ORGANIZER			Page 1
1040		Organizer	
		ssen CPA, PC.	Tax Return Appointment
	Camp Lowell Dr		
	, AZ 85712		Date:
Telepho	one number: 520	-319-1913	Time:
Fax nur	nber: 520	-319-1914	Location:
E-mail a	address: ktra	avis@ttcpa-az.com	
Please enter all p	pertinent information	ation. If you have attached	necessary for the preparation of your tax return. d a government form for an item, check the box and do by of your prior year tax return.
		Taxpayer	Spouse
First name and initial			
Last name			
Title/suffix			
Social security number			
Occupation			
Date of birth (m/d/y)			
Date of death (m/d/y)			
1=blind			
Home phone			
Work phone			
Work extension			
Cell phone			
E-mail address			
Drivers License #			
Drivers License State			
Issue Date			
Expiration Date			
	Street address		
Address	Apartment number	·	
	City		
	State		
	ZIP code		
DEPENDENTS		Dependent No.	Dependent No.
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death (m/d/y)			
Date of adoption (m/d/y)			
Social security number			
Relationship			
Months lived at home			
WAGES, SALA Employer Name:	RIES AND TIPS		Attach Forms W-2

10)40	US	Tax Organizer		
			nent 2022 information. If you have o not enter a 2022 amount.	attached a government form fo	r an item,
NIERE Payer Nai	EST INC	OME		Current Year Amount	
				Attach Forms 1099-INT	
DIVIDE	ND INC	OME			
Payer Na					
				Attach Forms 1099-DIV	
=					
PENSIC Payer nar		IRA INCO	ME		
				Attach Forms 1099-R	
GAMBL	ING W	INNINGS			
Payer nar	me:				
				Attach Forms W-2G	
T	otal gamb	oling losses			
			Form W-2G		
			ORMS - INCOME tock (also include transaction history)		
			laneous income		1000
			card and third party network payments	Attach i offis	1055
F	orm 1099	-S - Sales of r	eal estate (also include closing statements)		
F	orm 1099	-G - State tax	refunds	Attach Forms 1099	
	_				
Faxpayer:		-1099 - Social	security benefits	Attack Farma 1000	
			/ment compensation		
Spouse:					
·	orm SSA	-1099 - Social	security benefits	Attach Forms 1099	
F	orm 1099	-G - Unemploy	ment compensation		
MI007			4 -		
			4		
S Other:	pouse. A	innony receive	d	·	

				Page (
1040	US	Tax Organizer		
		rtinent 2022 information. If you have atta do not enter a 2022 amount.	ached a government form for	an item,
RETIREMEN [.]	T PLAN CO	ONTRIBUTIONS		
Taxpayer:			Current Year Amount	
Tradition	al IRA contrib	utions (1=maximum)		
Roth IRA	contributions	s (1=maximum)		
Self-emp	loyed SEP, S	IMPLE, & qualified plan contributions (1=maximum)		
Spouse:]
		utions (1=maximum)		
		(1=maximum)		
Seil-emp	loyed SEP, S	IMPLE, & qualified plan contributions (1=maximum)		
OTHER GOV	ERNMENT	FORMS - DEDUCTIONS		
Form 109	98-E - Studen	t loan interest	Attach Forms 1098	
Form 109	98-T - Tuition	and related expenses		
Affordable C				
		Insurance Marketplace Statement	Attach Forms 1	095
	5-A - Health			
ADJUSTMEN		COME		
Taxpayer:				
Self-emp	loyed health i	nsurance premiums		
Educator	expenses			
Expense	s from rental o	of personal property		
Other adjustment	s to income:]
			_	
Alimony Paid - Re	ociniont name	2 SSN		
Allmony Faid - N	scipient name			
Spouse:				
	loyed health i	nsurance premiums		
Educator	expenses			
Expense	s from rental o	of personal property		
Other adjustment	s to income:			
Alimony Paid - Re	ecipient name	e & SSN		
			_ []	
MEDICAL AN	ID DENTA	L EXPENSES		
		and drugs		
•		nurses		
Hospitals	and nursing	homes		
Insurance	e premiums			
Taxpaye	r: Long-term o	care premiums		
		re premiums		
Insurance	e reimbursem	ents		
Out-of-po	ocket lodging	and transportation expenses		
Number	of medical mil	les		
Other:				

104	0	US	Tax Organizer		
			tinent 2022 information. If you have attac do not enter a 2022 amount.	ched a government form for a	ı item,
MEDICAL		DENTAL	EXPENSES (Continued)		
Other:				Current Year Amount	
TAXES P	AID				
Stat	te income	e taxes - 1/1	5 payment on 2021 state estimate		
			d with 2021 state extension		
		•	d with 2021 state return		
		•	d for prior years and/or to other states		
-			- 1/15 payment on 2021 city/local estimate		
-			- paid with 2021 city/local extension		
-			- paid with 2021 city/local return		
			kes paid (except autos and special items)		
			purchases		
	•		state return		
			ncluded above		
			ts, aircraft and other special items		
		-	ipal residence		
			erty held for investment		
	eign incoi	me taxes			
Other:					
Pers	sonal pro	perty taxes	(including automobile fees in some states)	Attach Tax Notice	
	·				
INTERES					
Home mortg	Jage miei			Attach Forms 1098	
lomo morta	ana inta	raat nat an I	Form 1000 (include name CCN & address of neuro)		
nome mong	jage mei	est not on r	Form 1098 (include name, SSN, & address of payee)		
Points not re	enorted o	n Form 100	18		
Mor	taaae ins	urance pre	miums on post 12/31/06 contracts		
		•	margin accounts):	I I	
Pas	sive Inter	rest			

Note: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contributions date(s), and contribution amount(s).

GANIZER			1	Page
1	040	US	Tax Organizer	
			tinent 2022 information. If you have do not enter a 2022 amount.	e attached a government form for an item,
U U		, DOX allu		
CASH		IBUTIONS	(Continued)	Current Year Amount
	Volunteer I	Expenses (ou	t-of-pocket)	····
	Number of	charitable m	les	
NONC	CASH CO	NTRIBUT	IONS	
Note: N	o deductior	n is allowed fo	or contributions of clothing and household items	-
Ir	n addition, a	a deduction to	r any item with minimal monetary value may be	e denied.
MISC			JCTIONS	
			dues	
			ee	
			c)	
Unreim		bloyee expension	•	
Onicini	buised emp			
Other:				