Client Organizer - Welcome - 2022

Preparing For Your Tax Appointment

This Organizer should be used as a guide in gathering the information necessary to complete your tax return. To the extent original source documents are provided, the General, Income and Deductions sections do NOT need to be completed.

- Step 1: Gather all of the applicable documents on the short list into one place
- Step 2: Review the rest of the organizer and fill in any applicable sections not included on the short list
- Step 3: Mail / fax / email or upload your information to us as soon as possible Secure Portal Upload Link: https://foxpeterson.com/filebox/
- Step 4: Call our office at: 480-898-7640 or visit our website to schedule your appointment

Be sure to call at least 24 hours in advance if you are unable to keep your appointment

The Short List

Documents and items that we need from you to complete your tax return - ORIGINAL SOURCE DOCUMENTS REQUIRED

- 1 Copy of your most recently filed prior year tax return
- 2 Completed household information section of the organizer
- 3 Completed copy of Questionnaire checklist
- 4 Copy of the driver's license for you and your spouse
- 5 Copy of the Social Security cards for each member of your family
- 6 Provide bank account and routing information if you prefer auto deposit and withdrawal
- 7 All W-2 forms
- 8 All 1099 forms, (Banks, Credit Unions, Stock brokerages, Social Security, Misc. Income)
- 9 K-1 forms from any Partnerships or S-Corporations
- 10 All notices & letters received from Federal and State tax authorities
- 11 For victims of Identity Theft ONLY I will need your IP PIN Notice Letter from IRS (your return cannot be e-filed without your IP PIN)
- 12 Brokerage statements (1099-B) if there were any stocks sold
- 13 Escrow statements (HUD-1) for any real estate purchase, sale or refinance
- 14 All 1098 forms
- 15 Form 8332 for any non-custodial dependent claimed
- 16 All 1095 Insurance Forms
- 17 Receipts for cash and non-cash charitable donations greater than \$250
- 18 Arizona Credit Donation Receipts

An important note about the IRS

The IRS has vastly expanded its audit programs as it has been directed by Congress to "close the gap". As a result, more audits and spot checks are to be expected. **Protect yourself: Keep good records and keep the record for at least 6 years.** Never ignore correspondence from tax authorities, but always be skeptical. The IRS has an annoying tendency to arbitrarily bill for taxes and penalties without first checking the facts.

Client Organizer - Household - 2022

| Personal Information | on - (note changes only |) | | | | |
|----------------------------|--|--|---|--|------------------|---------------|
| <u>Name</u> | <u>Name</u> | | Soc. Sec. No. | Date of B | <u>irth</u> | |
| Taxpayer | | | | | | |
| Spouse | | | | | | |
| Address | | | | | | |
| Phone numbers | Toynovon | | Spouse | | _ | |
| E-mail address | Taxpayer | / | | | _ | |
| Dank Information | Taxpayer | | Spouse | | | |
| Bank Information | | | F3.1 1.1.19 (| | | |
| Name of Bank | | | | have my refund a | • | |
| Bank Routing Number | | | | have taxes due w | ith the return | auto |
| Bank Account Number | Cl. 1: | | withdrawn. | | | |
| Account Type | Checking Savings | \ | | | | |
| Filing Status - choo | se one | | | | | |
| Single | If you were unmarried or d | ivorced at the end of | the year and don't | qualify for head of h | nousehold statu | ıs |
| Married filing Jointly | If your spouse died during | the year, you may sti | ll file a joint returi | n with that spouse for | r the year of de | ath |
| Married filing Separately | A married couple may elec this filing status and wh | | | | eductions unde | r |
| Head of Household | If you were unmarried and qualifying person (relat more than half the cost but you must be able to | ive) who lived with y of keeping up a paren | ou more than half nt's home, even if | the year. You may the parent did not liv | qualify if you j | paid |
| Qualifying Widow(er) | If your spouse died during | 2020 or 2021, you ha | ve a dependent ch | ild living with you a | nd have not rea | narried |
| Dependents (Childi | ren & Others) - (<i>note d</i> | changes only) | | | | |
| Name (First, Last) | Relationship | Birthdate | Soc. Sec. No. | Months in home | F/T Student | Income |
| | | | | | Y / N | |
| | | | | | Y/N | |
| | | | | | | |
| | | | | | Y/N _ | |
| - Are any of the dependent | s listed above permanently di | sabled? Y/N | If yes, which dep | endent? | | |
| - Are any of the dependent | s listed above 19 or older dur | ring 2022 and not a fu | | | uring 2021? Y | ' / N |
| • | If yes, which dependent? | | | gross income for 20 | | |
| | | | | | | |
| - | ndents - Note: New Law - | | | | T have form 8 | 332 |
| To qualify as a dependent, | that person must be: | 1. Unmarried, or if r | | | | |
| | | 2. A US Citizen, res | | | | |
| | | 3. Either a qualifyin | g child or qualifying | ng relative (see belov | v) | |

Qualifying Relative

- 1. Must not be the taxpayer or anyone else's qualifying child
- 2. Either have lived with the taxpayer all year OR be related
- 3. Have gross income of less than \$4,400
- 4. Provide less than half of own support

Qualifying Child

- 1. Taxpayer's child, stepchild, brother, sister, stepbrother
- 2. Under age 19 OR a full-time student under 24 or disabled
- 3. Lived with taxpayer more than half the year
- 4. Provide less than half their own support
- 5. Cannot be a claimed as qualifying child of another taxpayer

Client Organizer - Questionnaire - 2021 REQUIRED

Questions

| Review the follow | wing questions and check if YES (they help to ensure that we don't miss something important) |
|-------------------|---|
| IRS - Legal | [] Letters & Notices received from IRS or state (please bring all, if applicable) [] For vicitims of ID Theft ONLY I need your IP PIN Letter received from IRS in order to e-file your tax return [] Prior year's returns need to be amended [] Legal matters (lawsuit, etc.) during year |
| Income | [] Change in income or expenses [] Large casualty / disaster loss [] Foreign bank account or trust? Signing rights on a foreign account? [] Did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency? [] Received proceeds from an installment sale [] Inherited assets last year [] Jury duty (you/spouse) [] Cashed in any US Savings bonds [] Any bartering transactions [] Scholarships [] Any existing/new K-1 from LLC, S Corp, Estate or Trust [] Do you have a calculation of "basis" in the entity? Y/N [] Are you at risk for your investment? Y/N |
| Business | [] Part-time business or side venture [] Business returns need to be completed [] Did you start or dispose of a business this past year [] Do you have a student loan [] Did you receive any Form 1099-K [] Bankruptcy or insolvency [] Did you receive a PPP Loan for your business? [] If you did receive a PPP Loan, was it forgiven? Please list the year of forgiveness |
| Household | [] Change in dependents [] You or spouse in military or Guard [] You or spouse reach 72 this year or next [] You or spouse legally blind / disabled [] Dependent with investment income over \$ 1,150 [] Dependent with capital gains [] Can you be claimed as a dependent by someone else [] Dependent returns need to be completed |
| Residence | [] Debt forgiven, short sale or foreclosure [] Sold or refinanced home [] Moved your personal residence |
| Miscellaneous | [] Did you pay employees or household help last year [] Adoption expenses incurred [] Gifts of more than \$16,000 to any one person [] Contributions to a 529 college savings plan. Contribution Amount |
| Recordkeeping | [] Can you substantiate travel [] Can you substantiate charity donations [] Other matters that we should be aware of: |
| | [] None of these applied this year |

Client Organizer - General - 2022

| Credit for Educational Expense | S - (degree seeking and n | on-degree seeking) | | |
|--|---------------------------|----------------------------------|---|-------------------|
| Family member College-University | 7 Tuition | Books & supplies | Scholars | hips & Grants |
| Child & Other Dependent Care | Expenses (for depen | idents under age 1 | (4) | |
| Name of Care Provider | Address | | Tax ID | Amount Paid |
| ****Are you enrolled in your employer's 0 | Cafeteria Plan? Usually, | it's the best way to h | nandle child care o | costs. |
| List of Tax Credits. Ch | eck () if any apply a | nd supply details: | | |
| [] Installed solar energy system (skyligh [] Installed energy efficient improvemen [] Adoption credit | ts. | [] Arizona tuition | n scholarship cred ol ECA (Extra Cur | |
| Health Savings Account (HSA | & MSA) | | | |
| Contributions to HSA Amount disbursed from HSA: Qualified medical | expenses | Health insurance | | |
| IRA, SEP, SIMPLE, Keogh Plan | | ment Plans ded | | |
| Covered by a retirement plan? Contribution for: IRA - deductible | | | Yes / No Yes / No | |
| Miscellaneous | | | | |
| Educator classroom supplies purcl | nased (up to \$250) | | | |
| Student Loan Interest paid (attach | ` - | | | - - |
| Foreign Income and Investmen | nts | | | |
| Do you have foreign source income (a Do you have foreign bank accounts (a Do you have foreign source assets (at | ttach documentation) | Yes / No Yes / No Yes / No | Form TDF 90-22.1 | |
| Estimated Tax Paid | | | | |
| Date Paid 1 2 3 4 Refund from 2020 | return | Federal amount | - - - - | State amount |
| State Residency | | | | |
| [] I was a full year Arizona Resident in 2 | 022 | | izona in 2022 e you moved to Az is State Residenc | |

Client Organizer - Income - 2022

| Attach 1999s and last paycheck stub: Fimployer Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Property Personal Residence Vacation Home Land Other Provide information on improvements, prior sales of home, cost of a new residence. Also see Moving Section. Interest Income Attach 1999-NT & broker statements Payer Amount Taxpayer Amount Taxpayer Spouse Tax Exempt Amount Dividend Income From Mutual Funds & Stocks Payer Amount Personal Residence Vacation Home Land Other Taxpayer Spouse Amount Taxpayer Spouse Amount Taxpayer Spouse Amount Taxpayer Spouse Amount Particle Withdrawal Person Annuity Income Attach 1099-R Reason for Payer Personal Residence Vident Cost & Imp. Personal Residence Vacation Home Land Other Provide information on improvements, prior sales of home, cost of a new residence. Also see Moving Section. IR.A. (Taxable and Non-taxable) Amount Taxpayer Spouse Amount Taxpayer Spouse Amount Payer Pension, Annuity Income Attach 1099-R Reason for Payer Pension, Annuity Income Payer Pension, Annuity Income Attach 1099-R Reason for Provide information on improvements, prior sales of home, cost of a new residence. Also see Moving Section. Reason for Prustee Withdrawal Yes / No Provide information on improvements, prior sales of home, cost of a new residence. Attach 1099-R Reason for Prustee Payer Pension, Annuity Income Attach 1099-R Reason for Payer Provide information on improvements, prior income and Rollovers Amount Taxpayer Payer Payer Payer Pension, Annuity income Attach 1099-R Reason for Payer | Wage, Salary Income | | | Property Sold | | |
|--|--|-------------|--------|-----------------------------|-----------------------|-------------|
| Personal Residence Vacation Home Land Other | Attach W-2s and last paycheck stub: | | | Attach 1099s and closing | statements for sale & | z purchase |
| Vacation Home Land Other "Provide information on improvements, prior sales of home, cost of a new residence. Also see Moving Section. Interest Income Attach 1099-INT & broker statements Payer Amount IR.A. (Taxable and Non-taxable) Attach 1099-R & 5498 Contributions for tax year income and Rollovers Amount Taxpayer Spouse Tax Exempt Dividend Income From Mutual Funds & Stocks Attach 1099-DIV Payer Amount Pension, Annuity Income Attach 1099-R Attach 1099-R Attach 1099-R Pension, Annuity Income Attach 1099-R Attach 1099-R Pension, Annuity Income Attach 1099-R Attach 1099-R Payment Reinvested? Yes / No Yes | Employer | Taxpayer | Spouse | Property | Date Acquired | Cost & Imp. |
| Land Other Provide information on improvements, prior sales of home, cost of a new residence. Also see Moving Section. | | | | _ | | |
| Other *Provide information on improvements, prior sales of home, cost of a new residence. Also see Moving Section. Interest Income | | | | Vacation Home | - | 1 |
| #Provide information on improvements, prior sales of home, cost of a new residence. Also see Moving Section. I.R.A. (Taxable and Non-taxable) Attach 1099-INT & broker statements Amount Date Taxpayer Spouse Amount Date Taxpayer Spouse Amount Date Taxpayer Spouse Trustee Withdrawal Reinvested? Yes / No Yes / No Yes / No Yes / No Payer Amount Pension, Annuity Income Attach 1099-R Reason for Trustee Payment Reinvested? Yes / No Yes | | | | Land | | - |
| Interest Income Attach 1099-INT & broker statements Payer Amount Amount IR.A. (Taxable and Non-taxable) Attach 1099-R & \$498 Contributions for tax year income and Rollovers Amount Tax Exempt Dividend Income From Mutual Funds & Stocks Attach 1099-DIV Payer Amount Pension, Annuity Income Attach 1099-R Attach 1099-R Reason for Trustee Attach 1099-R Reason for Payment Pension, Annuity Income Attach 1099-R Reason for Payment Pension, Annuity Income Attach 1099-R Reason for Payment Persion, Annuity Income Attach 1099-R Reason for Payer Payment Persion, Annuity Income Attach 1099-R Reason for Payer Payment Persion, Annuity Income Attach 1099-R Social Security Benefits Attach SSA-1099, RRB 1099 Taxpayer Spouse Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Investment Dates Acquired Attach 1099-B & confirmation slips. Dates Sold Sale Price Cost | | | | | | - |
| Interest Income | | | | | | |
| Attach 1099-INT & broker statements Payer Amount Tax Exempt Dividend Income From Mutual Funds & Stocks Attach 1099-BV Payer Amount Plan Reason for Trustee Withdrawal Pension, Annuity Income Attach 1099-R Reason for Payment Pension, Annuity Income Attach 1099-R Reason for Payment Pension, Annuity Income Attach 1099-R Reason for Payment Pension, Annuity Income Attach 1099-R Reason for Payment Pension, Annuity Income Attach 1099-R Reason for Payment Pension, Annuity Income Attach 1099-R Second Statements from employer or insurance company with information on cost of or contributions to plan. Partnership, Trust, Estate Income List partnership, LLC, S-corp, trust or estate Attach K-1 (Do you have a BASIS caldulation?) Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Dates Acquired Attach 1099-R & confirmation slips. Dates Sold Sale Price Cost | | | | cost of a new residence. A | lso see Moving Sect | ion. |
| Attach 1099-INT & broker statements Payer Amount Tax Exempt Dividend Income From Mutual Funds & Stocks Attach 1099-BV Payer Amount Plan Reason for Trustee Withdrawal Pension, Annuity Income Attach 1099-R Reason for Payment Pension, Annuity Income Attach 1099-R Reason for Payment Pension, Annuity Income Attach 1099-R Reason for Payment Pension, Annuity Income Attach 1099-R Reason for Payment Pension, Annuity Income Attach 1099-R Reason for Payment Pension, Annuity Income Attach 1099-R Second Statements from employer or insurance company with information on cost of or contributions to plan. Partnership, Trust, Estate Income List partnership, LLC, S-corp, trust or estate Attach K-1 (Do you have a BASIS caldulation?) Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Dates Acquired Attach 1099-R & confirmation slips. Dates Sold Sale Price Cost | | | | | | |
| Payer Amount Contributions for tax year income and Rollovers Amount Date Taxpayer Spouse Tax Exempt Amount Sold Taxpayer Spouse Amount Withdrawn. Plan Reason for Trustee Withdrawal Reinvested? Yes / No Yes / No Yes / No Payer Amount Withdrawal Pension, Annuity Income Attach 1099-DIV Pension, Annuity Income Attach 1099-R Reason for Payer Payment Reinvested? Yes / No Ye | | | | | d Non-taxable) | |
| Tax Exempt Amount Spouse Tax Exempt Dividend Income From Mutual Funds & Stocks Payer Amount Pan Amount Plan Reason for Trustee Yes / No Yes / No Pension, Annuity Income Attach 1099-B Reason for Payment Pension, Annuity Income Attach 1099-R Reason for Payment Yes / No Y | | | | | | |
| Tax Exempt Tax Exempt Amounts withdrawn. Plan Reason for Trustee Withdrawal Reinvested? Yes / No Yes / No Yes / No Pension, Annuity Income Attach 1099-DIV Payer Amount Pension, Annuity Income Attach 1099-R Reason for Payment Reinvested? Yes / No Provide statements from employer or insurance company with information on cost of or contributions to plan. Partnership, Trust, Estate Income List partnership, LLC, S-corp, trust or estate Attach K-1 (Do you have a BASIS caldulation?) Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Investment Dates Acquired Attach 1099-B & confirmation slips. Dates Sold Sale Price Cost | Payer | | Amount | Contributions for tax year | | |
| Tax Exempt Amounts withdrawn. Plan Reason for Trustee Withdrawal Reinvested? Yes / No Yes / | | | | _ | Amount | Date |
| Tax Exempt Amounts withdrawn. Plan Trustee Withdrawal Plan Trustee Withdrawal Reinvested? Yes / No Yes / No Yes / No Payer Amount Pension, Annuity Income Attach 1099-R Reason for Payer Payment Reinvested? Yes / No Ye | | | | _ | | |
| Plan Reason for Trustee Withdrawal Reinvested? Pers / No Payer Amount Pension, Annuity Income Attach 1099-DIV Payer Payment Reinvested? Yes / No Pension, Annuity Income Attach 1099-R Reason for Payer Payment Reinvested? Yes / No Tosses (be sure to have support for losses) Amount Partnership, Trust, Estate Income List partnership, LLC, S-corp, trust or estate Attach K-1 (Do you have a BASIS caldulation?) Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Dates Acquired Plan Reason for Withdrawal Reinvested? Yes / No Yes / No Payer Payment Reinvested? Yes / No Yes / No Yes / No Yes / No Provide statements from employer or insurance company with information on cost of or contributions to plan. Social Security Benefits Attach SSA-1099, RRB 1099 Taxpayer Spouse Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Dates Sold Sale Price Cost | | | _ | Spouse | | - |
| Plan Reason for Trustee Withdrawal Reinvested? Pers / No Payer Amount Pension, Annuity Income Attach 1099-DIV Payer Payment Reinvested? Yes / No Pension, Annuity Income Attach 1099-R Reason for Payer Payment Reinvested? Yes / No Tosses (be sure to have support for losses) Amount Partnership, Trust, Estate Income List partnership, LLC, S-corp, trust or estate Attach K-1 (Do you have a BASIS caldulation?) Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Dates Acquired Plan Reason for Withdrawal Reinvested? Yes / No Yes / No Payer Payment Reinvested? Yes / No Yes / No Yes / No Yes / No Provide statements from employer or insurance company with information on cost of or contributions to plan. Social Security Benefits Attach SSA-1099, RRB 1099 Taxpayer Spouse Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Dates Sold Sale Price Cost | | | | | | |
| Dividend Income From Mutual Funds & Stocks Payer Amount Pension, Annuity Income Attach 1099-DIV Payer Amount Pension, Annuity Income Attach 1099-R Reason for Payer Payment Reinvested? Yes / No Y | Tax Exempt | | | | D. C | |
| Pension, Annuity Income Yes / No Ye | | | | _ | | D ' 10 |
| From Mutual Funds & Stocks Payer Amount Pension, Annuity Income Attach 1099-R Reason for Payment Reinvested? Yes / No Amount Losses (be sure to have support for losses) Amount Partnership, Trust, Estate Income List partnership, LLC, S-corp, trust or estate Attach K-1 (Do you have a BASIS caldulation?) Investments Dates Acquired Pension, Annuity Income Reason for Payment Reinvested? Yes / No Yes / No Yes / No Yes / No *Provide statements from employer or insurance company with information on cost of or contributions to plan. Social Security Benefits Attach SSA-1099, RRB 1099 Taxpayer Spouse Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Dates Sold Sale Price Cost | Dividend because | | | Trustee | withdrawai | |
| Payer | | | | | | |
| Pension, Annuity Income | | Attach 1099 | | | | Yes / No |
| Attach 1099-R Payer Payment Reinvested? | Payer | | Amount | | | |
| Gambling & Lottery Income Attach W-2G Winnings Amount Losses (be sure to have support for losses) Amount Partnership, Trust, Estate Income List partnership, LLC, S-corp, trust or estate Attach K-1 (Do you have a BASIS caldulation?) Investment Payer Payer Payment Payment Payment Peay Payment Peay Payment Peay No Yes / No Y | | | | | ncome | |
| Payer Payment Reinvested? Yes / No | | | | Attach 1099-R | | |
| Amount Yes / No | | | | | | |
| Attach W-2G Winnings Amount Amount *Provide statements from employer or insurance company with information on cost of or contributions to plan. Partnership, Trust, Estate Income List partnership, LLC, S-corp, trust or estate Attach K-1 (Do you have a BASIS caldulation?) Social Security Benefits Attach SSA-1099, RRB 1099 Taxpayer Spouse Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Dates Acquired Dates Sold Sale Price Cost | | | | Payer | Payment | |
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| Amount Yes / No Toust Partnership, Trust, Estate Income Social Security Benefits | Attach W-2G | | | | | Yes / No |
| Amount *Provide statements from employer or insurance company with information on cost of or contributions to plan. | Winnings | | Amount | | | |
| with information on cost of or contributions to plan. Partnership, Trust, Estate Income Social Security Benefits | | | | | | |
| Partnership, Trust, Estate Income List partnership, LLC, S-corp, trust or estate Attach K-1 (Do you have a BASIS caldulation?) Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Dates Acquired Dates Sold Social Security Benefits Attach SSA-1099, RRB 1099 Taxpayer Spouse Attach 1099-B & confirmation slips. Dates Sold Sale Price Cost | Losses (be sure to have support for losses |) | Amount | | | |
| List partnership, LLC, S-corp, trust or estate Attach SSA-1099, RRB 1099 Taxpayer Spouse Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Investment Dates Acquired Dates Sold Sale Price Cost | | | | with information on cost of | f or contributions to | plan. |
| List partnership, LLC, S-corp, trust or estate Attach SSA-1099, RRB 1099 Taxpayer Spouse Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Investment Dates Acquired Dates Sold Sale Price Cost | | | | | 514 | |
| Attach K-1 (Do you have a BASIS caldulation?) Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Investment Dates Acquired Dates Sold Sale Price Cost | | | | | | |
| Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Investment Dates Acquired Dates Sold Sale Price Cost | | | | Attach SSA-1099, RRB 10 | | _ |
| Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Investment Dates Acquired Dates Sold Sale Price Cost | Attach K-1 (Do you have a BASIS caldud | lation?) | | | Taxpayer | Spouse |
| Investments Sold Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Investment Dates Acquired Dates Sold Sale Price Cost | | | | _ | | |
| Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Investment Dates Acquired Dates Sold Sale Price Cost | | | | _ | | |
| Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Investment Dates Acquired Dates Sold Sale Price Cost | | | | _ | | |
| Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. Investment Dates Acquired Dates Sold Sale Price Cost | | | | | | |
| Investment Dates Acquired Dates Sold Sale Price Cost | | | | | | |
| | | _ | | • | • | |
| Other Income | Investment | Dates Acqu | uired | Dates Sold | Sale Price | Cost |
| Other Income | | | | | | |
| Other Income | | | | _ | | |
| Other Income | | | | | | |
| | Other Income | 111 3 40 | 20 | | | |

Other Income
List All Other Income (Including Non-taxable). Such as

Cash income for which you did not receive a 1099;

Alimony Received; Unemployment Compensation (repaid); Unreported tips; Commissions; State tax refunds; Jury Duty;

Worker's Compensation; Scholarship (grant); Payment from prior Installment sale; Disability income

| Medical/Dental Expenses (over 7.5% of AGI) | Charitable Contributions |
|---|--------------------------------------|
| Medical Insurance (paid by you) | Cash - must attach receipts |
| Prescription Drugs, Insulin | Church |
| Doctor/Dental/Orthodontist (Braces) | United Way |
| Hospital | Scouts, Telethons |
| Lab & X-rays | University, Public TV/Radio |
| Nursing Care. Medical Therapy | Heart, Lung, Cancer, etc. |
| Glasses, Contacts, Hearing Aids | Arizona Tax Credits (school or needy |
| Medical Equipment, Supplies | Non-cash - must attach receipts |
| Long-term care insurance | Salvation Army, Goodwill, DI |
| Home improvements for health | (Itemize items donated in detail) |
| Mileage (No. of Miles) | Volunteer (No. of miles) |
| Taxes Paid - attach receipts Auto/Boat registration (license renewal) Property Tax - home(s) & land State Taxes paid Sales taxes on large purchases (car, RV) | |
| Interest Expense | |
| Attach 1098 and Closing papers | |
| Mortgage interest paid | |
| Second Home | |
| Qualified Mortgage insurance premiums | |
| Interest paid to individual for your home | |
| Points paid on new or refinance mortgage | |

Paid to: Name, address, Soc Sec #

Investment Interest

Brokerage margin account

Vacant Land