income ta	Organizer is designed to help you collect and report the information needed to prepare your 2022 x return. The attached worksheets cover income, deductions, and credits, and will help in the on of your tax return by focusing attention on your special needs.
	ster your 2022 information in the designated areas on the worksheets. If you need to include additional on, you may use the back of a worksheet or an additional page.
When pos	sible, 2021 information is included for your reference. You do not need to make any 2021 entries.
designed	General Questions and Business/Investment Questions worksheets include a variety of questions to assist in completing your tax return. If you answer <b>yes</b> to any of the questions, be sure to provide able details.
Please prov	vide the following information:  A copy of your 2021 tax return (if not in our possession).
	Original Form(s) W-2.
	Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
	Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, Form 1099-NEC or Form 1099-K.
	Form(s) 1099 or statements reporting dividend and interest income.
	Brokerage statements showing transactions for stocks, bonds, etc.
	Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
	Copies of closing statements regarding the sale or purchase of real property.
	Copies of invoices regarding residential clean energy improvements.
	All other information notices you received, or any items you have questions about.
Thank you	for taking the time to complete this Tax Organizer.
	HURST, KELLY & COMPANY LLC
	3293 MONTGOMERY ROAD

ORG0

Telephone: (513)234-0977

## HURST, KELLY & COMPANY LLC 3293 MONTGOMERY ROAD LOVELAND, OH 45140

LOVELAND, OH 45140 Telephone: (513)234-0977

## 2022 TAX ORGANIZER

Taxpayer Informat	Spouse Information									
Last name	Last name									
First name		First name								
Middle Initial	Middle Initial		Suffix							
Social security number		Social security number								
Occupation			Occupation							
Work phone			Work phone		Ext					
Cell phone			Cell phone							
E-mail address			E-mail address							
Date of birth										
Address					Apartment nur	nber				
City					ZIP Code					
Home phone		number			_					
Dependent Information										
First name Last name	MI Suffix		curity Number ationship	Date of Birth	Months Lived with Taxpayer	Child Care Expense				
Child and Dependent Care Provider	Expenses									
Name		Ado	dress		ID Number	Amount Paid				
Education Tuition and Fees										
Attach all Form 1098-Ts and a list of your qualifie	ed education expen	ses.								
Student Loan Interest Paid										
Enter total 2022 qualified student loan inter	est									
= ntor total = 0== qualified otaliaent rount intor					-					

Attach Form(s) 1099-R — Distributions from Pensions, Annuities, Retirement, 1099-R Payer Name  Attach Form(s) SSA-1099 — Social Security/Railroad Benefits  Social Security Benefits from Form SSA-1099  Railroad Retirement Benefits from Form RRB-1099  Medicare B premiums withheld  Medicare C premiums withheld  Medicare D premiums withheld  Attach Form(s) 1099-MISC — Miscellaneous Income and 1099-NEC 1099-MISC Payer Name	xpayer	RAs, etc 2021 Amount Spouse
Attach Form(s) SSA-1099 — Social Security/Railroad Benefits  Social Security Benefits from Form SSA-1099  Railroad Retirement Benefits from Form RRB-1099  Medicare B premiums withheld  Medicare C premiums withheld  Medicare D premiums withheld  Attach Form(s) 1099-MISC — Miscellaneous Income and 1099-NEC	xpayer	2021 Amount
Attach Form(s) SSA-1099 — Social Security/Railroad Benefits  Social Security Benefits from Form SSA-1099  Railroad Retirement Benefits from Form RRB-1099  Medicare B premiums withheld  Medicare C premiums withheld  Medicare D premiums withheld  Attach Form(s) 1099-MISC — Miscellaneous Income and 1099-NEC		
Social Security Benefits from Form SSA-1099  Railroad Retirement Benefits from Form RRB-1099  Medicare B premiums withheld  Medicare C premiums withheld  Medicare D premiums withheld  Attach Form(s) 1099-MISC — Miscellaneous Income and 1099-NEC		Spouse
Social Security Benefits from Form SSA-1099  Railroad Retirement Benefits from Form RRB-1099  Medicare B premiums withheld  Medicare C premiums withheld  Medicare D premiums withheld  Attach Form(s) 1099-MISC — Miscellaneous Income and 1099-NEC		Spouse
Railroad Retirement Benefits from Form RRB-1099  Medicare B premiums withheld  Medicare C premiums withheld  Medicare D premiums withheld  Attach Form(s) 1099-MISC — Miscellaneous Income and 1099-NEC		
Medicare B premiums withheld  Medicare C premiums withheld  Medicare D premiums withheld  Medicare D premiums withheld  Medicare D premiums withheld  Medicare D premiums withheld		
Medicare C premiums withheld		
Medicare D premiums withheld		
attach Form(s) 1099-MISC — Miscellaneous Income and 1099-NEC		
attach Form(s) 1099-INT — Interest Income		
1099-INT Payer Name		2021 Amount
attach Form(s) 1099-DIV — Dividend Income		
1099-DIV Payer Name		2021 Amount
Attach Form(s) 1099-B, 1099-S — Sales of Stocks, Bonds, Real Estate, etc Attach all stock sale transaction information, including initial cost information.		
Other Government Forms to attach:  Form(s) 1099-G — Certain Government Payments, Schedule K-1s — Partnership, S-Corporation, Gambling or Lottery Winnings, Form(s) 1099-Q — Payments from Qualified Education Programs	Frust or Estate Income	e, Form(s) W-2G
Other Income:		
Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expens Include a list of all new equipment acquired this year, including date of purchase and cost.	es for any business, renta	al or farm you own
etirement Plan Contributions	Taxpayer	Spouse
Traditional IRA contributions made for 2022		
Roth IRA contributions made for 2022		

## 2022 Deductions

Medical and Dental Expenses	2022 Amount	2021 Amount
Prescription medications		
Health insurance premiums		
Doctors, dentists, etc		
Hospitals, clinics, etc		
Eyeglasses and contact lenses		
Miles driven for medical purposes.		
Other medical and dental expenses:		
Taxes	2022 Amount	2021 Amount
Real estate taxes paid on principal residence		
Real estate taxes paid on additional homes or land		-
Auto license registration fees based on the value of the vehicle		
Other personal property taxes		
Interest Expenses Home mortgage interest paid — Attach Form(s) 1098. Lender's Name	2022 Amount	2021 Amount
Points paid on loan to buy, build or improve main home  Lender's Name	2022 Amount	
Cash/Check/Credit Contributions	2022 Amount	2021 Amount
Noncash Charitable Contributions  Attach all receipts with details listing the following information: Donee, donee address, description of dor your cost, value at time of donation, and how you acquired the property.	nation, date acquired and	date contributed,
Miscellaneous Deductions	2022 Amount	2021 Amount
Union and professional dues		
Professional subscriptions, books, supplies		
Uniforms and protective clothing (including cleaning)		
Job search costs		
Taxpayer educator expenses		
Spouse educator expenses		
Tax return preparation fees		
Safe deposit box rental		
Gambling losses (to the extent of gambling income)		

		Yes	No							
1	olid a lender cancel any of your debt in2022? (Attach any Forms 1099-A or 1099-C)	🔲								
2	2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2022? If yes, please									
3	attach details									
	If yes, attach documentation showing sales tax paid.									
4	old you purchase a hybrid or electric vehicle in 2022? If <b>yes</b> , enter year, make, model, and date purchased:									
		Н	H							
5	old you donate a vehicle in 2022? If <b>yes</b> , attach Form 1098C									
7	What was the sales tax rate in your locality in 2022? % State ID  State ID									
•	voc ovolain:	· Ш								
8	Vere you or your spouse permanently and totally disabled in 2022?	🔲								
9										
10										
11	old you provide over half the support for any other person during 2022?	🔲								
12	olid you incur adoption expenses during2022 ?									
	old you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA r qualified plan within 60 days of the distribution?									
	old you receive any disability payments in2022?		H							
15 16	olid you receive tip income <b>not</b> reported to your employer?	r 💳								
a	scrow statements, 1099-C or 1099-A forms	Ш	Н							
b 17	you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?		H							
18	bid you incur any non-business bad debts?	=	H							
19	Did you pay any individual for domestic services in2022 ?		H							
20	olid you take a retirement account distribution related to the corona virus or a natural disaster?		H							
21	id you buy or sell any stocks or bonds in2022 ?									
22	old you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?									
23	old you incur any moving expenses? If <b>yes,</b> attach details	🔲								
24	olid you receive any income not included in this Tax Organizer?									
25	yes, please attach information.  Yo you expect your income and deductions in2023 to be the same as 2022 ?									
	ino, attach explanation of changes expected.	· Ш	Ш							
	old you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach									
	at any time during 2022, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?		Ц							
28 a Did you obtain a Paycheck Protection Program (PPP) loan?										
29	If yes, has any portion of that loan been forgiven?	Ш	Ш							
	nter your state of residence									
31 a	Do you want to change the language with which the IRS communicates with you?									
k	f yes, which language?									
رما:	ronic Filing and Direct Deposit of Refund	Yes	No							
f yo	tax return is eligible for Electronic Filing, would you like to file electronically?	🔲								
he	ternal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.									
	receive a refund, would you like direct deposit?	• Ш	Ш							
		Savings								
:sti	nated Tax Paid Federal State Local									
	Date Amount Date Amount ID Date Amount		ID							
_										
_		-+								
_										
٩d٥	tional Information (Enter any additional information here and attach any documents.)									
_										
_										

## **Health Insurance Coverage**

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet

must be manually entered on the appropriate form in ProSeries/1040.

Part 1	Coverage														
Enter th	e name, SSN/DOB and	d health insurance sta	atus for ead	ch person w	ho will clain	n on y	our r	eturr	ı in tl	ne tal	ble b	elow	:		
	Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received								was o	-	
1.	, ,														
2.															
3.															
4.															
5.															
6.															
7.															
8.															

\*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

9.