Michele Knight, CPA
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2022 Individual Tax Organizer

NOTES: 1) Audits are on the rise, you must retain receipts and backup for all tax items & expenses for at least 7 years.
2) Please upload, email or mail all docs at the same time, rather than piecemeal. Copies are preferred over originals.
3) Please do not send 5498 forms, 1095-B or C, receipts, annual statements or anything not specifically requested.
4) If you own a small business or rental property, please use the organizers found at www.cpamichele.com

	Taxpayer		Spouse
Name		Name	
SSN		SSN	
Occupation		Occupation	
Date of Birth		Date of Birth	
Email		Email	
Cell Phone #		Cell Phone #	
Driver's License: State, License #, Issue Date, Exp Date		Driver's License: State, License #, Issue Date, Exp Date	

Mailing Address (city, state, zip):

Direct Deposit Info:

Bank Name ______ Routing # ______ Account # ______

If you want your refund split between bank accounts or used to purchase US Savings Bonds, please note below.

Dependents' Name	SSN	Date of Birth	Age 12/31/22

Do any dependents have earned income > $12,400 or investment income > $2,200? If so, a return may be required.

For Daycare and Summer/Sports Camps (under age 13)

* Add list below if you need more space, must list amount paid per child

Child	Provider's Name	Provider's Address	Tax ID#	Amount Paid

For College & Grad Students:

*** Attach 1098-T, 1099-Q, and Savings Bond Info**

Student	# of year's completed as of 12/31/22	Name of School	Tuition Paid in 2022	Other Exp Paid in 2022

Total Annual Contributions to State's 529 Plan

Any notes on items listed on this page?

NOTES:

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INCOME SOURCES - Please include copies of the following source documents:

W-2 Wages or W-2G Gambling Income, SSA-1099 (Social Security Statement)

1099-R (pension), 1099-MISC (miscellaneous), 1099-INT (interest), 1099-DIV (dividends), 1099-G (government payments)

1099-B: Stocks, Bonds, Real Estate - **must provide Purchase Price & Date, Sales Price & Date**

Schedule K-1: Partnerships, S Corporations, Trust or Estate

Other Income: Alimony, jury duty, tips, prizes, awards, unreported tips

1095-A from State Health Insurance Marketplace (1095-B and 1095-C are NOT needed)

ESTIMATED TAX PAYMENTS - only list amounts you paid to the IRS and state on 2022 estimated tax vouchers

- do not include amounts paid towards prior year taxes

- do not include items paid or withheld through payroll, W-2, 1099 or other withholdings

	Date	Amount	Date	Amount	Date	Amount	Date	Amount
Federal		$ -		$ -		$ -		$ -
State		$ -		$ -		$ -		$ -

HEALTH SAVINGS ACCOUNTS **- do not include amounts listed on your W-2, only those made out of pocket**

	Taxpayer's Contribution	Spouse's Contribution
HSA Out of Pocket Contribution Amt	$ -	$ -
Was this a high deductible health plan?	yes / no	
Was this plan for an individual or family?	Individual / Family	

RETIREMENT CONTRIBUTIONS **- do not include amounts listed on your W-2, only those made out of pocket**

	Taxpayer's Contribution	Spouse's Contribution	Date Made
Trad'l IRA Contributions ALREADY made for 2022	$ -	$ -	
Roth IRA Contributions ALREADY made for 2022	$ -	$ -	
SEP Contributions ALREADY made for 2022	$ -	$ -	

If you want Knight Accounting to calculate your allowable contributions, please make note below of how much you plan to contribute before 4/15/2023 (or just write "MAXIMIZE")

Student Loan Interest Deduction **- do not include interest statements from student loan companies**

Loan Company Name	Taxpayer's Interest Paid	Spouse's Interest Paid
	$ -	$ -
	$ -	$ -

Did you receive, sell, send, exchange or acquire any interest in any virtual currency?

If taxpayer/spouse is a K-12 educator, did you spend $300 or more on supplies?

Did you add central air, boiler/furnace/fan, insulation, roof, water heater, or windows/doors to your home?

Cost	$ -	Description		
Amount of alimony paid?		$ -	Recipient's SSN	
Amount of alimony received?		$ -	Payor's SSN	
Date of Divorce				
Did you adopt a child?	yes / no	Total adoption expenses incurred?	$ -	

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ITEMIZED DEDUCTIONS

Actuals only, estimates are not acceptable.

MEDICAL EXPENSES: (only list if you feel they may exceed 7.5% of your income, or if you are self-employed)

Prescription Drugs	$ -	LongTerm Care-taxpayer	$ -
Doctors, Dentists	$ -	LongTerm Care-spouse	$ -
Hospitals, Clinics	$ -	Medical Eqpt & Supplies	$ -
Eyeglasses, Contacts	$ -		
Insurance Premiums paid out of pocket		# Miles Driven for Medical	

$ - **(do not include Medicare or premiums paid through an employer or paycheck)**

TAXES:

Do you claim a home office for business? (If yes, complete page 2 of small business organizer) yes / no

Real estate taxes paid on principal residence	$ -
Real estate taxes paid on add'l homes or land **(NOT RENTAL PROPERTIES)**	$ -
Car Registration Taxes	$ -
Total sales tax paid on large purchases (if greater than state income tax paid)	$ -

HOME MORTGAGE INTEREST - Please include copies of Form 1098 for each loan:

Mortgage Lender/Bank	Interest Paid
	$ -
	$ -
	$ -

Points Paid on Mortgage $ - Date Paid ____ Length of Mortgage ____

* CHARITABLE CONTRIBUTIONS: Attach list if add'l space is needed. Please include whether you itemize or not.

CASH: Unless eligible for CO-specific credit, do not send receipts, but keep for your records

Name of Charity	$ donated	Name of Charity	$ donated
	$ -		$ -
	$ -		$ -
	$ -		$ -
	$ -	# Charitable Miles Driven?	

NON-CASH: Salvation Army Donation Guide posted on www.cpamichele.com, under Downloads

Charity Name and Address	Est. Thrift Store Value	Est. Purch Price	Date Donated
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	

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