



# LBSTAX

A Federally Authorized Tax Practitioner

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You may download your completed organizer to our webportal on website

## 2022 Tax Organizer

Call to schedule your  Appointment: Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ or  Drop Off  Web Portal

Taxpayer		Spouse	
Name _____	SSN _____ Birthday _____	Name _____	SSN: _____ Birthday: _____
Occupation _____	Health Ins? <input type="checkbox"/> Y <input type="checkbox"/> N	Occupation: _____	Health Ins? <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Address</b> <input type="checkbox"/> New address this year City _____ ST _____ Zip _____		<input type="checkbox"/> Yes, Direct Deposit My Refund To: Bank Name _____ <input type="checkbox"/> CK <input type="checkbox"/> Sav Rtn # _____ Acct # _____	
<b>Contact Information</b> Home Ph _____ Cell _____ e-mail _____		<b>Filing Status</b> <input type="checkbox"/> Single <input type="checkbox"/> MFJ <input type="checkbox"/> HOH <input type="checkbox"/> QW <input type="checkbox"/> MFS I'd prefer my finished tax return: <input type="checkbox"/> Printed <input type="checkbox"/> PDF <input type="checkbox"/> Both	

Did you and your spouse have health insurance coverage all year? Yes(all 12 months) Some(\_\_\_\_months) Did not have any insurance  
 Where was the policy obtained? Employer Medicare Medicaid/AHCCCS Govt/Military Marketplace(Exchange) Other \_\_\_\_\_  
 Please include IRS form 1095-A 1095-B 1095-C from your insurance provider

### DEPENDENTS

Name (First, Last) (Exactly as shown on SS card)	Soc. Sec. No.	Relationship	#Months In Home	Birthdate	Health Ins All Year	Full Time Student
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

### TAX DOCUMENTS ENCLOSED

Please check if providing

<i>Please check highlighted box where applicable</i>	Taxpayer	Spouse
Wages <b>W2</b> <input type="checkbox"/> Employment change this year	<input type="checkbox"/>	<input type="checkbox"/>
Pensions and IRAs <b>1099R</b>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security <b>1099SSA</b>	<input type="checkbox"/>	<input type="checkbox"/>
Interest Income <b>1099INT</b>	<input type="checkbox"/>	<input type="checkbox"/>
Dividend Income <b>1099DIV</b>	<input type="checkbox"/>	<input type="checkbox"/>
Sales of Capital – <b>1099B</b> ( <input type="checkbox"/> enclose broker statement) <input type="checkbox"/> HUD1 Sale of Real Estate	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment and State Tax Refunds <b>1099G</b>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling Winnings <b>W2G</b> (see page 2 for gambling losses)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Estate, <input type="checkbox"/> Trust <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> PTP K-1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rents, <input type="checkbox"/> Royalties <input type="checkbox"/> Prizes, <input type="checkbox"/> Self-Employment – <b>1099MISC</b> (see page 3)	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage Interest <b>1098</b> (see page 2)	<input type="checkbox"/>	<input type="checkbox"/>
Education Expense – <input type="checkbox"/> 1098T & <input type="checkbox"/> Proof of Payment / Student Loan <input type="checkbox"/> 1098E	<input type="checkbox"/>	<input type="checkbox"/>
Other 1099s: <input type="checkbox"/> 1099A <input type="checkbox"/> 1099C <input type="checkbox"/> 1099SA <input type="checkbox"/> 1099LTC <input type="checkbox"/> 1099Q <input type="checkbox"/> 1099OID	<input type="checkbox"/>	<input type="checkbox"/>

New Client Please bring A copy of the most recent return  Photo ID  Social Security Cards for all dependants

How did you hear about us? \_\_\_\_\_



**ITEMIZED DEDUCTIONS  
INTEREST**

Standard Deduction \$25,100-MFJ, \$18,800HOH, \$12,500 Single

**MEDICAL**

Medical Insurance (no Pre-Tax)	
Dental/Vision Insurance (not Pre-Tax)	
LongTerm Care Insurance-Taxpayer	
LongTerm Care Insurance-Spouse	
DR	
DDS	
Rx Meds	
X-Ray, Labs, Hospitals	
Eye care & Supplies	
Hearing Aids & Supplies	
Medical or Diabetic Supplies	
Smoking, Weight Loss, Rehab Prog	
Assisted Living/Nursing Home	
(Less Insurance Reimbursements)	
<b>Total Medical \$</b>	
Medical Miles (#miles: _____)	

Medical miles before July 1st

**TAXES**

AZ Tax Paid <i>ESTIMATED</i>	
_____ State Tax Paid	
Real Estate Tax:	
Auto License (VLT)	
Sales Tax paid on Large Purchases <input type="checkbox"/> Auto <input type="checkbox"/> Boat <input type="checkbox"/> Airplane <input type="checkbox"/> _____	
Non-taxable income for addl Sales Tax deduction <input type="checkbox"/> Adoption <input type="checkbox"/> Foster <input type="checkbox"/> Child Support <input type="checkbox"/> VA <input type="checkbox"/> _____	

(\* New or Changed for AZ State return)

Home Mortgage <input type="checkbox"/> 1098	
Home Equity Loan <input type="checkbox"/> 1098	
P M I	
2'nd Home/Motor Home <input type="checkbox"/> 1098	
Private Mortgage <input type="checkbox"/> No 1098	
Name _____	
SSN _____	
Address _____	
Points on Refi. <input type="checkbox"/> 1HUD-1	
Margin Interest <input type="checkbox"/> 1099	
Other Investment Interest	

**\$ CONTRIBUTIONS \$**

House of Worship	
<b>AZ State Charity Credits:*</b>	
Qual Charitable Org <input type="checkbox"/> AZ321	
Qual Foster Care Org <input type="checkbox"/> AZ321	
Public Schools <input type="checkbox"/> AZ322	
Private Tuition Aid <input type="checkbox"/> AZ323	
Military Family Relief <input type="checkbox"/> AZ340	

**NON-CASH CONTRIBUTIONS\*\***

1)	
2)	
<b>Total **</b>	
Charity Miles # Miles _____)	

(\* \*\* If over \$500 additional detail required)

**ESTIMATED TAXES PAID**

Due	Mailed	IRS	Ariz.	_____
Applied from last yr				
April 15				
June 15				
Sept 15				
Jan 15				

**MISCELLANEOUS**

Investment Acct Fees	
Investment Publication	
Casualty & Theft	
Gambling	
Tax Prep	
Safety Deposits Box	
Moving Expenses (Job Related)	

**EMPLOYEE BUSINESS EXPENSE**

	Taxpayer	Spouse
Educator Expenses		
Auto Miles: Total		
Business		
Commuting		

### SELF EMPLOYMENT INCOME

	\$ Amount	\$ Amount
Business Name		
EIN (if available)		
Owner ( <input type="checkbox"/> Taxpayer <input type="checkbox"/> Souise) <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC
Home Office? Sq Ft Office Home	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Gross Receipts or Sales <input type="checkbox"/> 1099MISC	\$	\$
Purchases of Inventory		
EOY Ending Inventory		
Advertising		
Auto - Yr: _____ Make _____	# Miles: _____	# Miles: _____
Gas, Oil Mtce \$ _____ Total: _____		
Interest Pd \$ _____ Business: _____		
License/Reg \$ _____ Commuting: _____		
Contract Labor (1099 Misc Issued <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA)		
Insurance (not health)		
Insurance (SE Health)		
Interest (not auto)		
Legal, Professional, Tax Prep		
Office Expense		
Rent – Equipment		
Rent – Building		
Repairs & Maintenance		
Supplies		
Taxes & License		
Travel		
Meals & Entertainment		
Utilities & Telephone		
Wages		
Payroll Taxes		
<i>Business Miles Before July 1st, 2022</i>		
<i>Business Miles After June 30, 2022</i>		
Business Assets purchased/sold this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached

### RENTALS/ROYALTIES

Property Description.	1	2	3
Gross Rents /Royalties			
Advertising			
Auto (# miles)			
Cleaning			
Commissions			
Insurance - Real Estate			
Insurance – Mortgage (PMI)			
Legal, Professional, Tax Prep			
Management Fees			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Other Interest			
Management Fees			
Repairs / Maintenance			
Supplies			
Taxes –Real Estate			
Taxes - Other			
Travel			
Utilities & Telephone			
HOA Fees			
Bank / Collection Fees			
1099 Misc Issued	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
Improvements made this year?	<input type="checkbox"/> List attached	<input type="checkbox"/> List attached	<input type="checkbox"/> List attached
If new/sold-provide HUD-1 stmt.	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale

#### NOTES


## GAINS & LOSSES FROM SALES OF REAL ESTATE, PERSONAL PROPERTY & COLLECTIBLES

IRS Requires  Form 1099B Broker Statements for all sales of Stocks, Bonds, and Mutual Funds

Description	Buy Date	Sell Date	Sale Price	Cost

Provide  1099S and HUD-1 closing documents (both  purchase  sale) for any Real Estate transactions

### OTHER INFORMATION, INCOME, ADJUSTMENTS or CREDITS

	Taxpayer	Spouse
Did anyone else other than your spouse or dependents live in your home	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have a Foster Child <input type="checkbox"/> Caseworker Placement Letter (required)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have a Foreign Financial Account or interest in a Foreign Trust	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you receive any notices from the <input type="checkbox"/> IRS or <input type="checkbox"/> AZ DOR <input type="checkbox"/> Copy Attached	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you foreclose or abandon any Real Estate <input type="checkbox"/> Primary Res <input type="checkbox"/> Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have any debt cancelled or forgiven this year <input type="checkbox"/> 1099C	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you gift more than \$14,000 to any one individual	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you install solar or other energy efficient home improvements	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Sharing Economy Income <input type="checkbox"/> Airbnb <input type="checkbox"/> Lyft <input type="checkbox"/> Uber <input type="checkbox"/> Other _____		
Tips not Reported to Employer	\$	\$
Taxable Grants, Scholarships, or Fellowships	\$	\$
Jury Duty payments received	\$	\$
Alimony Received (Alimony does not include child support)	\$	\$
Alimony Paid to: Name _____ SSN _____ Address _____	\$	\$
IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
Roth IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
Keogh/SEP Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
529 Education Savings Plan Contributions (Now deductible for AZ up to \$4,000)	\$	\$
Health Savings Account <input type="checkbox"/> Contributions <input type="checkbox"/> Distributions		
College Tuition & Fees Paid <input type="checkbox"/> 1098T <input type="checkbox"/> Proof of Payment (required)	\$	\$
If Paid by Student Loan, who's responsible to repay <input type="checkbox"/> Parent <input type="checkbox"/> Student		
Claimed American Opportunity or Hope Credits before <input type="checkbox"/> Y <input type="checkbox"/> N # years:		
Student Loan Paid <input type="checkbox"/> 1098E	\$	\$
<input type="checkbox"/> Adoption Credit <input type="checkbox"/> Special Needs ( <input type="checkbox"/> Adoption Order <input type="checkbox"/> Subsidy Agreement)		
Do you have any BitCoin or other Cryptocurrency?		

### DAYCARE EXPENSES

Provider _____ SSN/EIN _____ Amount Pd \$ _____ Address _____ Zip _____ For Dependent(s) _____	Provider _____ SSN/EIN _____ Amount Pd \$ _____ Address _____ Zip _____ For Dependent(s) _____
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### OTHER ITEMS or NEXT YEAR CHANGES YOU'D LIKE TO DISCUSS


***Thank you for your continued business. We look forward to seeing you soon!***