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 503-543-7195



1510 St. Helens St., Suite A
 PO Box 1263
 St Helens, OR 97051
 503-397-6993

YOUR 2022 PERSONAL TAX ORGANIZER

TAXPAYER:

SPOUSE:

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

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 | TAX EXEMPT INTEREST | 1099-K MERCHANT SERVICES |
| UNEMPLOYMENT | 1099-DIV DIVIDENDS | ALIMONY PRE 2019 DIVORCE |
| SICK PAY | STOCKS | FORM W-2G LOTTERY |
| WORKERS COMP | STATE INC TAX REFUND | GAMBLING WINNINGS |
| TIPS | RENTAL INCOME | FOREIGN ACCOUNTS |
| SOCIAL SECURITY | K-1s | DIGITAL (CRYPTO) CURRENCY |
| PENSION INCOME | SELF EMPLOYMENT INCOME | 1095 A HEALTH INS MARKET |
| IRA DISTRIBUTION | FARM INCOME | OTHER |
| ROTH IRA DIST | INSTALLMENT SALES | |
| 1099-MISC | 1099-SA HSA DISTRIBUTION | |
| 1099-INT INTEREST | BUY OR SELL PROPERTY | |

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:	<u>TAXPAYER</u>	<u>SPOUSE</u>
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: _____