

January 5, 2023

Dear Client:

We appreciate the opportunity of working with you and advising you regarding your income tax. To ensure a complete understanding of our mutual responsibilities, we are setting forth the pertinent information about the services which we propose to render for you and ask that you confirm the following arrangements.

We will prepare your 2022 federal and requested state income tax returns from information which you will furnish to us. We will make no audit or other verification of the data you submit, although we may need to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information for us. Your use of such forms will assist us in keeping pertinent information from being overlooked and in keeping our fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns, and therefore, you should review them carefully before you sign and file them.

Our work, in connection with the preparation of your income tax returns, does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as we find necessary for preparation of the income tax returns.

We will use our judgment in resolving questions where the law is unclear, or where there may be conflicts between the taxing authorities; interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or circumstances of these penalties, please contact us.

The filing deadline for the tax return is April 18, 2023. In order to meet this filing deadline, the information needed to complete the return should be received in this office no later than April 1, 2023.

If an extension of the time is required, any tax due with this return must be paid with that extension. Any amounts not paid by the filing deadline may be subject to interest and late payment penalties.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at our standard billing rates, plus out-of-pocket expenses. All invoices are due and payable upon completion, and prior to electronic submission of income return(s).

If the foregoing fairly sets forth your understanding, please sign this letter in the space indicated and return it to our office. We want to express our appreciation for this opportunity to work with you.

Accepted by: Signature _____ Date _____

Please Print Name

E-Mail _____ Phone: _____

Address (street)

Sincerely,

*Pamela A. Rugg
and Company, P.C.*

2022 Tax Organizer Personal Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2022

- Single
 Married
 Widowed - If widowed and your spouse died in 2022, enter the date of death _____
 Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2022? _____

Yes No

- Are you or your spouse blind?
 Are you or your spouse disabled?
 Are you or your spouse a full-time student?
 Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?
 At any time during 2022 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?
 (a) receive (as a reward, award, or payment for property or services) a digital asset
 (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)

Identification Information

Taxpayer's type of photo ID

- Driver's license
 State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

- Driver's license
 State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2022 appointment is scheduled for _____

Dependent and Other Information

Name: _____

SSN: _____

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return _____

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2021	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses	
2022	2021
Health insurance premiums (paid by you, not through work)	
Amount that is for Medicare premiums	
Long-term care premiums (you)	
Long-term care premiums (your spouse)	
Long-term care premiums (dependents)	
Mileage driven for medical purposes	
Before July 1, 2022	
After June 30, 2022	
Out of pocket medical and dental expenses (list)	

Charitable Contributions	
2022	2021
Donations to charity (cash)	
Disaster relief contributions	
Miles driven for charitable purposes	
Donations to charity (noncash)	
If noncash donations are greater than \$500, list below.	

Taxes Paid	
State and local income taxes	
General sales tax (vehicle, boat, home, etc.)	
Real estate taxes	
Personal property taxes	
Auto registration taxes not deductible for state	
Other taxes (list)	

Other Miscellaneous Deductions	
Amortizable bond premiums	
Federal estate tax	
Gambling losses	
Impairment-related work expenses	
Claim repayments	
Unrecovered pension investments	
Loss from other activities from Schedule K-1	
Ordinary loss debt instrument	
Excess deduction on termination	

Interest Paid	
Home mortgage interest paid (attach Form 1098)	
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home.	
Home mortgage interest paid to an individual	
Paid to:	
Name _____	
Address _____	
City, State, ZIP _____	
SSN or EIN _____	
Points not reported on Form 1098	
Investment interest	

For state purposes ONLY	
Job Expenses & Certain Miscellaneous Deductions	
Necessary job expenses you paid that were not reimbursed by your employer (list)	

Union dues	
Tax preparation fees	
Other nonpersonal expenses related to taxable income (list)	

Investment expenses not entered elsewhere	
Home equity interest	

Healthcare Coverage Questionnaire for Taxpayer and Spouse (for preparer use)

PRIMARY TAXPAYER

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Employer offered health coverage which was declined?													
If Yes, what would be the cost for SELF coverage?													
If Yes, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

SPOUSE

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number													
Employer offered health coverage which was declined?													
If Yes, what would be the cost for SELF coverage?													
If Yes, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

Healthcare Coverage Questionnaire for Dependents (for preparer use)

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A													
Had health care coverage from another source?													
Was exempt from health care mandate. Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return? Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Professional product or service _____ Employer ID number _____

Business name _____

Business address, city, state, ZIP _____

Accounting Method: Cash Accrual Other (specify) _____

This business started or was acquired during 2022.

This business was disposed of during 2022.

Select if this business is for:

Professional gambler

Newspaper delivery and you are under 18 years of age

Exempt Notary income

A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.

If "Yes," did you file Forms 1099 for the individuals?

You received a Paycheck Protection Program (PPP) loan for this business.

If "Yes," was any portion of the loan forgiven?

Income

	2022	2021		2022	2021
Gross receipts or sales	_____	_____	Other income	_____	_____
Returns & allowances	_____	_____		_____	_____

Expenses

	2022	2021		2022	2021
Advertising	_____	_____	Repairs & maintenance	_____	_____
Car & truck expenses	_____	_____	Supplies	_____	_____
Commissions & fees	_____	_____	Taxes & licenses	_____	_____
Contract labor	_____	_____	Travel	_____	_____
Depletion	_____	_____	Total meals	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Insurance (other than health)	_____	_____	Wages	_____	_____
Interest - mortgage	_____	_____	Family health coverage payments for taxpayer, spouse or dependents	_____	_____
Interest - other	_____	_____	Other expenses (list)	_____	_____
Legal & professional services	_____	_____		_____	_____
Office expenses	_____	_____		_____	_____
Pension & profit sharing plans	_____	_____		_____	_____
Rent or lease (vehicles, machinery, & equipment)	_____	_____		_____	_____
Rent (other business property)	_____	_____		_____	_____

Cost of Goods Sold

	2022	2021		2022	2021
Inventory at beginning of year	_____	_____	Materials & supplies	_____	_____
Purchases	_____	_____	Other costs	_____	_____
Cost of personal use items	_____	_____	Inventory at end of year	_____	_____
Cost of labor	_____	_____	<input type="checkbox"/> There was a change in inventory method.		

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

TSJ _____

Property description _____

Address, city, state, ZIP _____

Select the property type

- Single family residence Vacation / short-term rental Land Self-rental
- Multi-family residence Commercial Royalties Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- This property was placed in service during 2022. Yes No
- This property was disposed of during 2022. Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.
- This property is your main home or second home. If "Yes," did you file Forms 1099 for the individuals?
- This property was owned as a qualified joint venture.

Income

	2022	2021		2022	2021
Rent Income			Royalties from oil, gas, mineral, copyright or patent		

Expenses

	Rental unit expenses		Rental <u>and</u> homeowner expenses	
Advertising				If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Auto & travel				
Cleaning & maintenance				
Commissions				
Insurance				
Legal & professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Taxes				
Utilities				
Depletion				
Other expenses (list)				

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No
 Was this vehicle available for use during off-duty hours?
 Was another vehicle is available for personal use?

Yes No
 Do you have evidence to support your deduction?
 If "Yes," is the evidence written?

Number of miles the vehicle was driven during 2022		2022	2021	Total number of miles the vehicle was driven in prior years		2022	2021
Business:	Before July 1	_____	_____	Business	_____	_____
	After June 30	_____	_____	Total	_____	_____
Commuting	_____	_____				
Other	_____	_____				

Expenses		2022	2021	Expenses		2022	2021
Garage rent	_____	_____	Repairs	_____	_____
Gas	_____	_____	Tires	_____	_____
Insurance	_____	_____	Tolls	_____	_____
Licenses	_____	_____	Lease addback	_____	_____
Oil	_____	_____	Other expenses		_____	_____
Parking fees	_____	_____			_____	_____
Rental fees	_____	_____			_____	_____
Interest	_____	_____			_____	_____
Property tax	_____	_____			_____	_____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions:

How many days during the year was the area used? _____ How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Expenses	Office expenses		Home expenses	
	2022	2021	2022	2021
Mortgage interest	_____	_____	_____	_____
Real estate taxes	_____	_____	_____	_____
Excess mortgage interest	_____	_____	_____	_____
Excess real estate taxes	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Rent	_____	_____	_____	_____
Repairs & maintenance	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Other expenses	_____	_____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2022 Taxpayer	2021 Taxpayer	2022 Spouse	2021 Spouse
Social Security Benefits (attach Forms 1099-SSA)	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____	_____	_____
Alimony received				
Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____	_____	_____
Unemployment compensation repaid in 2022	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____	_____	_____
Alaska Permanent Fund	_____	_____	_____	_____
Jury duty pay	_____	_____	_____	_____
ABLE distributions	_____	_____	_____	_____
Scholarships or grants not reported on Form W-2	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Adjustments

	2022 Taxpayer	2021 Taxpayer	2022 Spouse	2021 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____	_____	_____
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) SIMPLE or Solo 401K	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____	_____	_____
Contributions made to a Roth IRA	_____	_____	_____	_____
Interest paid on a student loan	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

Income

Name:

SSN:

Form 1099-Misc Income

Provide all copies of Form 1099-MISC

TS	Payer name	2022 amount	2021 amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

TS	Payer name	2022 amount	2021 amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Information

Name: _____

SSN: _____

Mortgage Interest Provide all copies of Form 1098

Lender's name	2022 Mortgage interest received	2021 Mortgage interest received	2022 Mortgage insurance premiums	2021 Mortgage insurance premiums	2022 Real estate taxes paid	2021 Real estate taxes paid
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Employee Business Expenses

TS _____

Select if you are:

- A qualified performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed Forces reservist
- A member of the clergy

Select if you:

- Used your personal vehicle for your job during 2022

	NOT reimbursed by your employer 2022	2021	Reimbursed by your employer not included in box 1 of your W-2 2022	2021
Parking fees, tolls, local transportation	_____	_____	_____	_____
Meals	_____	_____	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____	_____	_____
Other business expenses	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Casualties and Thefts

TSJ _____ FEMA code _____

TSJ _____ FEMA code _____

Property description _____

Property description _____

Property location _____

Property location _____

Date property was acquired _____

Date property was acquired _____

Date property was damaged or stolen _____

Date property was damaged or stolen _____

Cost of property damaged or stolen _____

Cost of property damaged or stolen _____

Fair market value before incident _____

Fair market value before incident _____

Fair market value after incident _____

Fair market value after incident _____

Insurance reimbursement _____

Insurance reimbursement _____

Other Information

Name: _____

SSN: _____

Health Savings Account

TS _____

The taxpayer's coverage is under a high-deductible health plan for:

- Taxpayer only Family

	2022	2021
HSA contributions made for 2022	_____	_____
Total distributions from all HSAs during 2022	_____	_____
Distributions included above that were rolled over into another account	_____	_____
Qualified medical expenses paid using HSA distributions	_____	_____

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job-related Moving Expenses

TSJ _____

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

	2022	2021
Number of miles from old home to old workplace	_____	_____
Number of miles from old home to new workplace	_____	_____
Expenses to transport and store household goods and personal effects	_____	_____
Travel and lodging expense while traveling to your new home	_____	_____