

JOHN D. GALLO, C.P.A., LLC

CERTIFIED PUBLIC ACCOUNTANT

2500 EAST 168TH AVENUE

BRIGHTON, COLORADO 80602

(303) 817-7855

www.johngallocpa.com

email: john@johngallocpa.com

Organizer for individual income tax year 2022

This organizer is designed to help make the preparation of your individual income tax returns as efficient as possible and to assure that you are taking advantage of all allowable deductions. Please fill in all applicable spaces as completely as possible.

Please also attach copies of your individual income tax returns for the past two years if you are a new client. I will also need a copy of your current drivers license or identification.

About you:

Name (First, MI, Last):

Taxpayer _____ Social Security # _____

Spouse _____ Social Security # _____

Address _____

Home phone number: taxpayer _____ spouse _____

Work phone number: taxpayer _____ spouse _____

Cell phone number: taxpayer _____ spouse _____

Fax phone number: taxpayer _____ spouse _____

Email address: taxpayer _____

Spouse _____

Date of Birth: taxpayer _____ spouse _____

Occupation: taxpayer _____ spouse _____

Are you or spouse a dependent of another taxpayer? Yes No

Estimated income tax payments

| Date | Check # | Amount | Federal or State? |
|------|---------|--------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

About your dependents:

Please list your dependents on the next page:

| First Name, MI, Last Name | Date of Birth | Social Security # |
|---------------------------|---------------|-------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

| Relationship | Months lived with you | Gross Income | % support you provide |
|--------------|-----------------------|--------------|-----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Dependent Care (include documentation)

Provider 1:

Name _____
 Address _____
 SS# or EIN _____
 Amount paid this year _____

Provider 2:

Name _____
 Address _____
 SS# or EIN _____
 Amount paid this year _____

About your income:

Attach copies of all W-2, 1099, 1099NEC, 1099R, SSA-1099 or other forms showing income and sources of income

Sources of W-2 income:

| Employer | \$ Amount | Taxpayer or Spouse? |
|----------|-----------|---------------------|
| | | |
| | | |
| | | |
| | | |

How many exemptions are you claiming on your W-4 forms? _____

Are you making any additional withholding adjustments? _____

Sources of Retirement and Social Security income:

| Payer | \$ Amount | Taxpayer or Spouse? |
|-------|-----------|---------------------|
| | | |
| | | |
| | | |

Interest Income:

Include documentation (1099 or end of year statement)

| Payer | Amount | Withholding | T Bills | Fed W/Hold | Municipal? |
|-------|--------|-------------|---------|------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |

Dividend Income:

Include documentation (1099 or end of year statement)

| Payer | Gross Amount | Capital Gains Dist | Nontaxable Dist | Fed w/hold | Foreign Tax Paid |
|-------|--------------|--------------------|-----------------|------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Attach copies of all K-1 forms from partnerships, S corporations, estates or trusts.

Other Income:

Capital Gains and Losses: include documentation from brokers

| Investment Description | Gross Proceeds | Date Acquired | Date Sold | Cost/Basis | Net Sales Proceeds |
|------------------------|----------------|---------------|-----------|------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

State tax refund (attach 1099-G) _____
 Unemployment received (attach 1099) _____
 Taxable scholarships and fellowships _____
 Gambling winnings (attach W-2G) _____

About your Deductions:

Medical

Medical insurance premiums paid by you: _____
 Medicare B premiums _____
 Doctors and Dentists _____
 Hospitals and Nursing homes _____
 Parking for Medical treatment _____
 Eyeglasses/contacts _____
 Medical equipment and supplies _____
 Prescriptions and drugs _____
 Laboratory exams _____
 Miles driven for medical purposes _____
 Insurance reimbursement on above amounts _____

Taxes

Property taxes paid on your residence _____
 Property taxes paid on other property _____
 State income taxes _____
 Sales tax paid on large purchase _____
 Personal property taxes _____
 (ownership tax on vehicle registration)

Interest

Home Mortgage interest

| Payee | Prin res (P) Home Equity(HE) 2 nd /Vac Home(S) ? | 1098 Attached? Yes/No | Amount |
|-------|--|-----------------------------|--------|
| | | | |
| | | | |

Points paid on refinancing-current year ___ (attach documentation)
 Points paid previously and being amortized _____
 Amount _____ Date paid _____ Life of loan _____

Investment interest

| Payee | Amount | Related Investment |
|-------|--------|--------------------|
| | | |

Charitable Contributions

| Donee | Amount | Fair Market Value of Service or Merchandise received |
|---|--|--|
| | | |
| | | |
| | | |
| | | |
| YOU MUST HAVE PROPER OF VALUE RECEIVED | RECEIPTS SHOWING HOW IN CONNECTION WITH | MUCH OR THAT NOTHING YOUR CONTRIBUTION |

Contributions equal to or greater than \$250 must be substantiated in writing by the donee. Please provide copies of documentation.

Did you have any gifts over \$5,000.00?

Mileage for charitable activities _____

Non-Cash Charitable Contributions

Provide a schedule showing:

Name of Donee; Address of Donee; Description of Gift; Date of Purchase; Date of Contribution; Original cost; Fair Market Value; How You Acquired Property; Method Used to determine Fair Market Value. MUST HAVE DETAILED LISTING INCLUDING VALUES.

Or you may also use the worksheets you can find on my website available as a PDF or an Excel spreadsheet.

<http://johngallocpa.com/charitcontworksheet.xls>

or <http://johngallocpa.com/charitcontworksheet.pdf>

Rental/Royalty Income

Type of property: residential commercial royalty

Location _____

If vacation home: number of days rented _____ Number of days used personally _____

| | |
|-----------------------------|--|
| INCOME | |
| | |
| EXPENSES | |
| Advertising | |
| HOA dues | |
| Management Fees | |
| Travel | |
| Cleaning and Maintenance | |
| Insurance | |
| Property Taxes | |
| Mortgage Interest | |
| Legal and Professional Fees | |
| Licenses and Permits | |
| Repairs | |
| Supplies | |
| Utilities | |
| Other (describe) | |
| | |
| | |
| | |

Auto Miles driven for activity _____

Date property acquired _____

Cost of property _____

Sole Proprietorship Business Income and Expense

Business Name _____

Business Address (if different) _____

Business Employer Identification

Number _____

Principal business activity or profession _____

Whose business? Taxpayer or spouse

Do you have inventories? _____

If so \$ amount of beginning inventory _____

\$ amount of ending inventory _____

Is this the first year of the business?

| | |
|---------------|--|
| INCOME | |
|---------------|--|

| | |
|---|--|
| Gross Receipts or Sales | |
| Returns and Allowances | |
| Interest Income | |
| Other Income | |
| COST OF GOODS SOLD | |
| Purchases | |
| Cost of Items Used Personally | |
| Payroll Costs | |
| Materials and Supplies | |
| Other costs of Making Product (describe) | |
| | |
| EXPENSES | |
| Advertising | |
| Commissions | |
| Employee Health Insurance | |
| Owner Health Insurance | |
| Other Insurance | |
| Interest | |
| Legal Fees | |
| Accounting/bookkeeping Fees | |
| Professional Fees | |
| Office expense | |
| Rent, Equipment | |
| Rent, Buildings | |
| Rent, Vehicles | |
| Repairs & Maint., Equipment | |
| Repairs & Maint., Buildings | |
| Repairs & Maint., Vehicles | |
| Supplies | |
| Payroll Taxes | |
| Licenses | |
| Personal Property Tax | |
| Other Taxes (describe) | |
| Permits | |
| Travel | |
| Meals and entertainment | |
| PerDiems (provide documentation) | |
| Staff Meals/Parties | |
| Utilities | |
| Wages | |
| Management Fees | |
| Consulting Expenses | |
| Payroll Services | |

| | |
|---------------------------------|--|
| Employee Mileage Reimbursements | |
| Education and Seminars | |
| Payroll Service | |
| Client Gifts (limit \$25 each) | |
| Other (describe | |
| | |
| | |
| | |
| | |

Do you use any portion of your home regularly and exclusively for business? _____

Description of work done in home office _____

Description of work done outside of home office _____

Total square footage of home _____

Total Square footage of office _____

Home insurance cost _____

Repairs & Maint _____

Utilities _____

Rent _____

Other _____

If used as daycare facility: Days used as daycare _____

Hours per day used as daycare _____

Farm Business Income and Expense

Business Name _____

Business Address (if different) _____

Business Employer Identification Number _____

Principal business activity or profession _____

Whose business? Taxpayer or spouse

Do you have inventories? _____

If so \$ amount of beginning inventory _____

\$ amount of ending inventory _____

Is this the first year of the business? _____

Income

Sales of purchased livestock and other items purchased for resale:

| Description | Date acquired | Amount received | Cost |
|-------------|---------------|-----------------|------|
| | | | |
| | | | |
| | | | |

Sales of Market livestock and produce raised and held primarily for sale:

| KIND | AMOUNT | KIND | AMOUNT |
|---------------|--------|---------|--------|
| Calves | | Corn | |
| Cattle | | Hay | |
| Poultry | | Straw | |
| Sheep | | Alfalfa | |
| Dairy product | | | |
| Eggs | | | |
| | | | |
| | | | |
| | | | |

Other Farm income

| | |
|-------------------------------|--|
| Agricultural Program Payments | |
| CCC Loans Reported | |
| CCC Loans Forfeited | |
| Gasoline Tax Refund | |
| Crop Insurance Proceeds | |
| Interest Income | |
| Rental Income | |
| Other Income (describe) | |
| | |
| | |

Farm Expenses

| | |
|----------------------------|--|
| Advertising | |
| Breeding Fees | |
| Owner Health Insurance | |
| Other Insurance | |
| Interest | |
| Legal Fees | |
| Accounting Fees | |
| Professional Fees | |
| Rent, Equipment | |
| Rent, Buildings | |
| Rent, Farm/Pasture | |
| Repairs & Maint, Equipment | |
| Repairs & Maint, Vehicles | |
| Repairs & Maint, Buildings | |
| Conservation expenses | |
| Feed Purchases | |

| | |
|-----------------------------|--|
| Fertilizer, Lime, Chemicals | |
| Freight, Trucking | |
| Gasoline, Fuel, Oil | |
| Office Supplies | |
| Postage | |
| Seeds, Plants Purchased | |
| Storage, Warehousing | |
| Supplies | |
| Veterinary Fees | |
| Veterinary Medicines | |
| Irrigation | |
| Other (describe) | |
| | |

List animals, equipment and improvements purchased during the year below:

| DATE | DESCRIPTION | AMOUNT |
|------|-------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Vehicle used in business

Activity vehicle was used for _____

Was another vehicle available for personal use? _____

Was personal use during off-duty hours allowed? _____

Do you have evidence to support deduction? _____

If yes, is evidence written? _____

Is vehicle owned or leased? _____

Vehicle description _____

Date placed in service _____

Original cost _____

Prior depreciation _____

Mileage

| | |
|---|--|
| For Self Employment | |
| For Farm Activity | |
| For Rental Activity | |
| For Charity | |
| For commuting to and from work | |
| For Travel between 1 st and 2 nd Jobs | |

| | |
|-----------------------------------|--|
| For Travel to Temporary Job sites | |
| From Job to School | |
| Other Personal Miles | |
| Average Daily Commuting Miles | |
| Vehicle Miles at Begin of Year | |
| Vehicle Miles at End of Year | |

Expenses

| | |
|-------------------------|--|
| Registration | |
| Insurance | |
| Interest Paid | |
| Fuel, Oil | |
| Tires | |
| Repairs and Maintenance | |
| Lease Payments | |
| Tolls/Parking | |
| Washing/Waxing | |
| Other (describe) | |

Questions:

- Do you have a second home or vacation/rental home? _____
- Has your personal residence been refinanced? _____
- Do you have a home equity loan or line of credit? _____
- Did you sell your home during the year? _____
- Did you sell any property during the year? _____
- Are you or spouse legally blind? _____
- If you are a new client, did you provide us with previous years tax returns? _____
- Did you provide depreciation schedules to support the previous years tax returns? _____
- Have you made any gifts in excess of \$15,000 per donee? _____
- When was your will or estate plan last revised? _____
- What was your marital status as of the end of the year? _____
- Did anyone in your household have educational expenses during the year? _____
- Did you move for work purposes during the year? _____
- Did you make any IRA, Keough, 401K, or SEP contributions during the year? _____
- Did you make any H.S.A. or MSA contributions during the year? _____
- Did you have any foreign income or foreign bank accounts? _____
- Do you have any worthless stocks or uncollectible bad debts? _____
- If you have an overpayment of this year's taxes do you want the excess refunded? _____ Or applied to next year's estimate? _____
- Do you expect next year's taxable income and deductions to be generally the same as this year? _____

If No, please explain any differences.

Have you received any correspondence from tax authorities during the past year? _____ If so, please attach copies

Please use this page to ask any questions you may have, describe any tax related information in more detail or explain any information you are providing.

To the best of my knowledge, the enclosed information 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 contemporaneous records.

Please Sign and Date