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IN TIME ALL GOOD THINGS COME™

2022 CLIENT TAX ORGANIZER

Document Revision v1.2022

1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation	Email
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Best Contact No.

	Taxpayer	Spouse	Marital Status	Will file jointly?
Blind	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married	<input type="checkbox"/> Yes
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single	<input type="checkbox"/> No
Pres. Campaign Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Widow(er), Date of Spouse's Death _____	

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please provide:

- Last year's tax return (new clients only)
- Copy of Driver's License (new clients only)
- All statements (W-2s, 1099s, etc.)
- Amount of stimulus payments received in 2021: _____
- Amount of child tax credit received in 2021 (IRS Letter 6419): _____

Please answer the following questions to determine maximum deductions

- | | |
|---|--|
| <p>1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did you receive, sell, send, exchange or acquire any virtual currency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Did you receive rent from real estate or other property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you make any withdrawals from a pension or IRA or make any Corona-related withdrawals in 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you contribute to an IRA or Roth IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Did you provide a home for or help support anyone not listed in Section 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you receive any correspondence from the IRS or State Department or Taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you give a gift of more than \$15,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>10. Did you have any debts canceled, forgiven or refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you go through bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you purchase, sell or refinance any property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Did you pay interest on a student loan for yourself, your spouse or your dependent during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you pay expenses for yourself, your spouse or your dependent to attend classes beyond high school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you have any children under age 24 with unearned income of more than \$2,200? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Did you purchase a new "hybrid", alternative technology vehicle or electric vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Did you install any energy efficiency improvements to your residence such as solar, exterior doors or windows, insulation, heat pumps, furnace, central air conditioning or water heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|

3. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse
_____	<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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

4. Interest Income

Attach 1099-INT & Broker Statements

Payer	Amount

5. Dividend Income

From Mutual Funds & Stocks - **Attach 1099-DIV**

Payer	Ordinary	Capital Gains	Non-Taxable

6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - **Attach K-1**

7. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - **Attach 1099-B**

Investment	Date Acquired/Sold	Cost	Sale Price

8. Property Sold

Attach 1099-S & Closing Statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

*Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).

9. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

	Amount	Date	U for Roth
Taxpayer			
Spouse			

Amounts withdrawn. **Attach 1099-R & 5498**

Plan Trustee	Reason for Withdrawal	Reinvested?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Pension, Annuity Income

Attach 1099-R

Payer*	Reason for Withdrawal	Reinvested?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

*Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:

	Taxpayer	Spouse
Social Security Benefits (Attach SSA-1099)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad Retirement (Attach RRB-1099)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Wage, Salary Income

List all other taxable income.

Alimony Received _____

Scholarship (Grants) _____

Unemployment Compensation (**Attach 1099-G**) _____

Prizes, Bonuses, Awards (**Attach 1099-Misc**) _____

Gambling, Lottery (**Attach W-2G**) _____

Unreported Tips _____

Director / Executor's Fee _____

Commissions _____

Jury Duty _____

Canceled Debt (**Attach 1099-C**) _____

Disability Income _____

Veteran's Pension _____

Payments from Prior Installment Sale _____

State Income Tax Refund (**Attach 1099-G**) _____

Other _____

Other _____

12. Medical/Dental Expenses (Only provide if in excess of 7.5% of your income)

Medical Insurance Premiums (paid by you) _____

Prescription Drugs _____

Insulin _____

Glasses, Contacts _____

Hearing Aids, Batteries _____

Medical Equipment, Supplies _____

Nursing Care _____

Medical Therapy _____

Hospital _____

Doctor/Dental/Orthodontist _____

Mileage (no. of miles) _____

Long-Term Care Premiums _____

13. Medical & Health Insurance

Were you and your family covered by health insurance for all 12 months of last year? Yes No

Do you have Marketplace insurance from the Affordable Healthcare Act (Covered CA)?* Yes No

If yes, provide form 1095-A.

Note: CA mandates all residents enroll in a qualified health insurance coverage or face a penalty

14. Taxes Paid

Real Property Taxes (attach bills) _____

Personal Property Tax (Car Tags, etc.) _____

Sales Tax Paid _____

Other: _____

15. Interest Expense

Mortgage interest paid (**Attach 1098-INT**) _____

Interest paid to individual for your home (include amortization schedule) _____

Paid to:

Name _____

Address _____

Social Security No. _____

Investment interest _____

Premiums paid or accrued for qualified mortgage insurance _____

16. Charitable Contributions

Cash (cash, check, credit card)

Church _____

United Way, Heart, Lung, Cancer, etc. _____

University, Public TV/Radio, Museums _____

Other: _____

Non-Cash

Salvation Army, Goodwill, etc. _____

Car Donation (**Attach 1098-C**) _____

Other: _____

Volunteer (no. of miles driven) _____

17. Employment Related Expenses That You Paid (Not self-employed) STATE ONLY

Books, Subscriptions, Publications _____

Computer _____

Dues - Union, Professional _____

Gifts (\$25 each max) _____

Internet _____

Licenses _____

Meals, Entertainment _____

Postage _____

Software, Online Subscriptions _____

Supplies _____

Tablet _____

Telephone _____

Tools, Equipment, Safety Equipment _____

Uniforms (include cleaning) _____

Other: _____

Office in home:

In Square Feet _____ Rent _____

Total Home _____ Insurance _____

Office _____ Utilities _____

Storage _____ Maintenance _____

18. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Phone No.	Soc. Sec. No or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer

19. Business Mileage (STATE ONLY)

Do you have written records? Yes No

Did you sell/trade in a car used for business and purchase/lease a new one? Yes No

If yes, attach a copy of purchase agreement

Make/Year Vehicle _____

Date Purchased/Leased _____

Total Miles (personal & business) _____

Business Miles (not to and from work) _____

From first to second job _____

Education (one way, work to school) _____

Job seeking _____

Other business _____

Commuting Distance _____

Gas, Oil, Lubrication, Repairs _____

Batteries, Tires, etc. _____

Registration _____

Wash _____

Insurance _____

Interest _____

Lease Payments _____

Parking/Tolls _____

20. Business Travel (STATE ONLY)

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. _____

Lodging _____

Meals _____

Taxi, Car Rental, Uber, etc. _____

Other: _____

Reimbursement Received _____

21. Miscellaneous Expenses (STATE ONLY)

Tax Preparation Fee _____

Safe Deposit Box Rental _____

Mutual Fund Fee _____

Investment Counselor _____

Job Seeking Expense _____

Other: _____

22. Estimated Tax Paid

Date Paid	Federal	State

23. Other Deductions

Alimony Recipient Name _____

Social Security No. _____

Alimony Amount Paid _____

Agreement Date _____

HSA/Archer Medical Savings _____

Acct. Contributions _____

Gambling Losses (up to winnings amount) _____

24. Educational Expenses

Tuition and Fees (**Attach 1098-T for each school**)

Student's Name	Type of Expense	Amount

Student Loan Interest Paid

Lender	Taxpayer Name	Amount

25. Job-Related Moving Expenses (MILITARY & STATE ONLY)

Date of Move: _____

Travel to New Home (no. of miles) _____

Move Household Goods (\$) _____

Lodging During Move (\$) _____

26. Direct Deposit of Refund

Would you like to have your refund(s) directly deposited to your account?
(If so, please provide the following information.)

Yes No

Owner of account: Taxpayer Spouse Joint Type of account: Checking Savings
Name of Financial Institution: _____
Routing Transit Number: _____ Account Number: _____

27. Additional Information

Please provide any additional information or any specific questions/comments that we should be alerted to.

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer Date _____ Spouse _____ Date