

# ACCOUNTING SPECIALISTS OF ASHEVILLE

2022 CLIENT ORGANIZER



## **INCOME TAX ORGANIZER FOR TAX YEAR 2022**

**We're providing this organizer to assist you in compiling your tax information for 2022. The enclosed pages include information from last year's tax return and spaces in which to write current year information and any questions or comments you have for us. We appreciate the opportunity to serve you.**

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL:**

**Accounting Specialists of Asheville, LLC  
394 Merrimon Ave  
Asheville, NC 28801  
(828) 774-5455**

# GENERAL INFORMATION

**2022  
(MAIN INFO)**

Taxpayer's First Name	M.I.	Spouse's First Name	Spouse's M.I.
Taxpayer's Last Name	Suffix	Spouse's Last Name (if different)	
Taxpayer's Social Security Number		Spouse's Social Security Number	
Present Home Address		City, State, Zip Code	
E-Mail Address			

Filing Status: Please Check One

Single   
  Married Filing Joint   
  Married Filing Separately   
  Head of Household   
  Qualifying Widow(er)

If you selected head of household and have no dependents, list the name and Social Security number \_\_\_\_\_ of your qualified child who lives with you and qualifies you for this status.

### Dependents/Nondependents Qualifying for Child Care and/or EIC

Note: If any children listed below are nondependents then mark an 'X' in the column listed "Non Dep."

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months in home	Non Dep.

**If you are claiming as a dependent a child who did not live with you, check the documents that substantiate this claim:**

Pre-1985 divorce or separation agreement   
  Signed Form 8332  
 Post-1984 divorce or separation agreement WITHOUT CONDITIONS

Taxpayer's Birth Date _____	Spouse's Birth Date _____
Taxpayer's Occupation _____	Spouse's Occupation _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
Cell/FAX Phone _____	Cell/FAX Phone _____

State of Residency:(2-Letter Abbreviation)      State of Part-year Residency      2nd State of Part-year Residency

Please use the following space for any comments you wish to make to your preparer.

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# W-2 INCOME

2022  
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

\* Please include a W-2 from each of your 2022 employers.

**W-2G INCOME**

**2022  
(W-2G)**

Listed below are payers shown on your last year's income tax return.

**\*Please include any W-2G from each of your 2022 payers.**

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

**ESTIMATED TAX PAID FOR THE 2022 TAX YEAR**

**(FED/ST TAX)**

**\* Please enter only the payments to be applied to the current year tax, including any payments made in January of 2023.**

**Federal payments**

**State of \_\_\_ payments**

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2022: \_\_\_\_\_

State/local estimate payment for 2019, due January 15, 2022, paid on or after January 1, 2022: \_\_\_\_\_









<b>ITEMIZED DEDUCTIONS</b>			<b>2022 (SCH A)</b>
	<b>*T,S,J</b>	<b>2022</b>	<b>2021</b>
<b>MEDICAL AND DENTAL EXPENSES</b> - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
Number of medical miles	---	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
<b>TAXES PAID</b>			
Real estate taxes	---	_____	_____
Personal property taxes	---	_____	_____
Other _____	---	_____	_____
<b>INTEREST PAID</b>			
Home mortgage interest	---	_____	_____
Points paid in purchasing new home	---	_____	_____
Investment interest expense	---	_____	_____
<b>CONTRIBUTIONS - Receipts required for all contributions</b>			
Cash			
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
Non-cash			
Number of charity miles	---	_____	_____

# CHILD AND DEPENDENT CARE EXPENSES

2022  
(2441)

Please list all care providers and the amounts paid to them in 2022. Any information from the prior year is shown below.

Name of provider \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Social Security Number or EIN \_\_\_\_\_  
Amount paid \$ \_\_\_\_\_ 2021 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Social Security Number or EIN \_\_\_\_\_  
Amount paid \$ \_\_\_\_\_ 2021 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Social Security Number or EIN \_\_\_\_\_  
Amount paid \$ \_\_\_\_\_ 2021 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Social Security Number or EIN \_\_\_\_\_  
Amount paid \$ \_\_\_\_\_ 2021 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Social Security Number or EIN \_\_\_\_\_  
Amount paid \$ \_\_\_\_\_ 2021 AMOUNT \$ \_\_\_\_\_

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

\*You may change or delete any information that does not apply to the current year.