



# Tax Year 2022 Checklist

Client: \_\_\_\_\_

## INCOME

W-2	Wage/Salaries/Tips	_____
1099-INT	Interest	_____
1099-DIV	Dividends	_____
1099-MISC	Rents, Royalties	_____
1099-NEC	Self-Employment	_____
1099-R	Pension, IRA, Rollover	_____
W-2G	Gambling, Lottery	_____
1099-C	Cancellation of Debt	_____
1099-G	Unemployment	_____
1099-G	State/City Tax Refund	_____
1099-B	Capital Gains/Losses	_____
1099-S	Property Sale	_____
1099-Q	Education Disbursement	_____
1099-SA	HSA Disbursement	_____
K-1 for		
	Partnerships	_____
	S-Corporation	_____
	Trust	_____
	Estate	_____
SSA-1099	Social Security	_____
RRB-1099	Railroad Retirement	_____
Alimony	<small>(only if divorce final before 1/1/2020)</small>	_____
Real Estate/Personal Property Rental		_____
Scholarships/Fellowships		_____
Jury Duty		_____
Property Tax Rebate Recovery		_____
Foreign Earned Income		_____
Gig Work (Airbnb, Uber, Taskrabbit, etc)		_____

## DEDUCTIONS/CREDITS/TAXES

1098-E: Student Loan Interest	_____	
1098-T: College Tuition/Fees/Books	_____	
1095-A: Fed Marketplace Health Insurance	_____	
Alimony Paid	<small>(only if divorce final before 1/1/2019)</small>	_____
Childcare/Day Camp Expenses (child <13)	_____	
	<small>(We need provider's name, address, and tax ID number)</small>	
Household Employers (Nanny Tax)	_____	
IRA/SEP/SIMPLE Contributions	_____	
Roth IRA Contributions or Conversion	_____	
Teacher's Classroom Expenses	_____	
HSA Contributions	_____	
Adoption Expenses	_____	
Self-Employed Health Insurance Premiums	_____	
Retirement Saver's Credit	_____	
Residential Energy Improvements	_____	
	<small>(solar, wind and geothermal, windows, exterior doors, furnace, A/C, certain water heaters)</small>	
Qualified Business Income Deduction	_____	
Qualified Charitable Donation (RMD to charity)	_____	

## ITEMIZED DEDUCTIONS

### Medical, Dental, & Optical

(Medical total must exceed 7.5% of income to be deductible)

Prescription Drugs	_____
Health Insurance Premiums	_____
	<small>(not including pre-tax payroll deduction)</small>
Long Term Care Insurance	_____
Number of Medical Miles	_____
Doctor, Dental, Hospital and Lab Fees	_____
Vision, Eyeglasses and Contacts	_____
Nursing Home Care	_____
Special Needs Education	_____

### Taxes Paid

(Taxes total capped at \$10,000)

Sales Tax (cars, boats, RVs)	_____
Primary Residence Prop Taxes	_____
Other Property Taxes (land, second home)	_____
Auto License Plate Registration	_____

### Interest Paid

Home Mortgage Interest (Form 1098)	_____
Home Equity Loans (Form 1098)	_____
	<small>(must be used to buy/build/improve property securing debt)</small>
Investment Loans	_____
Mortgage Insurance Premiums	_____

### Contributions

Cash, Check, and Payroll Deductions \_\_\_\_\_  
(Each donation of \$250+ needs written acknowledgement from charity)

### Goods

(If over \$500, you must have a list of donated items, charity address, and date of donation. If over \$5,000, you need appraisal)

Volunteer Expenses / Mileage \_\_\_\_\_  
(Value of volunteer time is not tax deductible)

### Miscellaneous

Virtual Currency Transactions	_____
Foreign Financial Account	_____
Foreign Trust	_____
Casualty Loss (Fed Declared Disaster Only)	_____
Gambling Losses (cannot exceed winnings)	_____

Notes: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Tax Estimates Paid for 2022

	Federal	Michigan	City	Date Paid
1st Quarter	_____	_____	_____	_/_/____
2nd Quarter	_____	_____	_____	_/_/____
3rd Quarter	_____	_____	_____	_/_/____
4th Quarter	_____	_____	_____	_/_/____
<b>TOTAL</b>	_____	_____	_____	

## Michigan Taxes

**Non-taxable Income (required for Michigan credits)**

Child Support \_\_\_\_\_

Veterans Pension \_\_\_\_\_

Worker's Compensation \_\_\_\_\_

Public Assistance (DHS) \_\_\_\_\_

Inheritance \_\_\_\_\_

Gifts Received in Excess of \$300 \_\_\_\_\_

Gain on Sale of Primary Residence \_\_\_\_\_

**Homestead Property Tax Credit**

If you own your home

Property Taxes Billed for 2022 \_\_\_\_\_

Taxable Value of home for 2022 \_\_\_\_\_

If you rent your home

Rent Paid Per Month \_\_\_\_\_

Landlord's Name and Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contributions to MESP or MET College Savings Plans** \_\_\_\_\_

**Use Tax due on Out of State or Internet Purchases** \_\_\_\_\_

Additional Questions?

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