).....			
21 Qualified Property for Economic Stimulus? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property (Preparer Use).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? (Preparer Use).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold.....			
29 Sales price.....			
30 Expense of sale.....			
31 Gain/loss basis, if different (Preparer Use).....			
32 AMT gain/loss basis, if different (Preparer Use).....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
33 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34 Was vehicle available during off duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle used primarily by a greater than 5% owner or related person?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Do you have evidence to support the business use claimed?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
37 If yes, is the evidence written?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Business Income and Expenses

ORG19

### GENERAL INFORMATION

Is this activity a qualified trade or business under Section 199A?  Yes  No

1 Check ownership  Taxpayer  Spouse  Joint

2 Business name \_\_\_\_\_

3 a Business street address \_\_\_\_\_  
 b 1 City, State and Zip Code, or \_\_\_\_\_  
 2 Foreign country \_\_\_\_\_

4 Principal business/profession \_\_\_\_\_

5 Employer ID number \_\_\_\_\_

6 Business code (Preparer Use Only) \_\_\_\_\_

7 Was this business fully disposed of in a fully taxable transaction during 2022?  Yes  No

8 Accounting method:  
 Cash  Accrual  Other (specify)  \_\_\_\_\_

9 Method used to value closing inventory:  
 Cost  Lower of cost or market  Other (explain)  \_\_\_\_\_

	Yes	No
10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) _____	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you materially participate in the operation of this business during 2022? _____	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you start or acquire this business during 2022? _____	<input type="checkbox"/>	<input type="checkbox"/>
13 a Did you make any payments in 2022 that require you to file Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, did you or will you file all the required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>
14 At-risk determination:		
a Is all of the investment in this activity at risk? _____	<input type="checkbox"/>	<input type="checkbox"/>
b Is some of the investment in this activity not at risk? _____	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you have unallowed passive losses in 2021? _____	<input type="checkbox"/>	<input type="checkbox"/>
16 a Treat all MACRS assets for this activity as qualified Indian reservation property? _____	<input type="checkbox"/>	<input type="checkbox"/>
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? _____	<input type="checkbox"/> Regular	<input type="checkbox"/> Extension <input type="checkbox"/> No
c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? _____	<input type="checkbox"/>	<input type="checkbox"/>
d Was this business located in a Qualified Disaster Area? _____	<input type="checkbox"/>	<input type="checkbox"/>

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2022	2021
17 Gross receipts or sales _____		
18 Returns and allowances plus other adjustments _____		
19 Other income (include federal/state gas tax credit/refund) _____		

COST OF GOODS SOLD – IF APPLICABLE	2022	2021
20 Inventory at beginning of year _____		
21 Purchases _____		
22 Items withdrawn for personal use _____		
23 Cost of labor (do not include your salary) _____		
24 Materials and supplies _____		
25 Other costs _____		
26 Inventory at end of year _____		



**Business Income and Expenses (continued)**

**ORG19**

<b>EXPENSES</b>	<b>2022</b>	<b>2021</b>
Business name _____		
<b>27</b> Advertising .....		
<b>28</b> Car and truck expenses (complete ORG18).....		
<b>29</b> Commissions and fees.....		
<b>30</b> Contract labor .....		
<b>31</b> Depletion .....		
<b>32</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ).....		
<b>33</b> Employee benefit programs:		
<b>a</b> Employee health insurance premiums .....		
<b>b</b> Other employee benefit programs .....		
<b>34</b> Insurance (other than health).....		
<b>35</b> Self-employed health insurance attributable to this business.....		
<b>36</b> Interest:		
<b>a</b> Mortgage paid to banks not reported to you on Form 1098.....		
<b>b</b> Other .....		
<b>37</b> Legal and professional services .....		
<b>38</b> Office expenses .....		
<b>39</b> Pension and profit-sharing plans.....		
<b>40</b> Rent or lease:		
<b>a</b> Machinery and equipment (enter vehicle lease on ORG18) .....		
<b>b</b> Other business property.....		
<b>41</b> Repairs and maintenance .....		
<b>42</b> Supplies (not included in cost of goods sold) .....		
<b>43</b> Taxes and licenses not reported to you on Form 1098.....		
<b>44</b> Travel and meals		
<b>a</b> Travel.....		
<b>b</b> Meals subject to 50% limit.....		
<b>c</b> Meals subject to 80% limit.....		
<b>d</b> Meals not subject to limit .....		
<b>45</b> Utilities .....		
<b>46</b> Gross wages .....		
<b>47</b> Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>48</b> Expenses for business use of your home ( <b>Preparer Use Only</b> ).....		
Complete ORG20 for Business Use of Home.		
<b>49</b> Qualified pension plan start-up costs .....		
<b>50</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018.....		
<b>51</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017 .....		

**ORG19**

# Business Use of Home

ORG20

for:

copy:

Simplified method election for Home Office expenses: Elect the simplified method in **2020** instead of entering actual expenses

Elected the simplified method in **2019** instead of entering actual expenses

--	--

GENERAL INFORMATION	2022	2021
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
2 Area used only partly for day care (square footage) .....		
3 Total area of home (square footage) .....		
4 Daycare hours		
a Number of weeks used for day care, if less than full year .....		
b Number of days used for day care each week .....		
c Number of days closed for holidays, vacations, etc. ....		
d Number of hours used for day care each day .....		
e Total hours used for day care .....		
f Total hours available for use .....		
5 Enter the date you began using this home office for this business .....		
6 If part of your income is from a place of business other than this home, enter % of gross income from business use of this home .....		
7 Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) .....		
8 Adjustment to losses from this business shown on Schedule D or Form 4797 (Preparer Use Only) .....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2022		2021	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only) .....				
10 Total mortgage interest/points .....				
11 Mortgage interest/points on Form 1098 .....				
12 Interest <b>not</b> on Form 1098 .....				
13 Points <b>not</b> of Form 1098 .....				
14 Real estate taxes .....				
15 Excess mortgage interest (Preparer Use) .....				
16 Excess real estate taxes (Preparer Use) .....				
17 Qualified mortgage insurance .....				
18 Other insurance .....				
19 Rent .....				
20 Repairs and maintenance .....				
21 Utilities .....				
22 Other expenses (e.g., rent) .....				
23 Carryover of operating expenses .....				
24 Excess casualty losses (Preparer Use Only) .....				
25 Depreciation of your home (Preparer Use Only) .....				
26 Carryover of excess casualty losses and depreciation .....				

## DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

26	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
27	Enter the land value included in cost for residence .....			

**Sale of Your Home**

**ORG22**

**GENERAL INFORMATION**

**Attach copies of your original purchase and the current sale settlement sheets here.**

Complete if the sale of your home occurred in the current year (2022).

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| <b>1 a</b> Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c</b> Did you use this home partially or completely in a trade or business or hold it for investment <b>AND</b> dispose of it in a like-kind (Section 1031) exchange? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>d</b> Did you claim the First-Time Homebuyer Credit when you purchased this home? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2 a</b> Did you live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> If married filing a joint return, did your <b>spouse</b> live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3</b> Did you receive a Form 1099-S? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4 a</b> Have you sold and excluded gain from another principal residence within 2 years before the sale of this home? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> If married filing a joint return, has your <b>spouse</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5</b> Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.) |                          |                          |
| <b>a</b> You .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> Your <b>spouse</b> .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6 a</b> Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> Was the home used as investment or rental property after December 31, 2008? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7 a</b> Will you be receiving periodic payments of principal or interest from this sale? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> If <b>Yes</b> , what is the amount of the financial instrument? .....  |                          |                          |

**8** Address of former home sold .....

**9 a** Date former home was sold .....

**b** Date former home was bought .....

**10** Sales price of the home sold .....

**COST BASIS OF HOME SOLD**

Description	Amount
<b>Original cost of home sold:</b>	
<b>11 a</b> Purchase price of home sold .....	
<b>b</b> Postponed gain on the sale of your previous home sold before May 7, 1997 (Form 2219 for the year this home was bought) .....	
<b>Additions and increases to basis:</b>	
<b>12 a</b> Settlement fees or closing costs when home was purchased. <b>Do not</b> include amounts previously deducted as moving expenses .....	
<b>b</b> Cost of capital improvements .....	
<b>c</b> Additions, including costs of materials and labor .....	
<b>d</b> Other additions and increases to basis .....	
<b>Decreases to basis:</b>	
<b>13 a</b> Seller-paid points (for old home bought after 1990) .....	
<b>b</b> Other decreases to basis .....	

**COMMISSIONS AND OTHER EXPENSES OF SALE**

Description	Amount
<b>14 a</b> .....	
<b>b</b> .....	
<b>c</b> .....	
<b>d</b> .....	

# Rent and Royalty Income and Expenses

ORG25

## BASIC PROPERTY INFORMATION

Property description: \_\_\_\_\_  
 Property type: \* \_\_\_\_\_ If type is other, enter a description: \_\_\_\_\_  
 Location (street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If a foreign address: Foreign province or state: \_\_\_\_\_  
 Foreign postal code: \_\_\_\_\_ Foreign Country: \_\_\_\_\_

Is this activity a qualified trade or business under Section 199A? .....  Yes  No

- 1 Check property owner .....  Taxpayer  Spouse  Joint Yes No
- 2 a Did you make any payments that would require you to file Form(s) 1099? .....  Yes  No
- b If yes, did you or will you file all required Forms(s) 1099? .....  Yes  No
- 3 a Enter the ownership percentage (if not 100%) ..... \_\_\_\_\_
- b If not 100%, are you reporting 100% of the income and expenses? .....  Yes  No
- 4 Is this a rental property? (If yes, answer questions 5 through 11; if no, skip to question 12.) .....  Yes  No
- 5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? .....  Yes  No
- 6 For all rental properties, enter the number of days during 2022 that:
- a The property was rented at fair rental value ..... \_\_\_\_\_
- b The property was used personally or rented at less than fair rental value ..... \_\_\_\_\_
- c You owned the property, if not the entire year ..... \_\_\_\_\_
- 7 a Does this rental have multiple living units and you live in one of the units? .....  Yes  No
- b If yes, enter percentage of rental use ..... \_\_\_\_\_
- 8 Did you actively participate in this property's management during 2022? .....  Yes  No
- 9 Did you materially participate in this property's management during 2022? .....  Yes  No
- 10 Do you want to treat this property as non-passive? .....  Yes  No
- 11 Did this property have unallowed passive losses in 2021? .....  Yes  No
- 12 Did you dispose of this property in a fully taxable transaction? .....  Yes  No
- 13 Check this box if some of this investment was not at-risk .....  Yes  No
- 14 a Treat all MACRS assets for this activity as qualified Indian reservation property? .....  Yes  No
- b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... Regular  Extension  No
- c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  Yes  No
- d Was this activity located in a Qualified Disaster Area? .....  Yes  No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2022	2021												
15 Rents or royalties received .....														
<p style="margin-top: 10px;">* Property Types:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 Single family residence</td> <td style="width: 33%;">5 Land</td> <td style="width: 33%;"></td> </tr> <tr> <td>2 Multi-family residence</td> <td>6 Royalties</td> <td></td> </tr> <tr> <td>3 Vacation/short-term rental</td> <td>7 Self-rental</td> <td></td> </tr> <tr> <td>4 Commercial</td> <td>8 Other</td> <td></td> </tr> </table>			1 Single family residence	5 Land		2 Multi-family residence	6 Royalties		3 Vacation/short-term rental	7 Self-rental		4 Commercial	8 Other	
1 Single family residence	5 Land													
2 Multi-family residence	6 Royalties													
3 Vacation/short-term rental	7 Self-rental													
4 Commercial	8 Other													

**Rent and Royalty Income and Expenses (continued)**

**ORG25**

<b>EXPENSES</b>	<b>2022</b>	<b>2021</b>
Property location .....		
<b>16</b> Advertising .....		
<b>17a</b> Automobile (complete ORG18 for autos).....		
<b>b</b> Travel.....		
<b>18</b> Cleaning and maintenance .....		
<b>19</b> Commissions.....		
<b>20a</b> Mortgage insurance premiums – qualified .....		
<b>b</b> Other insurance .....		
<b>21</b> Legal and professional fees .....		
<b>22</b> Management fees .....		
<b>23a</b> Mortgage interest paid to banks – qualified.....		
<b>b</b> Mortgage interest paid to banks – other.....		
<b>24</b> Other interest .....		
<b>25</b> Repairs.....		
<b>26</b> Supplies.....		
<b>27a</b> Real estate taxes.....		
<b>b</b> Other taxes .....		
<b>28</b> Utilities .....		
<b>29</b> Other expenses:		
<b>a</b> _____ .....		
<b>b</b> _____ .....		
<b>c</b> _____ .....		
<b>d</b> _____ .....		
<b>e</b> _____ .....		
<b>30a</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ).....		
<b>b</b> Depletion ( <b>Preparer Use Only</b> ).....		

# Farm Rental Income and Expenses

**ORG26**

## GENERAL INFORMATION

Name of this activity .....

Is this activity a qualified trade or business under Section 199A? .....  Yes  No

**1** Check ownership .....  **Taxpayer**                       **Spouse**                       **Joint**

**2** Employer identification number .....

**3** Was this farm fully disposed of in a fully taxable transaction during 2022? .....  **Yes**     **No**

**4** Did you actively participate in the operation of this business during 2022? .....  **Yes**     **No**

**5** Real estate professionals:  
Did you materially participate in the operation of this business during 2022? .....  **Yes**     **No**

**6** At-risk determination:

**a** Is all of the investment in this activity at risk? .....  **Yes**     **No**

**b** Is some of the investment in this activity not at risk? .....  **Yes**     **No**

**c** Did you receive a subsidy in 2022? .....  **Yes**     **No**

**7** Did you have unallowed passive losses in 2021? .....  **Yes**     **No**

**8 a** Treat all MACRS assets for this activity as qualified Indian reservation property? .....  **Yes**     **No**

**b** Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....  **Regular**     **Extension**     **No**

**c** Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  **Yes**     **No**

**d** Was this farm rental located in a Qualified Disaster Area? .....  **Yes**     **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

FARM RENTAL INCOME – BASED ON PRODUCTION	2022	2021
<b>9</b> Income from production of livestock, produce, grains and crops .....		
<b>10</b> Total distributions received from cooperatives .....		
<b>11</b> Taxable amount of distributions from cooperatives .....		
<b>12</b> Total agricultural program payments .....		
<b>13</b> Taxable amount of agricultural program payments .....		
<b>14</b> Commodity Credit Corporation (CCC) loans under election .....		
<b>15</b> CCC loans forfeited/repaid with certificates .....		
<b>16</b> Taxable amount of CCC loans forfeited/repaid .....		
<b>17</b> Crop insurance proceeds/federal crop disaster payments received in 2022 .....		
<b>18</b> Taxable crop insurance proceeds/federal crop disaster payments .....		
<b>19</b> Crop insurance proceeds/federal crop disaster deferred from 2021 .....		
<b>20</b> Other income – include federal/state gas tax credit/refund .....		

**Farm Rental Income and Expenses (continued)**

**ORG26**

<b>EXPENSES – FARM RENTAL PROPERTY</b>	<b>2022</b>	<b>2021</b>
Name of this activity .....		
<b>21</b> Car and truck expense (complete ORG18) .....		
<b>22</b> Chemicals .....		
<b>23</b> Conservation expenses .....		
<b>24</b> Custom hire (machine work) .....		
<b>25</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ) .....		
<b>26</b> Employee benefit programs other than pension and profit-sharing plans .....		
<b>27</b> Feed .....		
<b>28</b> Fertilizers and lime .....		
<b>29</b> Freight and trucking .....		
<b>30</b> Gasoline, fuel, and oil .....		
<b>31</b> Insurance (other than health) .....		
<b>32</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc) .....		
<b>b</b> Other .....		
<b>33</b> Labor hired .....		
<b>34</b> Pension and profit-sharing plans .....		
<b>35</b> Rent or lease:		
<b>a</b> Machinery, equipment, etc (for vehicle rent or lease, see ORG18) .....		
<b>b</b> Other (land, animals, etc) .....		
<b>36</b> Repairs and maintenance .....		
<b>37</b> Seeds and plants .....		
<b>38</b> Storage and warehousing .....		
<b>39</b> Supplies .....		
<b>40</b> Taxes .....		
<b>41</b> Utilities .....		
<b>42</b> Veterinary fees and medicine .....		
<b>43</b> Other expenses (specify):		
_____		
_____		
_____		
_____		
_____		
_____		
<b>44</b> Qualified pension plan start-up costs .....		
<b>45</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018 .....		
<b>46</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017 .....		

## Child and Dependent Care Expenses

ORG35

<b>CHILD AND DEPENDENT CARE EXPENSES</b>			
Enter below the persons or organizations who provided the child and dependent care.			
First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
Provider Phone			
1 ..... .....	..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt.. ▶ <input type="checkbox"/>	..... ..... Foreign ..... ▶ <input type="checkbox"/>
2 ..... .....	..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt.. ▶ <input type="checkbox"/>	..... ..... Foreign ..... ▶ <input type="checkbox"/>
3 ..... .....	..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt.. ▶ <input type="checkbox"/>	..... ..... Foreign ..... ▶ <input type="checkbox"/>
4 ..... .....	..... ..... Care at above address? ..... <input type="checkbox"/>	..... ..... Tax-Exempt.. ▶ <input type="checkbox"/>	..... ..... Foreign ..... ▶ <input type="checkbox"/>
<b>EXPENSES</b>		<b>2022</b>	<b>2021</b>
1 Total employment taxes paid on wages for child care expenses .....			
2 Total expenses paid in 2022 but not incurred in 2022 .....			
3 Total expenses incurred in 2022 but not paid in 2022 .....			
4 Medical expenses paid for qualifying persons unable to care for themselves .....			
<b>STUDENT/DISABLED PERSON INFORMATION FOR 2022</b>		<b>Taxpayer</b>	<b>Spouse</b>
5 If taxpayer or spouse was a full-time student or disabled in 2022, answer the following questions:			
a Number of months that taxpayer/spouse was a full-time student or disabled .....			
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here .....			



**Education Information**

ORG36

<b>EDUCATION TUITION AND FEES</b>				
Attach all Form 1098-Ts and a list of your qualified expenses.				
<b>EDUCATOR EXPENSES</b>		<b>2022</b>	<b>2021</b>	
1 a Taxpayer educator expenses.....				
b Spouse educator expenses.....				
<b>STUDENT LOAN INTEREST PAID</b>				
<b>Student Loan Interest Reported on a 1098-E in 2022</b>				
2 a Enter detail below or total interest in Part 2b				
<b>Lender's Name</b>		<b>2022</b>	<b>2021</b>	
<b>Total Student Loan Interest</b>		<b>2022</b>	<b>2021</b>	
2 b Enter the total interest paid on qualified student loans.....				
<b>FORM 1099-Q</b>				
3 Enter 1099-Q detail below.				
<b>State Code</b>	<b>Name of Payer or Program</b>	<b>Gross Distribution Box 1</b>	<b>Earnings Box 2</b>	<b>* Type Box 5</b>
* For the Type Code, enter the following: P = Private Qualified Tuition Program S = State Qualified Tuition Program E = Coverdell ESA				

