



2022 GENERAL ORGANIZER

General Information

<u>Primary</u>	<u>Secondary</u>
Last Name _____	Last Name _____
First Name _____	First Name _____
Middle Name . . _____ Suffix . . _____	Middle Name . . _____ Suffix _____
Social Security . . _____	Social Security . . _____
Date of Birth _____	Date of Birth _____
Occupation _____	Occupation _____
Email Address . . . _____	Email Address . . _____
Address _____	
City _____	State _____ Zip _____
Home Phone _____	Cell 1 _____ Cell 2 _____

Medical Deductions (please total, please keep receipts for your records)

Medical and Dental Expenses	Taxpayer & Spouse Combined (except Long-term Care)
Prescription Medications _____	Doctors, Dentists, etc _____
Health Insurance Premiums _____	(do not include part B Medicare only if paid from Social Security)
Hospitals, clinics, etc _____	Eyeglasses and contacts lenses _____
Long-term care premiums (primary) _____	LTC premiums (Secondary) _____
Miles driven for medical _____	
Other Medical Expenses _____	
_____ _____	
_____ _____	

Charitable Contributions (totals only, keep your receipts)

Donee Name (provide list if need more room)	Cash or Goods	Value
_____	_____	_____
_____	_____	_____

*if goods over \$500 we need: 1. Date Donated, 2. Name and Address of donation location, 3. What was donated

Retirement Plan Contributions

	Primary	Secondary
Traditional IRA contributions made		
Roth contributions made		

Taxes (Primary & Secondary combined)

Real Estate taxes paid on principle residence (not on 1098)

Real Estate taxes paid on additional home or land (not on 1098) . . .

Other personal property taxes

If you do not own a home, total rent paid on primary residence . . .

Miscellaneous Deductions (Primary & Secondary combined)

Gambling losses

Casualty or Theft loss from income producing property

Estimated Taxes paid (already paid towards your 2022 Liability)

	Federal		State	
	Date Paid	Amount	Date Paid	Amount
First Quarter (April 15th)				
Second Quarter (July 15 th)				
Third Quarter (September 15 th)				
Fourth Quarter (January 15 th)				

Direct Deposit of Refund or ACH

Yes No

If you receive a refund, would you like direct deposit

If you owe taxes would you like to automatically have it deducted from your bank account

What type of account is this Checking Savings

If **YES**, please provide bank account information if it has changed from last year

Bank Name: _____ Routing #: _____ Account #: _____

Refund Optimizing Questions

**If you answer "yes" please provide proper documentation

Yes No

Enter residency: Taxpayer: _____ Spouse: _____

- | | | |
|--|--------------------------|--------------------------|
| Are you or your spouse an honorably discharged veteran (provide DD14, if not on file already) | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you lived in New Jersey continuously since December 31, 2011 | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you owned and lived in the same New Jersey home since/before December 31, 2018 | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any disability or unemployment payments in 2022 (must download tax forms) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have health insurance for all of 2022 | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you roll over any amounts from an IRA or other qualified plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you provide over half the support for any other person during 2022 | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you claim a child or a relative as a dependent? (if yes, provide their full name, social, relationship, date of birth, months lived with taxpayer and child care expenses) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your marital status change during 2022 | <input type="checkbox"/> | <input type="checkbox"/> |
| If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____ | | |
| Were you or your spouse permanently and totally disabled in 2022 (Must provide medical certificate) . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2000 | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2022 | <input type="checkbox"/> | <input type="checkbox"/> |
| If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur any non-business bad debts? (i.e. short sale of a home) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did a lender cancel any of your debt in 2022? (provide 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any individual for domestic services in 2022? (i.e. caregiver) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you cash in any US Savings Bonds during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you gift \$15,000 or more to any individual in 2022? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make energy efficient improvements to your home or purchase any energy-saving property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any major purchases (i.e., vehicle, boat)? Provide sales tax paid \$_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a hybrid or electric vehicle in 2022? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any foreign accounts or income in 2022? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive rental income in 2022? If so, please fill out our "Rental Organizer" | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have business income in 2022? If so, please fill out our "Business Organizer" | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have Trust income in 2022? If so, please fill out our "Trust Organizer" | <input type="checkbox"/> | <input type="checkbox"/> |

