

FOR INTERNAL USE ONLY:	
Practice by _____	Liscio by _____
Office _____	Manager _____

CLIENT INFORMATION WORKSHEET  
 Tax Year 2022

**Taxpayer**

**Spouse**

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 D.O.B. \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Address: No Change - Use same as prior year: YES  NO   
 New: (if applicable) \_\_\_\_\_  
 \_\_\_\_\_

Dependents: No Change - Use same as prior year: YES  NO

Dependents to remove this year: YES  NO

Name: \_\_\_\_\_ Name: \_\_\_\_\_

New Dependent(s) this year: YES  NO

Name: \_\_\_\_\_ Name: \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

If a refund is due to you, do you want it direct deposited? YES  NO

If a balance is due, do you want the payments drafted from your account? YES  NO

If estimated tax payments are required, do you want the payments drafted from your account? YES  NO

Name of Financial Institution: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Checking  Savings

Name: \_\_\_\_\_

Tax Year: **2022**

1. Did you or your spouse make payments for out of pocket medical expenses, real estate taxes, personal property taxes, mortgage interest, or charitable contributions in 2022? If so, please provide documentation including all 1098 Mortgage Statements. YES  NO

If yes, how much: \_\_\_\_\_ **Please provide statements from the charity.**

2. Would you like to contribute to an IRA for the 2022 tax year? YES  NO

If so, Traditional IRA  Roth IRA

Taxpayer Amount: \_\_\_\_\_

Spouse Amount: \_\_\_\_\_

3. Did you make Federal or State estimated tax payments for 2022? If yes, please provide amounts and payment dates. YES  NO

4. Do you expect your 2023 taxable income and withholdings to be different for 2022? YES  NO

5. Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? If yes, please provide documentation. YES  NO

6. Did you have any transactions pertaining to a health savings account (HSA) or medical savings (MSA)? If so, include all form 1099-SA and/or 5498-SA. YES  NO

If you had any distributions, were they used for qualifying medical expenses? YES  NO

7. Are you enrolled in Marketplace Health Insurance? If so, include the form 1095-A in order to reconcile your advance premium tax credits. YES  NO

8. Did you or any of your dependents pay tuition to a secondary education institution? If so, include Form 1098-T. Also include the cost of books/supplies required for the related tuition. YES  NO

9. Did you pay any student loan interest? If so, include form 1098-E. YES  NO

10. Did you or your spouse have any interest in or a signature authority over a bank account, securities account, or other financial account in a foreign country? YES  NO

11. At any time during 2022, did you or your spouse receive, sell, send, exchange, or otherwise acquire any financial interest in any crypto or virtual currency? YES  NO

12. Are you or your spouse an educator? YES  NO

If so, how much of your personal money did you spend on materials or supplies for your classroom?

Taxpayer Amount: \_\_\_\_\_ (Max allowed = \$250)

Spouse Amount: \_\_\_\_\_ (Max allowed = \$250)