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PO Box 1263
St Helens, OR 97051
503-397-6993

YOUR 2022 PERSONAL TAX ORGANIZER

TAXPAYER:

LAST NAME: _____
FIRST NAME: _____
SOCIAL SEC: _____
OCCUPATION: _____
DATE OF BIRTH: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ E-MAIL: _____

SPOUSE:

LAST NAME: _____
FIRST NAME: _____
SOCIAL SEC: _____
OCCUPATION: _____
DATE OF BIRTH: _____

DEPENDENT INFORMATION FULL NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATION	MONTHS IN HOME 2022	DISABLED CHILD?

DO YOU SUPPORT OR DID ANYONE ELSE LIVE WITH YOU DURING THE YEAR?
DO DEPENDENTS HAVE INCOME? _____ IF YES, BRING IN INFORMATION.

CHECKLIST OF INCOME - BRING IN SOURCE DOCUMENTS

W-2s
UNEMPLOYMENT
SICK PAY
WORKERS COMP
TIPS
SOCIAL SECURITY
PENSION INCOME
IRA DISTRIBUTION
ROTH IRA DIST
1099-MISC
1099-INT INTEREST

TAX EXEMPT INTEREST
1099-DIV DIVIDENDS
STOCKS
STATE INC TAX REFUND
RENTAL INCOME
K-1s
SELF EMPLOYMENT INCOME
FARM INCOME
INSTALLMENT SALES
1099-SA HSA DISTRIBUTION
BUY OR SELL PROPERTY

1099-K MERCHANT SERVICES
ALIMONY PRE 2019 DIVORCE
FORM W-2G LOTTERY
GAMBLING WINNINGS
FOREIGN ACCOUNTS
DIGITAL (CRYPTO) CURRENCY
1095 A HEALTH INS MARKET
OTHER

DID YOU MAKE ANY ESTIMATED PAYMENTS? _____ BRING IN CANCELLED CHECKS OR PROOF OF PAYMENT

QUARTERLY ESTIMATE PAYMENTS:

FEDERAL

STATE

DATE PD / AMOUNT

CHECK #

DATE PD / AMOUNT

CHECK #

QTR 1 PAYMENT BY APRIL 15

QTR 2 PAYMENT BY JUN 15

QTR 3 PAYMENT BY SEPT 15

QTR Q 4 PAYMENT BY JAN 17, 2023

*****PLEASE CHECK OFF AND BRING IN SOURCE DOCUMENTS FOR ITEMS LISTED BELOW*****

MEDICAL EXPENSES

OREGON HAS A MEDICAL SUBTRACTION FOR AGE 65 OR OLDER ONLY. PLEASE SEPARATE THESE EXPENSES! INCLUDE ANY Form 1095's RECEIVED FOR HEALTH INSURANCE

FILL IN AMOUNTS:

TAXPAYER

SPOUSE

PRESCRIPTIONS:

DOCTORS/DENTISTS:

VISION/GLASSES:

NURSING HOMES:

MEDICAL PREMIUMS:

LONG-TERM INSURANCE:

MEDICAL MILEAGE:

@JAN 1-JUN 30 .18 ct/ MILE

@JUL 1-DEC 31 .22 ct/MILE

@JAN 1-JUN 30 .18 ct/MILE

@JUL 1-DEC 31 .22 ct/MILE

MED INS REIMBURSED:

TAXES PAID

FILL IN AMOUNTS & BRING IN SOURCE DOCUMENTS

PROPERTY TAXES: _____

PERSONAL PROPERTY TAXES: _____

OTHER TAXES: _____

MORTGAGE INTEREST PAID

HOME MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTION:

POINTS PAID: _____

HOME MORTGAGE INTEREST PAID TO INDIVIDUAL PARTY:

NAME: _____

ADDRESS: _____

SS #:

REFINANCE OF HOME:

INVESTMENT INTEREST:

MORTGAGE INSURANCE:

CHILD AND DEPENDENT CARE

NO. OF QUALIFYING DEPENDENTS EXPENSE
AMOUNT EACH

WAS SERVICE PERFORMED IN YOUR HOME?

DID EMPLOYER REIMBURSE?

IF YES, AMOUNT EMPLOYER PAID:

PROVIDER:

NAME: _____

ADDRESS: _____

SS# _____

or EMPLOYER ID # _____

CASH OR CHECK CONTRIBUTIONS

FILL IN AMOUNTS: PLEASE BRING IN RECEIPTS

MILEAGE: _____ @ \$0.14 PER MILE

CONTRIBUTIONS OTHER THAN CASH

(CLOTHES, ETC) PLEASE BRING IN RECEIPTS.

MISCELLANEOUS DEDUCTIONS

OTHER: _____

GAMBLING LOSSES: _____ STATE: _____

CONTRIBUTION TO KEOGH/SEP/IRA/529 PLAN

CONTRIBUTION TO KEOGH/SEP/ROTH

TAXPAYER IRA CONTRIBUTION

SPOUSE IRA CONTRIBUTION

529 TUITION CONTRIBUTION

DID YOU ROLL YOUR IRA INTO A ROTH IRA?

POLITICAL CONTRIBUTION-MUST BRING IN RECEIPT

POLITICAL CONTRIBUTION

BUSINESS MILEAGE-NUMBER OF MILES:

JAN 1 - JUN 30TH @ \$0.585 PER MILE

JUL1 - DEC 31ST @ \$0.625 PER MILE

DID YOU PAY FOR ANY EDUCATION?

DID YOU ADOPT A CHILD?

HSA CONTRIBUTION? (FORM 5498-SA)

OREGON SAVERS CONTRIBUTIONS

OTHER NOTE: _____