Cardinal Accounting & Tax

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Please complete the organizer and mail or bring it to our office with **all W2's, 1099's, Forms 1095, and Forms 1098, including Form 1098-T**, as well as any notices or correspondence you have received from the IRS or state department of revenue. Complete information will help us improve our service.

We are required to electronically file all returns. If you want any refund direct deposited, please submit a voided check to us with your tax information. You may be asked to provide a copy of your driver's license for e-filing.

ALL NEW CLIENTS—please bring a copy of your prior year tax return.

I attest all information enclosed is complete and accurate.

Client Signature ________________________ Date: ____________

Client Signature ________________________ Date: ____________

TAXPAYER INFORMATION

Taxpayer ____________________ SSN ____________ Birth Date ____________
Spouse ____________________ SSN ____________ Birth Date ____________

Address : ________________________ Date Moved ____________
(If address is different from prior year.)

County ____________________
Do you live in the City of St. Louis? YES NO

EMAIL ADDRESSES:
Taxpayer ____________________ May we contact you by email with questions? YES NO
Spouse ____________________ May we contact you by email with questions? YES NO

Occupation:	Home Phone:	Cell Phone:
Taxpayer ____________	____________	____________
Spouse ____________	____________	____________

(Please indicate preferred phone number with *.)

STATUS CHANGES THIS YEAR (Enter Dates):
Married ______ Separated ______ Divorced______ Spouse Deceased ______ Dependent Deceased ______
Sold Home ______ Sold Property ______

65 or over? Taxpayer? YES NO Spouse? YES NO Legally Blind? Taxpayer? YES NO Spouse? YES NO

Do you want $3 to go to the Presidential Election Campaign Fund? Taxpayer? YES NO Spouse? YES NO

ESTIMATED TAXES PAID FOR 2022

	Date Due	Date Paid	Federal	State
Applied From Prior Year's Refund				
First Quarter	April 18th, 2022			
Second Quarter	June 15th, 2022			
Third Quarter	Sept. 15th, 2022			
Fourth Quarter	Jan. 17th, 2023			

DEPENDENTS--List names of all dependents that received more than one-half of their support from you.

NAME (Include last name if different):	Soc. Sec. #	Birthdate	**	Income	If over age 18 Student/Disabled?	Education Expenses

**S=Son, D=Daughter, R=Relative, O=Other

Please attach copies of Form 1098-T for education expenses.
Did a dependent child under age 23 have unearned (interest/dividend) income over $2,300? ________
Missouri MOST or other 529 plan contributions for education. Amount ________

CHILD & DEPENDENT CARE EXPENSES (DAY CARE)

Child Name ________
Child Care Provider:
Name ________
Address ________
City/State/Zip ________
SSN/EIN ________ Amount Paid ________

Child Name ________
Child Care Provider:
Name ________
Address ________
City/State/Zip ________
SSN/EIN ________ Amount Paid ________

OTHER INCOME

	Taxpayer	Spouse
Alimony Received		
Unemployment		
Jury Duty		
Gambling Winnings		
Other Income		

Attach all W2's, W2-G's Attach all Forms 1095-A, B or C
Attach social security/railroad retirement statement
Attach all 1099's/1098's
Attach K-1's from trusts, estates, partnerships, S corporations

DEDUCTIONS OR ADJUSTMENTS

	Taxpayer	Spouse
Deductible IRA		
Non-Deductible IRA		
Roth IRA		
SEP		
SIMPLE		

	Taxpayer	Spouse
Health Savings Account		
Self Employed Health Ins		
Student Loan Interest		
Alimony Paid		

To Whom: ________
SSN: ________

ITEMS THAT NEED TO BE DISCUSSED WITH TAX PRACTITIONER (Check all that apply to 2022):

- ______ Bankruptcy Date: ________
- ______ **Foreign accounts**
- ______ **Conversion to Roth IRA**
- ______ **Crytocurrency transactions**
- ______ Gifts given or received over $16,000
- ______ Has your name been added to a deed? (Possible Gift Tax)
- ______ Do you have any stocks that have been deemed worthless?
- ______ Purchased, sold or refinanced home (Submit Documents)
- ______ IRA Distribution before age 59 1/2 **Reason for distribution** ________
- ______ **College & Vocational-Tech expenses (Submit 1098T & list of additional expenses)**
- ______ Other ________
- ______ (Incentive) Stock Options Exercised
- ______ Losses from damaged or stolen property
- ______ Disabled child under the age of 22
- ______ Adoption Expenses Date: ________

SCHEDULE A - ITEMIZED DEDUCTIONS

MEDICAL EXPENSES PAID	Amount
Health Insurance Premiums	
(Do not include amounts deducted from paychecks.)	
Medicare Premiums	
Long Term Care Insurance	
(Also known as nursing home insurance.)	
Medicine & Drugs	
Glasses/Contacts, Dentures and Hearing Aids	
Hospital(s)	
Doctors (all types)	
Ambulance	
Travel & Lodging	
Medical Miles - Total Miles	
Other (list)	

TAXES PAID	Amount
Real Estate Taxes	
Personal Property (**DO NOT SEND RECEIPT**)	
Other	

INTEREST PAID	Amount
Home Mortgage & points on Form 1098	
Boat, Camper or 2nd Home (need information)	
Mortgage paid to Individual	
Name: SSN	
Address:	
Investment Interest paid	

MISCELLANEOUS EXPENSES	Amount
Gambling Losses	
Teacher's Supplies	
Reservists Expenses	
Energy Credit Improvements	
Attach paperwork for improvements (windows, doors, etc.)	
Hybrid or EV Make & Model	

CHARITIES*	Amount
Contributions by Cash or Check	
Non-cash donations	
Volunteer Mileage - Total Miles	

*MUST BE QUALIFIED CHARITIES.

PLEASE NOTE--RECEIPTS ARE REQUIRED FOR ALL CONTRIBUTIONS.

(We don't need to see all receipts, but you are required to keep receipts with your tax records. Please forward us receipts for cash contributions of $250 or more.)

NON-CASH DONATIONS--PLEASE NOTE

If total value of non-cash donations claimed exceeds $500, information must include date acquired, date donated, description of items donated, **value** of items donated and **receipt from organization donated to indicating name and address of organization.**
(Please forward to us **all** receipts for **non-cash** donations.)

PREPARER USE

RENTAL INCOME & EXPENSES

	Description & Location **(Provide Full Address & Type of Property)**	Date Acquired
A		
B		
C		

	A	B	C
Number of days property rented during the tax year			
Number of days of personal use during the tax year			
Property disposed of during the tax year?	YES NO	YES NO	YES NO
Income:			
Rents Received			
Expenses:			
Advertising			
Auto Expense ____ **miles**			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal/professional fees			
Management fees			
Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Other			
Other			
Other			

CAPITAL IMPROVEMENTS TO RENTAL PROPERTY IN 2022

Date Purchased	Description	Amount

PREPARER USE

SELF-EMPLOYED BUSINESS INCOME & EXPENSES (Attach Business Card)

Business Owner ______
Business Name ______
Business Address ______
Dates in Business--if NOT full year ______

Gross Sales or Receipts ______
Returns or Allowances ______
Other Income--Explain ______

Beginning Inventory ______
Purchases ______
Personal Use of Inventory ______
Ending Inventory ______
Is Inventory valued at cost? YES NO

Advertising ______
Auto Expenses (See Page 6)
Bad Checks ______
Bank Charges ______
Commissions ______
Contract Labor (Any individual paid over $600--a 1099 should be issued) ______
Dues & Publications ______
Education ______
Freight ______
Gifts to Clients ($25 maximum each gift) ______
Insurance - Health ______
Insurance - Other--Liability, Workers' Comp. etc. (NOT LIFE INSURANCE) ______
Interest paid to banks ______
Interest paid to others ______
Laundry & Cleaning ______
Legal & Professional ______

Meals & Entertainment ______
Office Expenses & Postage ______
Open House Expenses ______
Rent or lease-machinery & equipment ______
Rent other ______
Repairs & Maintenance ______
Small Tools ______
Supplies ______
Taxes, Licenses & Permits ______

Telephone-separate line ______
Telephone-cellular (LESS PERSONAL USE) ______
Travel & Lodging ______
Utilities ______
Wages ______
Other ______
Other ______

BUSINESS EQUIPMENT, FURNITURE, FIXTURES, COMPUTERS, CELLULAR PHONES, ETC.

Date Purchased in 2022	Description of Equipment, etc.	Amount

CHECKLIST OF BUSINESS AUTO EXPENSES

	Auto #1	Auto #2	Auto #3
Beginning Odometer Reading			
Ending Odometer Reading			
Total Mileage for the year			
Business Mileage (home to office not usually allowable)			
Average Daily Roundtrip Commuting Distance			
Year & Make of Auto			
Date Purchased			
Cost of Auto (including sales tax)			
Gas, Oil, Lubrication			
Repairs			
Tires			
Washes & Supplies for Auto			
Insurance			
License, Inspection			
Motor Club			
Interest on Loan (May Need to Call Lender)			
Personal Property Tax			
Parking Fees & Tolls			
Short Term Rentals			
Lease Payment			

Do you (or your spouse) have another vehicle available for personal purposes? YES NO
Do you have evidence to support your deduction? YES NO
If yes, is the evidence written? YES NO

If your employer provided you with a vehicle, is personal use during off-duty hours permitted? YES NO
Does your employer reimburse you for use of your personal auto? YES NO
If yes, how much? ______

"OFFICE-IN-HOME" EXPENSES

Total Square Feet of: Home: ______ Office: ______ Storage: ______
Expenses: Rent: ______ Utilties: ______ Insurance: ______ Taxes: ______
Condo/Management Fees: ______ Other: ______
Maintenance & Repairs (Office): ______