



## 2022 Tax Information Checklist

Please complete the checklist and gather all applicable tax documents.

Name:	Best Phone#:	Email:
Taxpayer:		
Spouse:		
Street Address:	City, State:	Zip:

I authorize Kirsch CPA Group to text questions to the listed phone# above.  No  Yes

### PERSONAL INFORMATION

1. Copy of your **Driver's License** or state identification. (Provide a copy of the front and back for each taxpayer)
2. **Bank Account** – For direct deposit, list last 4 digits of account#: \_\_\_\_\_ (If new account, please provide a voided check)  
If you have tax due, would you like direct payment from your account?  No  Yes
3. Did the IRS or State send you any notifications or do you have an **Identity Protection PIN**?  No  Yes (Attach documents)
4. **Marital Status** - Did your status change?  No  Yes If YES, list new Marital Status and date of change: \_\_\_\_\_
5. Do you have a **Foreign Bank Account** with a balance over \$10,000 any time during the year?  No  Yes (Provide Details)
6. Did you receive **Health Savings Account (HSA) Distributions**?  No  Yes (If YES, Attach 1099SA)
7. List amount contributed to a Health Savings Account (HSA) that is NOT through your employer? \$ \_\_\_\_\_
8. Did you receive, sell, send, exchange, or acquire any financial interest in **virtual currency**?  No  Yes If yes, provide details.
9. Did you receive a notice from the IRS, State taxing agency, or a municipality? If yes, please provide notice.
10. Would you like us to **Prepare a Return for a Dependent** (additional fee) who had Federal Tax withholding of more than \$250 or had investment income greater than \$1,150?  No  Yes (Provide W-2 and other income statements)
11. Are you expecting any major life changes in 2023?  Retirement  Income Changes  Dependent Change  Marital Status  
\*Would you like us to contact you to discuss tax planning or changes to your tax situation?  No  Yes
12. Did you take a coronavirus-related distribution from an eligible retirement plan in 2020?  No  Yes
13. Did you work remotely from home during 2022 outside the city where your employer was located?  No  Yes\*  
\*If yes, please list the dates worked from home \_\_\_\_\_
14. Your completed 2022 Tax return will be delivered electronically via SAFESEND Returns – a notification will be sent to your email.  
**OR**  I prefer to pick up my tax return\*  I prefer a mailed paper copy\* \*Additional Fee May Apply

### INCOME INFORMATION (Please attach all applicable forms)

- |   |   |
|---|---|
| <input type="checkbox"/> Income Statements (Form W-2)<br><input type="checkbox"/> Interest (Form 1099-Int or 1099-OID)<br><input type="checkbox"/> Dividends (Form 1099-Div)<br><input type="checkbox"/> Stock or Mutual Fund Sales (Form 1099-B)<br><input type="checkbox"/> Unemployment Compensation (Form 1099-G)<br><input type="checkbox"/> 401k or IRA Distributions/Rollovers (Form 1099-R)<br><input type="checkbox"/> Social Security (Form 1099-SSA)<br><input type="checkbox"/> Education Distributions (Form 1099-Q) | <input type="checkbox"/> Cancellation of Debt (Form 1099-C)<br><input type="checkbox"/> Foreclosure or Abandonment of Residence (Form 1099-A)<br><input type="checkbox"/> Sale of Real Estate (Provide closing statements)<br><input type="checkbox"/> Received Installment Payments for Property Sold<br><input type="checkbox"/> Disability Income (Provide Documents)<br><input type="checkbox"/> Income in a Foreign Country (Provide Documents)<br><input type="checkbox"/> Gambling (Form W-2G)<br><input type="checkbox"/> Alimony Received \$ _____ Date of agreement _____ |
|---|---|

Are you a **Shareholder, Partner or Member of an S-Corp, LLC or Partnership**?

- Shareholder (Include Form 1120-S K-1)
- Partner (Include Form 1065 K-1)
- Beneficiary (Include Form 1041 K-1)

**Upload all Documents to TaxCaddy or [kirschcpa.safesend.com DropOff.aspx](https://kirschcpa.safesend.com/DropOff.aspx) by March 13, 2023**

Questions? Contact us (513) 858-6040



Did you receive **other income** during 2022? (\*For a detailed worksheet visit [kirschcpa.com/client-center/tax-forms/](https://kirschcpa.com/client-center/tax-forms/))

- Business Income (Please refer to Schedule C Worksheet\* or Provide details)
- Rental Income (Please refer to Schedule E Worksheet\* or Provide details)
- Farm Income (Please refer to Schedule F Worksheet\* or Provide details)
- If you paid more than \$600 to an individual or unincorporated business for rent or service during 2022, Form 1099 must be issued\*  
\* If you need help issuing Form 1099 - Provide: name, address, Social Security# and amount paid. Due date is January 31, 2023.
- Did you utilize any portion of your home for business use?  No  Yes (Please refer to Schedule C Worksheet\*, page 1)

**OTHER INFORMATION**

- Alimony paid\* \$\_\_\_\_(only applies to dates before 1/1/19)  
\*Date of original divorce or separation \_\_\_\_\_
- Purchased a Qualified Electric Vehicle (Provide Invoice)
- Gift Tax Return may be required:  
Single and gift is greater than \$16,000? \* \$ \_\_\_\_\_  
Married and gift is greater than \$32,000? \* \$ \_\_\_\_\_  
\*Provide name, address, amount & SS# of recipient
- Moving expense for military position \$ \_\_\_\_\_
- Rented a property in Indiana \$ \_\_\_\_\_
- Energy efficient improvement to your residence (Attach details)
- Paid household employee wages of \$2,300 or more
- COBRA premiums paid \$ \_\_\_\_\_
- Made OH statewide political contribution \$ \_\_\_\_\_
- Engaged in bartering transactions
- Internet/phone purchases without sales tax? \*  
\*List Total Purchase Amount \$ \_\_\_\_\_

**Retirement Contribution** to which Plan Type: Please select  IRA  Roth IRA  SEP  KEOGH  
Contribution Amount: Taxpayer: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**Long Term Care Premiums:** Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

**Student Loan Payment** (Attach Form 1098-E for interest paid)

**College Education Expenses** (Attach Form **1098-T** issued by the university)

Dependent Name	University Name	Qualified Tuition	Books & Materials	First 4 Years (yes or no)
		\$	\$	
		\$	\$	

**Contributed to a State College Saving 529 Plan**

Beneficiary Name	Beneficiary SSN	Total Contributed	Program State
		\$	
		\$	

**Child Care Expenses** (Provide total of all expenses and detail related to childcare)

Dependent Name	Provider Name	Federal ID or SSN	Address	Total Expense
				\$
				\$
				\$

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Did you have a baby or add a new dependent?

New Dependent Name	Relationship	Date of Birth	SSN or ITIN	Full Time Student	Disabled	Adopted
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**QUARTERLY ESTIMATED TAX PAID IN 2022 (List below or attach copies of cancelled checks)**

List all payments	Date Paid	Federal	State	City	School District
2021 4th Quarter Payment		\$	\$	\$	\$
2022 1 <sup>st</sup> Quarter Payment		\$	\$	\$	\$
2022 2 <sup>nd</sup> Quarter Payment		\$	\$	\$	\$
2022 3 <sup>rd</sup> Quarter Payment		\$	\$	\$	\$
2022 4 <sup>th</sup> Quarter Payment		\$	\$	\$	\$

**DEDUCTION INFORMATION**

**PLEASE NOTE:** The standard deduction is \$25,900 for married filing jointly and \$12,950 for individuals filing single.

**Send in your itemized deductions if you exceed the standard deduction or if you are in a state that allows itemized deductions.**

**Unreimbursed Medical Expense** - Please enter in amounts below if greater than 7.5% of your income.

Medical Insurance Premiums: \$ \_\_\_\_\_ Care Giver Expense: \$ \_\_\_\_\_

Doctor/Dentist/Vision: \$ \_\_\_\_\_ Prescription Expense: \$ \_\_\_\_\_ Medical Miles Driven: \_\_\_\_\_

**Real Estate Tax Paid:** \$ \_\_\_\_\_

**Mortgage Interest Payments:** Provide a copy of **1098** Mortgage Interest Statement.

Did you take out a home equity loan this year? Was it used to renovate your home? If so, provide a copy of the **1098**.

**Charitable Contributions:** (Keep Your Receipts!) Provide totals for the following items:

TOTAL monetary contributions \$ \_\_\_\_\_

TOTAL of your Charitable Miles Driven: \_\_\_\_\_

TOTAL non-cash charitable contributions \$ \_\_\_\_\_ (If over \$500, please provide name of organization & description)

Did you make charitable contributions directly from your IRA to a qualified charity?  No  Yes If yes, please provide letter

**NEW CLIENT INFORMATION ONLY**

Dependent Name	Relationship	Date of Birth	SSN or ITIN	Full Time Student	Disabled
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

	Social Security No.	Date of Birth	Blind? (Yes or No)
Taxpayer:			
Spouse:			

Please provide a copy of the last Two Years Tax Returns.