

R & I

Tax and Bookkeeping Service, INC.

2023
2022 TAX YEAR



Tax Return Questionnaire

Personal Information

Tax Payer: _____

Address: _____

Phone Number: _____

Email: _____

Occupation: _____

Social Security Number: _____

Date of Birth: _____

Do you wish \$3 to go to the presidential election campaign?

(tax amount not affected) YES NO

Filing Status:

SINGLE

MARRIED

HEAD OF HOUSEHOLD

WIDOW

Spouse: _____

Address: _____

Phone Number: _____

Email: _____

Occupation: _____

Social Security Number: _____

Please attach driver's licenses for
each adult
(or an alternative form of picture ID)

VIRTUAL CURRENCY

At any time during _____ (year), did you receive, sell, send, exchange, or otherwise dispose of any financial interesting any virtual currency?

YES NO

ADVANCE CHILD TAX CREDIT PAYMENT

Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for _____ (year).

The amount to include on this line are found on your IRS Letter(s) 6419

2022 ECONOMIC IMPACT PAYMENT

Enter the amount from IRS Notice 1444-C, your 2022 Economic Impact Payment.

Dependents

First Name: _____

Middle Initial: _____

Last Name: _____

Income over 2,200?: YES NO

Date of Birth: _____

Relationship: _____

Months Living in Home: _____

First Name: _____

Middle Initial: _____

Last Name: _____

Income over 2,200?: YES NO

Date of Birth: _____

Relationship: _____

Months Living in Home: _____

Income

1 Wages and Salaries (*attach W2's*)

.....

Name of payer _____

Gross Wages (withheld) _____

Social Security (withheld) _____

Medicare (withheld) _____

Federal Income Tax (withheld) _____

State Income Tax (withheld) _____

Wages and Salaries (*attach W2's*)

.....

Name of payer _____

Gross Wages (withheld) _____

Social Security (withheld) _____

Medicare (withheld) _____

Federal Income Tax (withheld) _____

State Income Tax (withheld) _____

Income

2 Income Interest (*attach 1099's*)

.....
Name & address of payer: _____

Amount: _____

Name & address of payer: _____

Amount: _____

Name & address of payer: _____

Amount: _____

Name & address of payer: _____

Amount: _____

3 If you received any interest from a "Seller Financed" mortgage:

.....
Name & address of payer: _____

Amount: _____

Income

Name & address of payer: _____

Amount: _____

Name & address of payer: _____

Amount: _____

4 Dividend Income (*attach 1099's*)

.....

Name & address of payer: _____

Amount: _____

Name & address of payer: _____

Amount: _____

Name & address of payer: _____

Amount: _____

Income

5 Capital Gains and Losses

.....

Investment: _____ Investment: _____

Date Acquired: _____ Date Acquired: _____

Cost of Other Basis: _____ Cost of Other Basis: _____

Date Sold: _____ Date Sold: _____

Net Sale Proceeds: _____ Net Sale Proceeds: _____

6 Other Capital Gains and Losses

include details of dispositions of any business/rental/farm assets

.....

Investment: _____ Investment: _____

Date Acquired: _____ Date Acquired: _____

Cost of Other Basis: _____ Cost of Other Basis: _____

Date Sold: _____ Date Sold: _____

Net Sale Proceeds: _____ Net Sale Proceeds: _____

7 Pensions, IRA Distributions, Annuities, and Rollovers

.....

Total Received: _____

Taxable Amount: _____

(attach all 1099's or other relative documents)

Income

8 Rent, Royalties Partnerships, S-Corps, Estates, Trusts

Total Received: _____

(attach K-1's for all partnerships / s- corps/ fiduciaries)

*(attach separate schedule(s) showing receipts and expenses
for each rental property)*

9 Unemployment Compensation Received

Total Received: _____

10 Social Security Benefits Received

Total Received: _____

11 State/local tax refund(s)

Total Received: _____

12 Other Income

Total Received: _____

Description: _____

Credit

Child and Dependent Care

.....

(1) Number of qualifying individuals: _____

(2) Name, Address and Identification number of each provider:

a) Name: _____

Address: _____

Identification Number: _____

b) Name: _____

Address: _____

Identification Number: _____

Credit

Child and Dependent Care

If payments were made were the services performed in your home? YES NO

If yes, have payroll reports been filed?
YES NO

Expenses incurred in connection with adoption.
"special needs child" YES NO

Tuition and fees paid for high education:

Foreign Tax Credits: _____

attach detail of type of foreign tax, country, and whether it was "withheld" or paid direct

Credit

2022 Estimated Tax Payments:

Federal:	Amount:
State:	Amount:

Other Payments:

Enter advanced child credit payment here

Date: Amount: Date: Amount:

Credit

Other payments or credits _____

attach schedule and explain

Medical and Dental:

Amount:

1

out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B) paid in 2022. (reduce any insurance reimbursements)

2

Transportation and lodging incurred to obtain medical care

3

Other- hearing aids, eyeglasses, medical devices, etc.

Itemized Deductions

Taxes paid in 2022

Amount:

1 State and local income not listed elsewhere

2 Real estate taxes not listed elsewhere

3 Personal property taxes not listed elsewhere
(includes owner's tax on auto registration)

Interest paid in 2022

Amount:

1 Home mortgage interest paid to financial institutions

2 Home mortgage interest paid to financial individuals
Name:
Address:

3 Points paid on _____
Purchase _____ Refinance (include details)

4 Investment Interest

5 Student Loan Interest

Itemized Deductions

Automobile use in 2022

.....

Car #1

1	Make:
2	Model:
3	Year:
	<i>The car if being used by the owner please include the following information:</i>
4	Date of purchase:
5	Purchase price:

For the Period of January 1st 2022 to December 31st 2022

1	Business Mileage:
2	Moving Mileage: <i>Only members of the Armed Forces on active duty who moved because of a permanent change of station</i>
3	Charitable Mileage:
4	Total Mileage:

***Commuting mileage must not be added to business mileage*

Itemized Deductions

Automobile use in 2022

.....

Car #2

1	Make:
2	Model:
3	Year:
	<i>The car if being used by the owner please include the following information:</i>
4	Date of purchase:
5	Purchase price:

For the Period of January 1st 2022 to December 31st 2022

1	Business Mileage:
2	Moving Mileage: <i>Only members of the Armed Forces on active duty who moved because of a permanent change of station</i>
3	Charitable Mileage:
4	Total Mileage:

***Commuting mileage must not be added to business mileage*

Itemized Deductions

Contributions

Written documentation is required for all gifts of \$250 or more

Amount:

1 Cash: less than \$3000 paid to any one organization

2 Cash: \$3000 or more to any one organization- show name of organization

3 Other than cash: (attach details)

Casualty and theft losses: (attach details)

Itemized Deductions

Miscellaneous Deductions

.....

Eliminated for tax years 2018-2025 due to tax reform Amount:

1

Employee business expenses- attach details

Reimbursed

Not Reimbursed

Job hunting expenses, (list)

2

Other Expenses

Amount:

Amount:

Tax preparation

Educational expenses (attach details)

Union dues

Business entertainment

Business publications

Other miscellaneous deductions

Professional dues/fees

Safety deposit box rental

Small tools used in your trade or business

Business telephone

Uniforms & cleaning

IRA custodial fees

Investment expenses

Adjustments to Income

Amount:

Your IRA deduction	
Spouse's IRA deduction	
Keogh SEP deduction	
Penalty for early withdrawal of savings	
Alimony paid- list name	
Self employed health insurance premiums	

Did anyone in your family receive a scholarship of any kind in 2022?

YES NO

If you have added or disposed of any fixed assets used in trade or business or rental or farm activities, please provide the following:

Addition:

(Description, date acquired, cost (& trade-in, if any))

Dispositions:

(Description, date of disposition, amount realized)

Note: If we did not prepare your 2021 return, please provide the date acquired, cost, depreciation method used and accumulated depreciation.

If we have not previously prepared your return- please provide a copy of your 2019, 2020 and 2021 tax returns.

Did you settle any notices of settle any tax examinations concerning your prior tax years' returns? YES NO

Did you receive any payments from a pension or profit sharing plan?
YES NO

Did you sell your primary residence during 2022?
YES NO

If "yes" provide a copy of the closing statements of the sale and a copy of the closing statement at the time of your purchase, details of any capital improvements you made during the time you owned the property, and any expenses of sale incurred by you. If you have purchased a replacement property indicate cost and date acquired. If you have previously sold a residence, provide a copy of Form 2110 from your tax return for the year or sale.

Did anyone in your family receive a scholarship of any kind in 2022?
YES NO

Did you change your state residency during 2022? YES NO

If "yes AND you were a member of the Armed Forces on active duty who moved because of a permanent change of station, please provide the following:

Previous Address:	
Date of move:	
Distance:	Miles
Costs of move:	
(Describe)	

If you would like your tax refund (if any) deposited directly into your bank:

Account Type (checking or savings)

Account Number:

Bank Routing Number:

For the year 2022: (provide details for any "Yes" response)

- 1 Did your principle residence (and second residence, if any) loan(s) exceed the fair market value of the residence? YES NO
- 2 Do you have a balance borrowed against a home (equity line of credit) in excess of \$100,000 or total mortgage indebtedness in excess of \$750,000? YES NO
- 3 Do you exercise any stock options? YES NO
- 4 Did you purchase, sell or own any bonds you paid more or less than the face amount? YES NO
- 5 Did you sustain any non-business bad debts? YES NO
- 6 Did you or your spouse make any gifts in excess of \$15,000 to any one donee? YES NO
- 7 Were you the recipient of, or did you make a "below-market" or "interest-free" loan? YES NO
- 8 Do you have a child under the age of 18 as of December 31, 2022 who has earned an income (interest, dividends, etc.) of more than \$1,100? YES NO
- 9 Did you lease a car which you used for **business** purposes? YES NO

If "yes" provide (1) fair market value of capitalized cost of the car on the 1st day of the lease or rental agreement (2) term of the lease (3) number of payments made (4) number of days the car was leased in 2022 (5) percentage of business use (6) business or work the car was used in (7) amount of expenses reported by you to your employer on form W2

Rental & Royalty

Income and Expense

Property Type:

Residential

Commercial

Location: _____

If vacation home:

Number of days rented: _____

Number of days used personally: _____

Property is owned by: Taxpayer Spouse Joint

Percentage of ownership if not 100%: _____%

(please indicate if income and expenses are below are listed at 100% or your percentage.)

Do you live in part of the rental property? YES NO

If yes, what percentage did you occupy as a tenant? _____%

Check if rented to a related part. Explain relation: _____

Income

Amount:

1. Rental income	
2. Royalties received	

Expenses

Amount:

1. Advertising	
2. Association dues	
3. Auto miles driven	
4. Travel	
5. Cleaning and maintenance	
6. Commissions	
7. Insurance	
8. Legal and professional fees	
9. Allocated tax preparation fees	
10. Licenses and permits	
11. Management fees	
12. Mortgage interest -- (Form 1098)	
13. Other interest	
14. Repairs	
15. Supplies	
16. Property taxes	
17. Utilities	
Other (description)	
18. a.	
18. b.	
18. c.	
18. d.	

sole proprietorship

Income and Expense

.....

Expenses	Amount	Expenses	Amount
Advertising		Other taxes	
Bad debts (N/A Cash benefits)		Licenses	
Commissions and fees		Travel	
Employee benefits		Meals and entertainment	
Health insurance		Utilities	
Other insurance		Wages	
Mortgage interest		Management fees	
Other interest		Consulting expenses	
Legal and accounting fees		Payroll service	
Allocation of tax preparation fees		Employee vehicle expense	
Office expenses		Employee mileage reimbursement	
Pension and profit sharing plans		Supplies	
Rent, vehicles		Payroll Taxes	
Rent, equipment		Client gifts (limited to \$25 each)	
Rent, building		Education and seminars	
Repairs & maintenance, building		Other (description)	
Repairs & maintenance, vehicles			

Farm

Income and Expense

.....

Principle product: _____

Employee ID number: _____

Accounting method:

Cash Accrual

Check if you materially participated in farm operations:

Taxpayer Spouse

Income

Amount

1. Sales of livestock and other resale items	
2. Cost of above	
3. Sales of livestock, produce, etc. you raised	
4. Cooperative distributions (1099-PATR)	
5. Cooperative distributions, taxable portion	
6. Agricultural program payments	
7. Agricultural program, taxable portion	
8. Commodity credit corporation loans	
9. Crop insurance loans	
10. Custom hire	
11. Other:	

Farm

Income and Expense

Expenses

Amount

Expenses

Amount

Car and truck expenses		Machinery and equipment rental	
Chemicals		Land rental	
Conservation expense		Other	
Custom hire (machine work)		Repairs and maintenance	
Employee benefit programs		Seeds and plants purchased	
Employee health insurance		Storage and warehousing	
Feed purchased		Supplies purchased	
Fertilizers and lime		Payroll taxes	
Freight and trucking		Other taxes	
Gasoline, fuel and oil		Utilities	
Other insurance		Veterinary, breeding and medicine	
Mortgage interest		Other	
Other interest			
Labor hired			
Legal and professional fees			
Allocated tax preparation fees			
Vehicle rental			

Business use of home

.....

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

YES NO

Estimated percentage of time spent in home office compared to total time spent in this business activity (e.g. 10%, 20%) _____

Description of work done in home office: _____

Description of work done outside home office: _____

Total area of home: _____

Total area of home used regularly for business: _____

	<u>Direct Costs</u> benefit only business portion of your home	<u>Indirect Costs</u> other
Home insurance		
Repairs and maintenance		
Utilities		
Rent		
Other		

Business use of home

If Daycare Facility

.....

Days used as daycare:				
Prior year carryover of unallowed losses				
Cost of home and improvements and prior depreciation				
Property	Date acquired	Cost or other basis	Depreciation Method	Prior Depreciation

Household Employees: (nanny tax)

Did you pay a household employee at least \$2,300 this year? YES NO

If yes, please provide the following information for each:

Name:	
Wages paid:	
Federal income Tax withheld:	
Medicare tax withheld:	
State income tax withheld:	

Employer identification number (you can no longer use your social security number):

.....

Has a W2 been filed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, do you want us to prepare for you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have the necessary state employment returns been filed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, do you want us to prepare for you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the household employee under 18 years of age and a student?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

