



Davis, Nagy & Company LLC 2022 TAX QUESTIONNAIRE

1270 S Cleveland-Massillon Rd Unit A, Copley, OH 44321

(330) 665-9405 (Phone)

(330) 937-9140 (Fax)

www.davisnagycpa.com

Please make sure this questionnaire is saved to your computer before you fill it out.

Davis, Nagy & Company LLC holds the right to ask for paper documentation of any or all of the information provided.

General Information

TAXPAYER

Last Name:
 First Name:
 Middle Initial:
 Social Security #:
 Date of Birth:
 Current Employer:
 Occupation in 2022:

SPOUSE

Complete the applicable spouse fields if married as of Dec. 31, 2022

Last Name:
 First Name:
 Middle Initial:
 SSN or ITIN:
 Date of Birth:
 Current Employer:
 Occupation in 2022:

Filing Status: ☐ Married Filing Joint ☐ Married Filing Separate ☐ Head of Household ☐ Single
 (Select one)

Deductions: ☐ Standard ☐ Itemized
 (Select one)

Referred By: (new clients)

Contact Information

Primarily, you will be contacted by email.

Email next to primary email address

Email Work: ☐
 Email Personal: ☐
 Email Other: ☐

Telephone:

Work
 Mobile
 Home

Current Address: (street, city, state, zip)

From (mm/dd/yy)

To (mm/dd/yy)

Mailing Address for IRS correspondence, if different (i.e., PO Box, work address, etc.)

Residency & Employers

Complete if you lived at any other location during 2022:

Taxpayer (T), Spouse (S), Joint (J)

T/S/J Address (street, city, state, zip)

From (mm/dd/yy)

To (mm/dd/yy)

Employers during 2022:

Taxpayer (T), Spouse (S)

T/S	Employer:	Occupation	From	To	Where worked (state or country)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Dependents

(Do not list spouse)

First Name, Initial, Last Name	SSN or ITIN	Date of Birth (mm/dd/yy)	Relationship to You	Childcare Expenses While You Are At Work* (incurred & paid in 2022)

Dependent Childcare Expenses Incurred while you [and spouse] were working or looking for work

Care Provider's Name	Care Provider's Address	SSN or EIN	Amount Paid

☐ Check to indicate that you have been claimed as a dependent on **someone else's** tax return this year.

If you have a dependent child for whom you paid **college/university tuition**, please refer to the [education worksheet](#)

Direct Deposit & Electronic Funds Withdrawal

Name of US Bank (must be a US bank)

☒ Checking ☐ Savings

Routing Number (9-digit number on the bottom left of a check)

Account Number

OR Voided Check Attached ☐

Electronic Withdrawal of any Tax Balance Due

Please select a withdrawal date.

Note: If no date is selected, you will have to mail in a check for any tax balance due

☐ April 15 ☐ The date the tax return is e-filed

IRA Contributions

Tax Year 2022, maximum contribution is \$6,000 per person (to age 49), and \$7,000 (age 50 and older).

A 2022 IRA contribution can be made up to April 17, 2023.

	TAXPAYER	SPOUSE
IRA Traditional	\$ <input type="text"/>	\$ <input type="text"/>
or IRA Roth	\$ <input type="text"/>	\$ <input type="text"/>

(Note: please do not list 401K contributions. An IRA is something set up by you personally, not through your work.)

Mortgage Interest & Property Tax

Amounts for up to two residences (can be in the U.S. or abroad) that you lived in during 2022.

For rental properties, please list separately on the [Rental](#) worksheet.

	TAXPAYER	SPOUSE	JOINT	Reported on Form 1098
Mortgage Interest	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
Primary residence	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
and second home only	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
	0	0	0	<input type="checkbox"/>

Points Paid (if any) \$ \$ \$ ☐



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Property Tax (primary residence)	\$		\$		\$		<input type="checkbox"/>
Property Tax (second home)	\$		\$		\$		<input type="checkbox"/>
Property Tax (additional homes)	\$		\$		\$		<input type="checkbox"/>
		0		0		0	

Additional Information: Please check if any of these situations apply to you.

- ☐ The total of your mortgage balance(s) was more than \$1,100,000 during 2022 (including primary home plus second home)
- ☐ You sold a home during 2022

Charitable Contributions

Must be to a Qualified U.S. Charity

Charitable contributions must be supported with a donation receipt, letter or bank record.

Contributions of clothing and household goods must be in good used condition or better.

	TAXPAYER	SPOUSE	JOINT
Cash, Checks, or Credit Cards	\$	\$	\$
Noncash	\$	\$	\$

***If noncash charity totals more than \$500, please either email or fax us your receipts OR provide the following:**

Name of Charity	Address of Charity	Goods Donated (clothes, etc.)	Date Donated	Used Value

For values, go to: [Salvation Army Donation Value Guide](#)

Note: Donation of stock/securities is a non-cash donation.

Other Deductions/Expenses

Deductions:

	TAXPAYER	SPOUSE	JOINT
Total Medical Expense	\$	\$	
Prescription	\$	\$	
Doctor visits	\$	\$	
Hospitals & Nursing homes	\$	\$	
Margin Interest	\$	\$	\$
Personal Property Taxes	\$	\$	\$
Adoption Expenses	\$	\$	\$
Early Withdrawal Penalties	\$	\$	\$
HSA Contribution for 2022 (contributed by you, not your employer)	\$	\$	

Student Loan Interest Paid: \$ TAXPAYER \$ SPOUSE (only interest is deductible, not principal)

If your adjusted gross income is greater than \$85,000 (single) or \$170,000 (married), you cannot claim the deduction.

Tuition & Scholarships

If you or your spouse were a student during 2022, or you paid for your dependent child's college/university tuition,



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please complete the [Education](#) worksheet.

Checklist of Forms to Send Davis, Nagy & Company LLC

Generally, you do not need to fill out income amounts on the questionnaire as we can get them directly from tax forms that you have received from the payers. **Please scan & email, fax, mail or drop off all such forms.** For some items, additional information will be needed, see below.

Check each you received (or should receive) for 2022. You only need to send the form:

	TAXPAYER	SPOUSE	JOINT	
Wages (Form W-2)	<input type="checkbox"/>	<input type="checkbox"/>		
Self-Employment (Form 1099-NEC) *	<input type="checkbox"/>	<input type="checkbox"/>		*Also complete Self Employment worksheet
Interest (1099-INT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Interest Income Statements
Dividends (1099-DIV)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Dividend income statements
Sales of Securities (Form 1099-B) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Also complete Trades worksheet
Unemployment Compensation (1099-G)	<input type="checkbox"/>	<input type="checkbox"/>		
Tax Overpayment (1099-G)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*State and local tax refunds received during 2022
Partnership/S-Corp/Trust/Estate (Sch. K-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement Distributions (1099-R)*	<input type="checkbox"/>	<input type="checkbox"/>		*Pensions and annuities/Retirement plan distribution
Prizes and Awards	<input type="checkbox"/>	<input type="checkbox"/>		
Mortgage Interest (Form 1098)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Student Loan Interest (1098-E)	<input type="checkbox"/>	<input type="checkbox"/>		
Tuition Expense (Form 1098-T)	<input type="checkbox"/>	<input type="checkbox"/>		
HSA or Archer MSA (5498-SA or 1099-SA)	<input type="checkbox"/>	<input type="checkbox"/>		
2020 and 2021 Tax Return (New Clients Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Form 1099	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify: <input type="text"/>

For these items, please click on the link to provide additional information:

	TAXPAYER	SPOUSE	JOINT
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Income and/or Accounts*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note: Potential fines have increased for not reporting foreign accounts with combined balances in excess of \$10K.

Tax Credits

Check all that apply:

Elderly Credit ☐
 Education Credit ☐
 Retirement Savings Contribution ☐
 Electric vehicle ☐

Child Tax Credit ☐
 Child & Dependant Care ☐
 Adoption Credit ☐
 Other ☐

Specify:

State Sales and Use Tax

Total amount of sales tax you owe from out of state purchases:

\$

For example, you are an Ohio resident and lived in Akron all year which has a 6.75% sales tax rate. In 2022, you purchased, tax free, goods online or out of state totaling about \$1,000 (excluding the shipping and handling charges). You would report \$67.50 of sales tax.



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Estimated Tax Payments

Prepayments of tax that you sent in during the year, usually by check along with a voucher (e.g., Form 1040-ES for federal estimated tax payments). Do not enter taxes withheld here.

TAXPAYER

FEDERAL PAYMENTS:

QTR	Due Date	Date paid if later than due date	Amount
1	04/18/22		\$
2	06/15/22		\$
3	09/15/22		\$
4	01/16/23		\$

STATE:

1	04/18/22		\$
2	06/15/22		\$
3	09/15/22		\$
4	01/16/23		\$

Locality:

1	04/18/22		\$
2	06/15/22		\$
3	09/15/22		\$
4	01/16/23		\$

SPOUSE

FEDERAL PAYMENTS:

QTR	Due Date	Date paid if later than due date	Amount
1	04/18/22		\$
2	06/15/22		\$
3	09/15/22		\$
4	01/16/23		\$

STATE:

1	04/18/22		\$
2	06/15/22		\$
3	09/15/22		\$
4	01/16/23		\$

Locality:

1	04/18/22		\$
2	06/15/22		\$
3	09/15/22		\$
4	01/16/23		\$

Special Situations

If any of these apply, please indicate which ones and provide additional information:

- ☐ You received a notice in 2022 of a tax adjustment or audit, or settled an audit.
- ☐ You gave a gift of more than \$15,000 to any one donee during 2022(in this case, you may need to complete a gift return).
- ☐ You paid or received alimony.
- ☐ You had income not otherwise indicated on the questionnaire
- ☐ You installed property run by solar or geothermal in your home.
- ☐ You employed a nanny or other household employee during 2022 to whom you paid more than \$1,600
- ☐ You contribute to Ohio's 529 College Savings Program
- ☐ You had Gambling and/or lottery winnings in 2022
- ☐ You had farm-related expenses (please provide receipts, your records, and any other documents)

If you have other situations or questions, list them here, call, or send an email:

Note: To start a new line, press ALT-ENTER.



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**PLEASE SAVE THIS QUESTIONNAIRE, THEN SEND IT AS AN E-MAIL ATTACHMENT
OR UPLOAD TO OUR PORTAL**

Thank you for completing the questionnaire. Please upload your tax documents to your secure client portal (if you need set up with a secure portal please email beth@davisnagycpa.com) or mail the information to our office.

Paper items received by other means will be scanned and then returned to you with your completed return. If you're a new client, we also need a copy of your 2020 and 2021 tax returns, if filed. Please do not send expense receipts; only provide the totals for each type of expense which you should have already entered on the questionnaire.

Reminder: Your tax return cannot be filed without your signature.

Davis, Nagy & Company LLC

Certified Public Accounting Firm

1270 S Cleveland-Massillon Rd Unit A, Copley, OH 44321

Tel: 330.665.9405; Fax: 330.937.9140

beth@davisnagycpa.com

[Click here to go back to questionnaire](#)

2022 Self-Employment Information

Please fill in all fields that apply to you.

Taxpayer:

Spouse:

Type of Business:
(please be specific, e.g., if consultant, in what field?)

Type of Business:

Business Address:
(if different from home)

Business Address:

Business Name:
(if not your own name)

Business Name:
(if not your own name)

EIN Number:
(if applicable)

EIN Number:
(if applicable)

Self-Employment Income

TAXPAYER

Reported on Form 1099-NEC

Payer	Amount
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
Cash Income	\$ <input type="text"/>

SPOUSE

Payer	Amount
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
Cash Income	\$ <input type="text"/>

Self Employment Expenses

TAXPAYER

	Amount
Advertising	\$ <input type="text"/>
Health Insurance	\$ <input type="text"/>
Other Insurance	\$ <input type="text"/>
Tax Preparation Fee Paid in 2022	\$ <input type="text"/>
Other Legal/Professional Fees	\$ <input type="text"/>
Computer Equipment	\$ <input type="text"/>
Office Supplies	\$ <input type="text"/>
Office Rent (other than home)	\$ <input type="text"/>
Repairs	\$ <input type="text"/>
Supplies (other than office)	\$ <input type="text"/>
Travel & Lodging	\$ <input type="text"/>
Meals & Entertainment	\$ <input type="text"/>
Research	\$ <input type="text"/>
Telephone	\$ <input type="text"/>
Internet	\$ <input type="text"/>
Dues & Fees	\$ <input type="text"/>
Client Gifts (limit \$25 each)	\$ <input type="text"/>
Education & Seminars	\$ <input type="text"/>
Postage	\$ <input type="text"/>
Local Transportation	\$ <input type="text"/>
Trade Publications	\$ <input type="text"/>

SPOUSE

	Amount
Advertising	\$ <input type="text"/>
Health Insurance	\$ <input type="text"/>
Other Insurance	\$ <input type="text"/>
Tax Preparation Fee Paid in 2022	\$ <input type="text"/>
Computer Equipment	\$ <input type="text"/>
Other Legal/Professional Fees	\$ <input type="text"/>
Office Supplies	\$ <input type="text"/>
Office Rent (other than home)	\$ <input type="text"/>
Repairs	\$ <input type="text"/>
Supplies (other than office)	\$ <input type="text"/>
Travel & Lodging	\$ <input type="text"/>
Meals & Entertainment	\$ <input type="text"/>
Research	\$ <input type="text"/>
Telephone	\$ <input type="text"/>
Internet	\$ <input type="text"/>
Dues & Fees	\$ <input type="text"/>
Client Gifts (limit \$25 each)	\$ <input type="text"/>
Education & Seminars	\$ <input type="text"/>
Postage	\$ <input type="text"/>
Local Transportation	\$ <input type="text"/>
Trade Publications	\$ <input type="text"/>

LIST OTHER SELF-EMPLOYMENT BUSINESS EXPENSES:

Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Self-Employed Retirement Plan (Keogh and SEP)

If you've already contributed to a SEP or Keogh:

2022 SEP contribution \$
 2022 Keogh contribution \$

2022 SEP contribution \$
 2022 Keogh contribution \$

If not, do you want us to calculate your maximum 2022 SEP contribution?

Taxpayer: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No

Home Office

General Rules:

To qualify, a portion of your home or a separate structure must be used exclusively on a regular basis:

- (1) As the principal place of your business (this includes a place where you conduct administrative or management activities of the business if there is no other fixed location to conduct them), or
- (2) as a place where you meet clients in the normal course of business.

Note: Do not fill in an amount for rent if you own your home.

If you lived at more than one location during the year, please complete expenses separately:

TAXPAYER

Location 1: Address

Dates worked: From to

Total area of home (sq. ft.)

Area used exclusively for business (sq. ft.)

Rent \$ X months = \$

Utilities \$ X months = \$

Repairs and maintenance expense \$

Home insurance (total for year) \$

Location 2: (If you moved during the year)

Dates worked: From to

Total area of home (sq. ft.)

Area used exclusively for business (sq. ft.)

Rent \$ X months = \$

Utilities \$ X months = \$

Repairs and maintenance expense \$

Home insurance (total for year) \$

SPOUSE

Location 1: Address

Dates worked: From to

Total area of home (sq. ft.)

Area used exclusively for business (sq. ft.)

Rent \$ X months = \$

Utilities \$ X months = \$

Repairs and maintenance expense \$

Home insurance (total for year) \$

Location 2: (If you moved during the year)

Dates worked: From to

Total area of home (sq. ft.)

Area used exclusively for business (sq. ft.)

Rent \$ X months = \$

Utilities \$ X months = \$

Repairs and maintenance expense \$

Home insurance (total for year) \$

Home Owners:

If you own your home and you wish to claim depreciation of the office portion, please complete the following (*unless you previously provided this information*) :

Adjusted Basis of Property:

\$		Purchase Price of Property
\$		Settlement Costs (abstract fees, legal fees, recording fees, surveys, transfer taxes, title insurance)
\$		Capital Improvements made to property before it was made available for rent:
\$	0	= TOTAL ADJUSTED BASIS

Value of land in price of property:

\$ (Note: Land is not a depreciable asset)

Vehicle Expenses

List only vehicle expenses that apply to self-employment (see Employee Expenses tab for W-2 related vehicle use)

Note: If you used more than one vehicle during the year, I will need the expenses listed separately for each vehicle.

Vehicle 1:

Year, make and model
Dates used: From to
Total miles for year (personal & business)
Total business miles
Is another vehicle available for personal use: ☐ Yes ☐ No
Is your vehicle leased? ☐ Yes ☐ No
If owned, purchase price of vehicle \$
Date of purchase
Tolls (business) \$
Parking (business) \$

If you want me to calculate actual expenses, which may be more than standard mileage:

List total expenses incurred between the dates below:
(I will calculate the business percentage)

From	1/1/22	to	12/31/22
Gas & oil	\$		
Repairs/tires	\$		
Lease payments	\$		
Auto Insurance	\$		
Garage rent	\$		
Auto Club (AAA)	\$		

Vehicle 2:

Year, make and model
Dates used: From to
Total miles for year (personal & business)
Total business miles
Is another vehicle available for personal use: ☐ Yes ☐ No
Is your vehicle leased? ☐ Yes ☐ No
If owned, purchase price of vehicle \$
Date of purchase
Tolls (business) \$
Parking (business) \$

If you want me to calculate actual expenses, which may be more than standard mileage:

List total expenses incurred between the dates below:
(I will calculate the business percentage)

From	1/1/22	to	12/31/22
Gas & oil	\$		
Repairs/tires	\$		
Lease payments	\$		
Auto Insurance	\$		
Garage rent	\$		
Auto Club (AAA)	\$		

Estimated Tax Payments

Please complete on the main section of the questionnaire.

2022 Foreign Income & Accounts

Foreign Income

All tax residents filing Form 1040 are required to report worldwide income.

Please do not include any foreign income & foreign tax payments that are reported on Form 1099-DIV

Taxpayer (T), Spouse (S), Joint (J)

T/S/J	Type of Income: (wages, interest, etc.)	Name of Payer	Currency (euro, etc.)	Gross Income (foreign currency)	Income Converted to US Dollars*	Gross Tax Paid (foreign currency)	Tax Converted to US Dollars*
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$

Foreign Accounts

If you had, in all foreign accounts combined, over \$10,000 at any time during 2022, please provide information below for each account. This is required to be reported to the Treasury Department. **Noncompliance could result in severe penalties.**

Taxpayer (T), Spouse (S), Joint (J)

T/S/J	Type of Account:	Account Number:	Name of Financial Institution
	<input type="checkbox"/> Bank		
	<input type="checkbox"/> Security	Maximum Acct Value in 2022	Address of Financial Institution
	<input type="checkbox"/> Other	US \$	

T/S/J	Type of Account:	Account Number:	Name of Financial Institution
	<input type="checkbox"/> Bank		
	<input type="checkbox"/> Security	Maximum Acct Value in 2022	Address of Financial Institution
	<input type="checkbox"/> Other	US \$	

T/S/J	Type of Account:	Account Number:	Name of Financial Institution
<input type="text"/>	<input type="checkbox"/> Bank	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Security	Maximum Acct Value in 2022	Address of Financial Institution
	<input type="checkbox"/> Other <input type="text"/>	US \$ <input type="text"/>	<input type="text"/>

T/S/J	Type of Account:	Account Number:	Name of Financial Institution
<input type="text"/>	<input type="checkbox"/> Bank	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Security	Maximum Acct Value in 2022	Address of Financial Institution
	<input type="checkbox"/> Other <input type="text"/>	US \$ <input type="text"/>	<input type="text"/>

T/S/J	Type of Account:	Account Number:	Name of Financial Institution
<input type="text"/>	<input type="checkbox"/> Bank	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Security	Maximum Acct Value in 2022	Address of Financial Institution
	<input type="checkbox"/> Other <input type="text"/>	US \$ <input type="text"/>	<input type="text"/>

Information for Foreign Earned Income Exclusion

Please only complete this section if you:

- 1 Are a U.S. citizen or greencard holder
- 2 Were based living and working in a foreign country for any part of the year
- 3 Have entered the foreign income you earned in the section above.

Foreign Address during 2022

From (mm/dd/yy)

To (mm/dd/yy)

TAXPAYER

Principal Foreign Employer during 2022:

Employer's Name:

Employer's US Address (if any):

Employer's Foreign Address:

Type of Company:

- ☐ Foreign Entity
☐ U.S. Company
☐ Self
☐ Foreign Affiliate of a U.S. Company
☐ Other (specify)

Date you moved outside the U.S.:

SPOUSE

Principal Foreign Employer during 2022:

Employer's Name:

Employer's US Address (if any):

Employer's Foreign Address:

Type of Company:

- ☐ Foreign Entity
☐ U.S. Company
☐ Self
☐ Foreign Affiliate of a U.S. Company
☐ Other (specify)

Date you moved outside the U.S.:

Living Quarters Abroad:

- ☐ Purchased home
☐ Rented house or apartment
☐ Rented room
☐ Quarters furnished by Employer

Foreign Currency
 Amount

US Dollar
 Conversion

If renting, what were your total housing costs for the year (while working abroad)?

*(Include rent, utilities (except phone), insurance, parking, repairs, furniture rental)

☐ No

T/S/J

Date Left US
(mm/dd/yy)[illegible]

356

Number of full days in foreign countries

Spouse:

Spouse:

☐ Yes ☐ No

If yes, was it rented out? ☐ Yes ☐ No

If rented out:

- 1 Names of Occupants
- 2 Occupants relationship to you
- 3 Please complete the **Rental** worksheet.

2022 Rental Property Worksheet

General Information:

Taxpayer: Spouse:

If married, is the house owned jointly? ☐ Yes ☐ No → If not, who is the owner? ☐ Taxpayer ☐ Spouse
 Do you [and spouse] own 100% of the property? ☐ Yes ☐ No → If not, list ownership percentage

Address of property:

Date property was placed in service (made available for rent). This can be in a past year:

Date, if any, property was no longer available for rent:

Is the entire property available for rental use? ☐ Yes ☐ No → If not, percentage rented out

Rental Income and Expenses

Rental income for the entire tax year: \$

Rental Expenses:

Amount

Advertising	\$	<input type="text"/>		
Travel	\$	<input type="text"/>		
Cleaning & Maintenance	\$	<input type="text"/>		
Commissions	\$	<input type="text"/>		
Insurance	\$	<input type="text"/>	Rental amount (if not fully rented)	
Legal & Professional Fees	\$	<input type="text"/>	0%	\$ <input type="text" value="0"/>
Management Fees	\$	<input type="text"/>		
HOA Fees	\$	<input type="text"/>		
Mortgage Interest	\$	<input type="text"/>	0%	\$ <input type="text" value="0"/>
Real estate taxes	\$	<input type="text"/>	0%	\$ <input type="text" value="0"/>
Repairs	\$	<input type="text"/>		
Supplies	\$	<input type="text"/>		
Water & Sewer	\$	<input type="text"/>	0%	\$ <input type="text" value="0"/>
Garbage Removal	\$	<input type="text"/>	0%	\$ <input type="text" value="0"/>
Utilities	\$	<input type="text"/>	0%	\$ <input type="text" value="0"/>
Garden Maintenance	\$	<input type="text"/>	0%	\$ <input type="text" value="0"/>

Description

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

List any capital improvements made to the property during the tax year:

These are improvements made to your home that add to its value, prolong its useful life, or adapt it to new uses.
 (Examples include replacements or additions such as roof, carpet, boiler, rooms, patio, driveway, central air, windows, etc.)

Type of Improvement	Cost	Date
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Cost Basis of Property

Only provide if you are a new client or have a new rental property.

Adjusted Basis of Property:

\$	<input type="text"/>	Purchase Price of Property
\$	<input type="text"/>	Settlement Costs (abstract fees, legal fees, recording fees, surveys, transfer taxes, title insurance)
\$	<input type="text"/>	Capital Improvements made to property before it was made available for rent:

\$ = TOTAL ADJUSTED BASIS

(Note: If you converted a personal property to a rental property, your basis is the lesser of the fair market value or the adjusted basis of the property).

Value of land in price of property:

\$ (Note: Land is not a depreciable asset)

Depreciation: *(new clients only)*

\$ Total depreciation claimed in prior years, if known

For more information, see [IRS Publication 527: Residential Rental Property](#)

2022 Higher Education

Degree/Program Study at Eligible Educational Institution during 2022

TAXPAYER ☐ Freshman or Sophomore ☐ Undergraduate - Other ☐ Graduate - MBA ☐ Graduate - Other ☐ Other*

SPOUSE ☐ Freshman or Sophomore ☐ Undergraduate - Other ☐ Graduate - MBA ☐ Graduate - Other ☐ Other*

* Other, Specify:

Name of college or university attended:

Tuition & Fees Paid in 2022

	TAXPAYER	SPOUSE
Total amount of tuition & fees	\$ <input type="text"/>	\$ <input type="text"/>
Required books & supplies	\$ <input type="text"/>	\$ <input type="text"/>

The expenses above may qualify for you for the hope credit, lifetime learning credit, or tuition deduction.

Scholarship and Fellowship Income Received in 2022

- | | |
|-------------------------|---|
| \$ <input type="text"/> | 1 Total amount of scholarship/fellowship grants received |
| \$ <input type="text"/> | 2 Amt of line 1 received for <u>performing services</u> (e.g., teaching, research, or any other service).
This should be reported on a Form W2 or Form 1042-S (income codes 16-19). It is taxable as wages. |
| \$ <input type="text"/> | 3 (Amt of scholarship received for which no services were performed.) |
| \$ <input type="text"/> | 4 Enter the amount from line 3 that your scholarship or fellowship required you to use for anything
other than tuition, fees, books & supplies (<u>e.g., room & board, travel, etc.</u>) |
| \$ <input type="text"/> | 5 |
| \$ <input type="text"/> | 6 Enter the amount from line 5 that was used for <u>tuition, fees & required books, supplies</u> .
(This is the tax-free part of your scholarship) |
| \$ <input type="text"/> | 7 |
| \$ <input type="text"/> | 8 (This is the taxable part of your scholarship) |

Did you participate in an employer provided educational assistance program? ☐ Yes ☐ No

Claiming a credit for your dependent child's tuition

Amount of tuition and fees you paid for your child's college/university education during 2022: \$

Child must be:

- 1 Claimed as a dependent on your tax return
- 2 Between the ages of 18 and 23 during 2022
- 3 A full-time student

Name of child:
College Attended:

☐ Freshman or Sophomore ☐ Undergraduate - Other ☐ Graduate

[Click here to go back to questionnaire](#)

List of Possible Deductions by Category

The list below is not all-inclusive and not all items are deductible all of the time. Many are subject to limitations and many only apply in certain situations or are governed by other rules. Please keep careful records and save your receipts for 3 years in case of audit.

The following are links to each section:

[Business Expenses](#)

[Expenses you Cannot Deduct](#)

[Miscellaneous Schedule A Expenses](#)

[Medical Expenses](#)

Business Expenses

Employees:

After 2017, no longer a deduction

Self-Employed:

You are allowed to deduct most business expenses in full.

Advertising and Promotion Expenses (Self-employed)

Books and Publications

Books, trade journals, newspapers and publications for your trade or profession

Dues and Fees:

Dues to a professional organization for people in your profession

Union dues, initiation fees, and assessments for benefit payments to unemployed union members.

Regulatory fees for your profession

Dues to chambers of commerce and similar organizations if the membership helps you carry out your job duties.

Licenses paid to state or local governments

Education and Research

Educational expenses related to your present work that maintains or improves your skills.

Research expenses

Equipment and Supplies

Business use of computer.

Employees: Must be for the convenience of your employer and required as a condition of your employment.

Supplies and tools you use in your work

Home Office

Expenses for an office in your home if part of the home is used regularly and exclusively for your work. Not available for W-2 employee

Internet

Self employed business deduction if used for business

Meals and Entertainment

Meals (only 50% of the cost is deductible). Entertainment is no longer deductible. Keep a record of the date, place, amount of expenses, people present, business purpose, and business discussed.

Telephone Charges

Business use of cellular phone

Cost of long-distance business calls charged to home phone

Separate business telephone (home phone line is not deductible)

Travel and Transportation

Traveling costs incurred while away from home on business

Traveling costs paid in connection with a temporary work assignment

Transportation between your home and a temporary work location if you have no regular place of work but you ordinarily work in the

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metropolitan area where you live and the temporary work location is outside that area

Transportation between your home and a temporary work location if you have at least one regular workplace for this employment. It doesn't matter how far away the temporary location is in this case.

Transportation from one job to another if you work two places in one day

If you are self-employed and your home is your principal place of business, all business travel is deductible.

Uniforms and Gear

Protective clothing and gear

Uniforms (except if you're full-time active duty in the armed forces)

Dry cleaning costs for your uniforms or protective clothing (not for your everyday clothing, though)

Specialized clothing designed for your job, as long as it's not suitable for everyday wear

Safety equipment, such as hard hats, safety glasses, safety boots, and gloves

Miscellaneous

Gifts, but only up to \$25 per recipient

Passport for business travel

Postage

Office supplies

Printing and copying

Legal and professional services (tax preparation fee)

Medical exams required by your employer

Occupational taxes if they're charged at a flat rate by your city or other local government for the privilege of working in that area

Business liability insurance premiums

Job dismissal insurance premiums

Damages you pay to a former employer for a breach of employment contract

Employee contributions to state disability funds

Self-Employed Only

Interest on business loans

Self-Employed health insurance (partial)

Commissions and fees

Business insurance

Keogh or SEP contributions

Rental of business property

Office rent and utilities

Repairs and maintenance

Business taxes and licenses

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Expenses You Cannot Deduct

People commonly hope to deduct some of the following expenses, but unfortunately they are not deductible.

Non-Deductible Expenses:

Expenses that were reimbursed or unreimbursed by your employer.

Apartment Rent, unless qualified to claim away from home expenses for a business trip expected to last one year or less (Temporary Living Expenses), or if a portion is used as a home office (special rules apply to both cases). Also, may be deductible if maintained for the sole purpose of going to school if your education expenses qualify for the business deduction.

Clothing that is adaptable to everyday wear (this includes suits, evening wear, etc.).

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Commuting costs (subways and rail fares, and vehicle use including tolls, gasoline, and parking). Exception if qualified as being away from home on business or as part of Temporary Living Expenses.

Dues to country clubs, golf and athletic clubs, and airline and hotel clubs.

Home phone line

Job hunting expenses

Dry cleaning and laundry (unless you're on a business trip)

Legal fees and closing costs involved in purchasing a property (unless it is for a rental or investment property)

Fees for taking an exam to qualify you in a profession (e.g., Bar Exam, GRE, etc.)

Immigration visa expenses, such as for obtaining a Green Card or H-1B visa.

Moving expenses of any kind beginning in 2018

Moving expenses if you are claiming temporary living expenses.

Meals, unless for business meetings, or while away from home on business. Also, allowable as part of Temporary Living Expenses.

Lunch on the job.

Personal expenses, such as grooming and maintenance (gym membership) unless they are directly related to your business (e.g. models, actors).

Any other personal expenses for which there is no provision for a deduction in the Tax Code.

Interest on personal loans.

Support of family members, unless they qualify as your dependents.

Personal vacations.

Cosmetic surgery to improve personal appearance

Contributions made to individuals or foreign charities.

Student loan interest if adjusted gross income is greater than \$85,000 (single) or \$170,000 (married).

Student loan principal.

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Miscellaneous Schedule A Expenses

Real estate expenses:

Mortgage interest

Mortgage prepayment penalties

Penalties of early withdrawals

Points on principal residence financing

Real estate taxes

Auto registration fees

Charitable contributions (cash and non-cash) made to qualified U.S. charities.

Taxes - Up to \$10,000

Ad valorem tax

Certain special assessments

Condo or coop maintenance (property tax portion)

Disability insurance tax (some states)

Foreign taxes

Income tax (state and local)

Occupational taxes

Personal property tax

Real property tax

State transfer tax

Withholding taxes

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Qualified Medical Expenses

Generally, you can only deduct the excess over 7.5% of Adjusted Gross Income, and then only if you can itemize on Schedule A. This means that if you make \$100,000, you can only deduct the amount of medical expenses you spent over \$7,500. Please also refer to IRS Publication 502: Medical Expenses.

- Acupuncture
- Air conditioner necessary for relief from allergies or other respiratory problems
- Alcoholism treatment
- Analysis
- Artificial limbs
- Artificial teeth
- Birth control pills prescribed by a doctor
- Braille books and magazines used by a visually-impaired person
- A clarinet and lessons to treat the improper alignment of a child's upper and lower teeth
- Contact lenses
- Cosmetic surgery to improve a deformity
- Dental fees and supplies
- Diet, special. When prescribed by a doctor, you can deduct the extra cost of purchasing special food to alleviate a specific medical condition.
- Doctor or physician expenses
- Drug addiction treatment
- Elastic hosiery to treat blood circulation problems
- Exercise program if recommended by doctor to treat a specific condition
- Extra rent/utilities for a larger apartment required in order to provide space for a nurse/attendant
- Eye surgery, when it is not for cosmetic purposes only
- Fertility treatment: Limited to procedures such as *in vitro* fertilization (including temporary storage of eggs or sperm) and surgery, including an operation to reverse prior surgery that prevented the person operated on from having children.
- Guide dog
- Hospital care
- Household help for nursing care services only
- Insurance premiums for medical care coverage
- Laboratory fees
- Lead-based paint removal where a child has or had lead poisoning
- Legal fees paid to authorize treatment for mental illness
- Lifetime care advance payments
- Lodging expenses while away from home to receive medical care in a hospital or medical facility
- Long-term care insurance and long term care expenses (with limitations)
- Mattresses and boards bought specifically to alleviate an arthritic condition
- Medical aids. This includes wheelchairs, hearing aids and batteries, eyeglasses, contact lenses, crutches, braces, and guide dogs (including costs paid for their care).
- Medical conference admission costs and travel expenses for a chronically ill person or a parent of a chronically ill child to learn about new medical treatments.
- Medicines and prescription drugs
- Nursing care.
- Nursing home expenses if the there to obtain medical care.
- Oxygen and oxygen equipment.

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Reclining chair bought on a doctor's advice by a person with a cardiac condition.
Special education tuition of mentally impaired or physically disabled person.
Smoking cessation programs.
Swimming costs, if therapeutic and prescribed by a physician.
Telephone cost, repair and equipment for a hearing-impaired person.
Television equipment to display the audio part of a TV program for hearing-impaired persons.
Transplants of an organ, but not hair transplants.
Transportation costs for obtaining medical care.
Travel expenses for parents visiting their child in a special school for children with drug problems, where the visits are part of the medical treatment.

Weight loss program, if it is recommended by a doctor to treat a specific medical condition or to cure any specific ailment or disease
Whirlpool baths prescribed by a doctor.
Wig for the mental health of a patient who lost his or her hair due to a disease.
X-ray services.

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