

INCOME TAX ORGANIZER

Thanks for reviewing my Tax Organizer. The key to a successful completion of your returns is well organized data.

The most popular worksheets are listed in the enclosed organizer. Every client's tax situation is different, some taxpayers may only need a couple of pages, and others may have issues that this organizer does not cover.

If you would like to utilize my services, please give my office a call (330) 425-3930 or send me an e-mail.

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PERSONAL DATA

(First name Middle Initial)

(Last Name)

Driver's License Number _____
(Or State ID)

Issuing State: _____

Date of Birth: ____/____/____

Issue Date: ____/____/20__

Expiration Date: ____/____/20__

Social Security Number _____-_____-_____

Occupation: _____

Spouse: _____
(First name Middle Initial) (Last Name)

Driver's License Number _____
(Or State ID)

Issuing State: _____

Date of Birth: ____/____/____

Issue Date: ____/____/20__

Expiration Date: ____/____/20__

Social Security Number _____-_____-_____

Occupation: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____-_____

Cell Phone: (____) _____-_____

Work Phone: (____) _____-_____

E-Mail: _____@_____

Spouse's Cell Phone: (____) _____-_____

Spouse's Work Phone: (____) _____-_____

E-Mail: _____@_____

Dependents

(First name / Middle Initial)(Last Name)

(Relationship)(Date of birth)(Social Security Number)

INCOME TAX ORGANIZER SUPPLEMENT AND GUIDE

If at all possible, please provide the actual tax statements. No entries are required on the organizer if you provide the tax statement. Please review the reverse side of this page.

Drivers License (State ID): Please complete the Contact Information Data Form. To battle identity theft, the IRS and most states now require preparers to verify taxpayer identities.

Please include the following tax statements and documentation (Income)

Wage statements (W-2)	Retirement Distributions (1099-R)
Interest Income (1099-INT)	Dividend Statements (1099-DIV)
Social Security Income Statement	State & Local Tax Refunds (1099-G)
Mutual Fund Statements	Retirement Plan Statements
Brokerage Account Statements	Lottery Winnings (W-2G)
Partnership (K-1)	Unemployment (1099-G)
Cancellation of Debt (1099-C)	Health Savings Account Statements
Payments from Qualified Education Plans (1099-Q)	
Long-term care insurance claims (1099-LTC)	
Alimony Received	\$_____ (for divorces finalized before 2019)

Other Income:

Please provide documentation

ADJUSTMENTS TO INCOME

Penalties for early CD withdrawals (please provide statements)

Student loan interest **(1099-E)**

For divorces finalized before 2019

Alimony paid (Name of Payee): _____,

and their social security number: _____ - _____ - _____

Traditional and ROTH IRA Contributions (please provide statements)

The Affordable Care Act (ACA)

If you purchased coverage via the Affordable Care Act and received a subsidy, please return the **(1095-A) tax statement** that was issued by the health insurance company.

Darrell Claytor, CFP®

If you have any questions or suggestions, please give me a call 330-425-3930

College Savings Plans (529 Plans)

Many states allow a state tax deduction for contributions to a College Savings 529 Plan. Please return a copy of the year-end statements or provide the amount per beneficiary that you contributed.

Beneficiary _____ \$ _____

Beneficiary _____ \$ _____

For those who itemize their deductions, please include the following tax statements and documentation (Deductions)

Mortgage Interest Statements (**1098**) Real Estate Tax Bills
Personal Property Tax Statements (for those who live in states that charge this tax)

MEDICAL & DENTAL EXPENSES:

Please note: Medical expenses are deductible to the extent your net uninsured out-of-pocket costs exceed 10% of income.

Charitable Contributions: Please give me receipts for major contributions greater \$250. If you have numerous small donations that are less than \$250, please add up the contributions and provide a total amount.

NON-CASH CHARITABLE CONTRIBUTIONS:

Please include the following receipt documentation for each donation

Organization's Name and Address Date(s) of the donation

Approximately how much did you pay for the donated items?

Description of donated property and how the value was determined

Current Value Of The Donated Items \$ _____

The most common valuation of Non-Cash donations is the used resale of the gifts. For instance, how much would thrift store charge for the items (see IRS Publication 526 at irs.gov).

MISCELLANEOUS DEDUCTIONS for union dues, professional expenses, employee business expenses, tax return fees, etc. are no longer deductible.

Child and Dependent Care Expenses: Please provide the provider receipt or complete that section of the organizer. Indicate the amount spend by child in the Dependent Information Section.

Estimated Payments: Please provide copies of the payments and billing statements or complete the estimated payment section of the organizer. Please identify which state(s) and cities that estimated taxes were paid for.

	Yes	No
1 Did a lender cancel any of your debt in 2022? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2022? If yes , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2022 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach documentation showing sales tax paid.		
4 Did you purchase a hybrid or electric vehicle in 2022? If yes , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2022? If yes , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2022 ? % State ID		
7 Did your marital status change during 2022?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain: _____		
8 Were you or your spouse permanently and totally disabled in 2022?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,300? ...	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2022?	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2022 ?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive any disability payments in 2022 ?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2022 ? If yes , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you incur any casualty or theft losses during 2022 ?	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you pay any individual for domestic services in 2022 ?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you take a retirement account distribution related to the corona virus or a natural disaster?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you buy or sell any stocks or bonds in 2022 ?	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? ..	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you incur any moving expenses? If yes , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
24 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach information.		
25 Do you expect your income and deductions in 2023 to be the same as 2022 ?	<input type="checkbox"/>	<input type="checkbox"/>
If no , attach explanation of changes expected.		
26 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach	<input type="checkbox"/>	<input type="checkbox"/>
27 At any time during 2022, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	<input type="checkbox"/>	<input type="checkbox"/>
28 a Did you obtain a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, has any portion of that loan been forgiven?	<input type="checkbox"/>	<input type="checkbox"/>
29 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
30 Enter your state of residence..... Taxpayer _____ Spouse _____		
31 a Do you want to change the language with which the IRS communicates with you?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, which language?		

Electronic Filing and Direct Deposit of Refund

	Yes	No
If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input type="checkbox"/>	<input type="checkbox"/>
The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.		
If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please provide a voided check (not a deposit slip) if your bank account information has changed.		
What type of account is this?	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

DOCUMENTATION FOR CHILD TAX, EARNED INCOME TAX, AND COLLEGE CREDITS

The IRS is waging a battle to reduce tax fraud. Please provide a copy one of the following documents for each dependent:

Birth certificate

Adoption or Guardianship records

School, medical record, or listing of your dependent on your health insurance coverage

The child's social security benefits records

Day Care receipt

Listing of your dependent on your automobile insurance

Other documentation or your personal statement:

CHILD & DEPENDENT CARE EXPENSES

**You can not take the child credit unless you provide this information.
Please list payments per dependent child.**

Dependent: _____

Name of child care provider: _____

Tax ID or social security number of the Provider: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Amount paid: \$ _____

Dependent: _____

Name of child care provider: _____

Tax ID or social security number of the Provider: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Amount paid: \$ _____

Dependent: _____

Name of child care provider: _____

Tax ID or social security number of the Provider: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Amount paid: \$ _____

Dependent: _____

Name of child care provider: _____

Tax ID or social security number of the Provider: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Amount paid: \$ _____

**Use the reverse side for additional providers and/or return
the documentation**



ESTIMATED TAX PAYMENTS

Internal Revenue Service (IRS) Tax Estimates:

1 st Quarter	Date Paid ____/____/____	\$_____
2nd Quarter	Date Paid ____/____/____	\$_____
3rd Quarter	Date Paid ____/____/____	\$_____
4th Quarter	Date Paid ____/____/____	\$_____

State Tax Estimates:

1 st Quarter	Date Paid ____/____/____	\$_____
2nd Quarter	Date Paid ____/____/____	\$_____
3rd Quarter	Date Paid ____/____/____	\$_____
4th Quarter	Date Paid ____/____/____	\$_____

City Tax Estimates:

1 st Quarter	Date Paid ____/____/____	\$_____
2nd Quarter	Date Paid ____/____/____	\$_____
3rd Quarter	Date Paid ____/____/____	\$_____
4th Quarter	Date Paid ____/____/____	\$_____

1 st Quarter	Date Paid ____/____/____	\$_____
2nd Quarter	Date Paid ____/____/____	\$_____
3rd Quarter	Date Paid ____/____/____	\$_____
4th Quarter	Date Paid ____/____/____	\$_____



College (Post Secondary) Expense Worksheet

Please provide IRS Form 1098-T that was sent to your student by the college. Most students can assess the form using their student web-site profile with the college. *If the tuition and fees was less than \$5,000, please complete this form to document other college expenses.*

1. **Student's Name:** _____

Name Of College: _____

Tuition/Room Board: \$ _____

Books and supplies \$ _____

Please Circle Student's Status as of December 31st:

Freshman Sophomore Junior Senior Graduate School

2. **Student's Name:** _____

Name Of College: _____

Tuition/Room Board: \$ _____

Books and supplies \$ _____

Please Circle Student's Status as of December 31st:

Freshman Sophomore Junior Senior Graduate School



CLERGY HOUSING ALLOWANCE

To document the income deduction for clergy housing allowance, please complete this worksheet

Mortgage Payments (total payments) \$

Annual Rental Expense (housing) \$

Property Insurance \$

Repairs \$

Maintenance (lawn and snow service, etc) \$

Utilities:

Gas (heat) \$

Electric \$

Water & Sewer \$

Home Phone \$

Cable \$

Furnishings \$

Supplies \$

Other expenses:

_____ \$

_____ \$