2022 Organizer prepared for:

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New Lenox, IL 60451

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2022 TAX ORGANIZER

Taxpayer Information		Spouse Information									
Last name	Last name	Last name									
First name		First name	<u> </u>								
Middle Initial		<u> </u>									
Social security number		Social security	number	<u> </u>							
Occupation		Occupation	Occupation								
Work phone				Ext							
Cell phone		Cell phone	<u> </u>								
E-mail address											
Date of birth											
Address					mber						
City											
Home phone		number									
				_							
Dependent Information	1	1		1 1							
First name Last name	MI	Social Security Number Relationship	Date of Birth	Months Lived with Taxpayer	Child Care Expense						
Last name	Sullix	Relationship	OI BII (II	with raxpayer	Ехрепзе						
Child and Dependent Care Provider Exp	penses		1	1							
Name		Address		ID Number	Amount Paid						
Education Tuition and Fees											
Attach all Form 1098-Ts and a list of your qualified ed	ducation expens	ses.									
Student Loan Interest Paid											
Enter total 2022 qualified student loan interest.											

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 and 1099-NEC Payer Name	xpayer	IRAs, 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		
Attach Form(s) 1099-MISC — Miscellaneous Income and 1099-NEC		
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.		
Pther 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	Trust or Estate Inco	me, 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, re	ental 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)		

							Y	'es	No	
1	Did a lender c	ancel any of your debt	in2022? (Attach any	Forms 1099-A or 109	99-C)					
2	2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2022? If yes , please attach details								Н	
3	Did you purcha	ase a motor vehicle or l	ooat during 2022 ?					H	Ħ	
If yes , attach documentation showing sales tax paid.										
4	Did you purcha	ase a hybrid or electric	vehicle in 2022? If ye	es, enter year, make,	model, and	date purchased	d: '			
								Н	\mathbb{H}	
5	Did you donate	e a vehicle in 2022? If	yes, attach Form 109	8C	Stata ID					
7	Did your marit	sales tax rate in your lo al status change during	2022 :	90	State ID.		[
•	If yes , explain		2022:				·			
8										
9										
10	Do you have c	hildren who are under	age 19 or a full time :	student under age 24	with investr	ment income gr	eater than \$2,300?			
11	Did you provid	le over half the support	for any other person	during 2022?						
12	Did you incur a	adoption expenses duri	ng2022 ?							
	or qualified pla	e a total distribution fro an within 60 days of the e any disability paymer	distribution?							
		e tip income not report					ř	Н	H	
16 a	Did you buy, s	e tip income not report ell, refinance, foreclose ents, 1099-C or 1099- <i>A</i>	e or abandon a princi	nal residence or othe	er real prope	rtv in2022 ? If	ves. attach closing or			
b	If you sold a h	ome, did you claim the	First-Time Homebuy	er Credit when you p	urchased it?					
17	Did you incur a	any casualty or theft los	sses during 2022 ?							
18	-	any non-business bad o					<u>L</u>	Щ	Щ	
19		ny individual for domes					i	Щ	Щ	
20		retirement account dis						Щ	Н	
21		sell any stocks or bon					ì	Н	Н	
22	-	e proceeds from Series	•	•		, , ,	'	Н	H	
23		any moving expenses? e any income not inclu	-				ř	Н	H	
24	-	attach information.	ueu iii tiiis Tax Orgai	IIZEI :						
25	Do you expect If no , attach e	your income and deduxplanation of changes	expected.				[
		e Form 1095-A (Health					L.		Ц	
		uring 2022, did you sell, iin a Paycheck Protection					irtual currency?			
b If yes, has any portion of that loan been forgiven?If you paid any alimony, enter recipient's SSN:Alimony paid:										
30	Enter your stat	te of residence			Taxpay	er	Spouse			
		o change the language anguage?								
Ela,	ctronic Filing	and Direct Deposit	of Refund				Y	res I	No	
f yc	our tax return is	eligible for Electronic F	iling, would you like	to file electronically?						
Γhe	Internal Reveni	ue Service is able to de	posit many refunds of	lirectly into taxpayers	s' accounts.		-	$\overline{}$		
		und, would you like dire de a voided check (not						Ш	Ш	
		nt is this?					Checking Savi	ings		
		• •								
ESTI	imated Tax Pa F	aid [:] ederal		State			Local			
	Date	Amount	Date	Amount	ID	Date	Amount	ı	ID	
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الہ ۸	ditional Info	rmation (Enter any a	dditional information	here and attach any	documents.)					
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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	-	
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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.

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