PLEASE BRING YOUR W-2's, 1099's, and All Other Documentation

Please keep all receipts/documents in the event you are audited

| ABC Bookkeeping & Tax Services, Inc. A.J. REYNOLDS, EA | | | | | | | | | | |
|---|----------------|-----------------------|-----------------------------------|-------------------|---|-------------|-----------------|---------------|-----------|--|
| ABCTaxEA@aol.com 507 7th Street, Suite 230, Insurance Centre | | | | | | | | | | |
| | | Sioux City, Iowa 5110 | | | Ossumatio | | <u>255-7618</u> | Dhana Nussa | h a n | |
| ⁄ou | Taxpayer | 's Names | Birthdate | | Occupatio | on | | Phone Num | per | |
| Spouse | | | | | | | | | | |
| Address | | | | | | | | | | |
| Dependent | t Name | | DOB | | Relationship | | | | | |
| | | | | | | | | | | |
| District N | | | | | Dit | | E. D.L. | | | |
| Faxpayers Driver's License No. Spouse Driver's License No. | | | State Issue Date State Issue Date | | Exp. Date Exp. Date | | | | | |
| INCOME | | | Otate | OTHER INFORMATION | | | | | | |
| Wages-W2's-Pensions/IRA's, 1099-R's | | | | | Unemployment Compensation | | | | | |
| Partnership/S Corp Attach K-1's | | | | | Gambling-See Question 11&12,Pg 2 | | | | | |
| Social Sec | urity Rcvd - | 1099SSA | | | IRA's/SEP's, et. al. Contribution | | | | | |
| | Bring All 1099 | | | | Alimony Paid or Received | | | | | |
| | - Bring All 10 | | | | Moving Expense-Attach Schedule | | | | | |
| Stock Sales - Attach Schedule | | | | | ESTIMATED TAXES: | | | | | |
| Rental Inc./Exp Attach Schedule | | | | | Cadaval | 1st Qtr | 2nd Qtr | 3rd Qtr | 4th Qtr | |
| Self Employment Inc./Exp Attach Sch Farm Inc./Exp Attach Schedule | | | | | Federal State | | | | | |
| Other Inc./Exp Attach Schedule | | | | | Otate | | | | | |
| Julio1 1110./ | LAP. Attaol | 1 Corlocatio | ITEM | IIZED DE | DUCTIONS | | | | | |
| | | MEDICAL | | | | | TIONS - Mus | Have Rece | ints! | |
| lealth Insu | urance (Non | | | | CONTRIBUTIONS - Must Have Receipts! Church's | | | | | |
| | nsurance Pr | , | | | | | | | | |
| ong Term Care Insurance | | | | | Other Check & Cash Contributions | | | | | |
| Health Savings Account (HSA) | | | | | | | | | | |
| Prescription Drugs | | | | | Non Cash Contributions | | | | | |
| Ooctors & | | | | | Valurata ar/Oh aritu Mila a na | | | | | |
| Hospital Ex | | ving Evnances | | | Volunteer/Charity Mileage | | | | | |
| Nursing Home/Asst Living Expenses Medical Travel (# of miles) | | | | | MISCELLANEOUS | | | | | |
| | | | | | Union Dues | | | | | |
| Eyeglasses/Hearing Aids Other Medical - Attach Schedule | | | | | Employee Bus. ExpAttach Sch. | | | | | |
| | | | | | Safe Deposit Box | | | | | |
| TAXES | | | | | Investment Fees | | | | | |
| Real Estate Tax | | | | | Casualty/Theft Losses | | | | | |
| | | | | | | | | | | |
| icense Plates | | | | | IOWA RESIDENTS ONLY | | | | | |
| | | | | | Charity Mileage | | | | | |
| INTEREST PAID OUT | | | | | Tuition & Textbook Expenses, K-12 | | | | | |
| Mortgage(s) on Home | | | | | ENERGY CREDITS ON PRINCIPAL RESIDENCE | | | | | |
| nongago(o) on riomo | | | | | Description | | | \$ Amount | \$ Amount | |
| /lortgage o | on 2nd Hom | е | | | · | | | | | |
| | | | | | | al Heat Pum | os | | | |
| Student Loan Interest | | | | | Windows, HVAC | | | | | |
| | | | | | Solar Panels | | | | | |
| nvestment Interest | | | | | Must have Manufacturaria Tay Credit Cartification Statement | | | | | |
| TAY DECIND DIDECT DEDOCIT INCODMATION (| | | | | Must have Manufacturer's Tax Credit Certification Statement | | | | | |
| TAX REFUND - DIRECT DEPOSIT INFORMATION - Complete to Ensure we have Update/Correct Data Checking/Savings Bank Name Routing Number (9 digits) Account Number | | | | | | | | | | |
| OHECKIN | y, cavillys | Dank Naille | , | Noull | ng mullibel | (a digita) | 1 | AUUUUIII INUI | INCI | |
| | | | | | | | | | | |
| | | | | | | | - | | | |
| IEALTH INSURANCE - IMPORTANT | | | | | | | | | | |
| Proof of health insurance is no longer required. If you receive 1095 A, B or C please submit it with your documents. | | | | | | | | | | |
| CHILD CARE INFORMATION | | | | | | | | | | |
| Name Comp | | | plete Address | | SS#/FEIN# | | Amount Paid | | | |
| | | | | | | | | | | |
| | | | | <u></u> | | | | | | |

ABC Bookkeeping & Tax Services, Inc.

A.J. REYNOLDS, EA ABCTaxEA@aol.com

| 507 7th Street, Suite 230, Insurance Centre Phone 712-255-7617 Sioux City, Iowa 51101 Fax 712-255-7618 | | | | | | | | |
|---|---|---|--|--|--|--|--|--|
| EDUCATION CREDITS FOR COLLEGE TUITION | l (Need Form 1098-T & Copy of Pa | vment and Charges Statement) | | | | | | |
| | (111 11 11 11 11 11 11 11 11 11 11 11 1 | , | | | | | | |
| Name & Address of Institution | Tuition Paid | Who Attended | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| FOREIGN ACCOUNTS: | | | | | | | | |
| At any time during 2022 did you own any Foreign Financial A | - | | | | | | | |
| At any time during 2022 did you (or your spouse) have a inte foreign country (such as a bank account, securities account, c | - | | | | | | | |
| a US Brokerage Company) with combined values of greater the | | = | | | | | | |
| a O3 brokerage company, with combined values of greater to | nan \$10,000: TES NO | | | | | | | |
| | | | | | | | | |
| Other Information / Data Needed - Please Review and Respond Accordingly | | | | | | | | |
| Event | Documents | s or Information Required | | | | | | |
| | | | | | | | | |
| 1. Married, divorced, or separated in 2022 | Married - prior year retur | • | | | | | | |
| | Divorced - copy of the di Separated - date of sepa | | | | | | | |
| 2. Birth or adoption | · | Adoption Papers/Birth Certificate | | | | | | |
| 3. Death of spouse or child | Date of death | Adoption 1 apers/Birti Certificate | | | | | | |
| 4. Inheritance | Will; K-1 from the estate | | | | | | | |
| 5. Start or end a small business | • | Formation or termination dates; | | | | | | |
| | Property contributions or | r distributions | | | | | | |
| 6. Lawsuit Settlements | | Date received; reason for settlement; 1099-MISC | | | | | | |
| 7. Prizes received | | Form 1099-MISC; value of prizes not incl. on Form 1099-MISC | | | | | | |
| 8. Refinance or Purchase home | Closing papers | | | | | | | |
| 9. Bankruptcy filing 10. Debt forgiveness (i.e. Credit Cards) or | Date Filed and Date Discharged Form 1099-C for cancellation | | | | | | | |
| Abandonment of property | | Form 1099-A for abandonment | | | | | | |
| 11. Lottery or gambling winnings | | Total amount won whether on W-2G or not | | | | | | |
| 12. Lottery or gambling losses | Total amount of losses | | | | | | | |
| 13. Any other income received | Amount received, from v | vhom, and for what | | | | | | |
| 14. ROTH IRA Conversions | Form 1099-R | | | | | | | |
| | | | | | | | | |
| Tax Return Preparation for 2022 | | | | | | | | |
| We will prepare your tax return based on information yersonsible for verifying the items reported. It is important make sure the information is correct. Unless otherwise include auditing, review, or any other verification or as | ant that you review the return care stated, the services for preparation surance. | fully before signing to of your erturn do not | | | | | | |
| At any time during 2022, did you own any o | digital assets / virutal currer | ncey, i.e. BitCoin et.al.? | | | | | | |

