

# In or Out Tax Services, Inc.

## 2022 PERSONAL INCOME TAX CUSTOMER INFORMATION WORKSHEET

### TAXPAYER INFORMATION:

LEGAL NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME YOU PREFER TO BE CALLED (IF DIFFERENT): \_\_\_\_\_ PRONOUNS \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Driver's License Number: \_\_\_\_\_

State \_\_\_\_\_ Issue Date \_\_\_/\_\_\_/\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

TAX PREPARER YOU WORK WITH (IF YOU HAVE A PREFERENCE)? \_\_\_\_\_

What is your preferred method of communication with your preparer? **Phone** OR **Email**

|   |
|---|
| WERE YOU MARRIED AT ANY TIME IN 2022? YES _____ NO _____ If yes, please fill in Spouse Information or write date when divorce was final ___/___/___ |
|---|

### SPOUSE INFORMATION:

LEGAL NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME YOUR SPOUSE PREFERENCES TO BE CALLED (IF DIFFERENT): \_\_\_\_\_ PRONOUNS \_\_\_\_\_

ADDRESS (If different from taxpayer): \_\_\_\_\_

PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Driver's License Number: \_\_\_\_\_

State \_\_\_\_\_ Issue Date \_\_\_/\_\_\_/\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

### DEPENDENTS:

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Months in the home \_\_\_\_\_ Relationship: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Months in the home \_\_\_\_\_ Relationship: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Months in the home \_\_\_\_\_ Relationship: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Months in the home \_\_\_\_\_ Relationship: \_\_\_\_\_

*Additional dependents? Please attach a list.*

CHILDCARE EXPENSES? \_\_\_Y \_\_\_N

If yes, please provide the NAME, ADDRESS, TAX ID and AMOUNT PAID for each provider

Is anyone on the tax return disabled? \_\_\_Y \_\_\_N

Did you provide financial support for anyone else (even if they did not live with you)? \_\_\_Y \_\_\_N

**HEALTHCARE**

Did anyone on the return purchase HEALTH INSURANCE from HEALTHCARE.GOV? \_\_\_Y \_\_\_N

If yes, please provide your 1095-A form(s)

**ESTIMATED TAX PAYMENTS**

Please list any estimated tax payments below

|         | Q1 due 4/18 | Q2 due 6/15 | Q3 due 9/15 | Q4 due 1/17/23 | total |
|---------|-------------|-------------|-------------|----------------|-------|
| Federal | \$          | \$          | \$          | \$             | \$    |
| State   | \$          | \$          | \$          | \$             | \$    |

**INCOME**

Check all that apply

| X | INCOME TYPE                          | # of FORMS | X | INCOME TYPE   | # of FORMS |
|---|--------------------------------------|------------|---|---|------------|
|   | WAGES (W-2)                          |            |   | ALIMONY   |            |
|   | INTEREST (1099-INT)                  |            |   | SALE OF STOCK (FORM 1099-B)   |            |
|   | DIVIDENDS (1099-DIV)                 |            |   | GAMBLING/LOTTERY WINNINGS   |            |
|   | UNEMPLOYMENT                         |            |   | SALE OF HOME  |            |
|   | RETIREMENT/PENSION/IRA (FORM 1099-R) |            |   | CANCELLED DEBT  |            |
|   | SOCIAL SECURITY                      |            |   | FOREIGN EARNINGS  |            |
|   | TIP INCOME                           |            |   | STATE TAX REFUND  |            |
|   | PARTERSHIP/S-CORP/TRUST (FORM K-1)   |            |   | SELF EMPLOYMENT/CONTRACT WORK   |            |
|   | RENTAL INCOME                        |            |   | OTHER INCOME/DID YOU SELL ITEMS ON E-BAY, VENMO, PAYPAL, CASHAPP OR THE EQUIVALENT? |            |

DO YOU HAVE ANY INTEREST OR AUTHORITY OVER ANY NON-US BANK ACCOUNT OR TRUST?  
 \_\_\_Y \_\_\_N

DID YOU BUY/SELL /TRADE/GIFT ANY VIRTUAL CURRENCY/DIGITAL ASSETS (SUCH AS BITCOIN, NFTs) \_\_\_Y\_\_\_N

DID YOU HAVE ACTIVE-DUTY MILITARY PAY \_\_\_Y \_\_\_N

ARE YOU A MILITARY RESERVISTS? \_\_\_Y \_\_\_N

**DEDUCTIONS/ADDITIONAL INFORMATION**

|                                     |
|-------------------------------------|
| <b>Key-<br/>T-Taxpayer S-Spouse</b> |
|-------------------------------------|

Check all that apply

| T | S | DO/ARE YOU:  | T | S | DO/ARE YOU:                                |
|---|---|--|---|---|--|
|   |   | K-12 TEACHER   |   |   | OWN A HOME                                 |
|   |   | CONTRIBUTE TO AN HSA                                       |   |   | PAY PROPERTY TAX                           |
|   |   | HAVE HSA DISTRIBUTIONS                                     |   |   | LIVE/WORK IN MULTIPLE STATES               |
|   |   | CONTRIBUTE TO AN IRA /SEP IRA<br>(Not through an employer) |   |   | HAVE UNREIMBURSED MEDICAL EXPENSES         |
|   |   | PAY ALIMONY  |   |   | DONATE MONEY TO CHARITY                    |
|   |   | PAY COLLEGE TUITION  |   |   | DONATE GOODS TO CHARITY                    |
|   |   | ADOPT A CHILD  |   |   | MAKE POLITICAL DONATIONS                   |
|   |   | HAVE LONG TERM CARE INSURANCE                              |   |   | MAKE A MILITARY MOVE OF MORE THAN 50 MILES |
|   |   | PUT MONEY IN THE OREGON COLLEGE SAVINGS PLAN               |   |   | DONATE TO THE OREGON CULTURAL TRUST        |
|   |   | STUDENT LOAN INTEREST                                      |   |   |  |

By signing this statement, I agree that the information furnished to In or Out Tax Services, Inc. for the preparation and filing of my tax return is true, correct and complete to the best of my knowledge. In or Out Tax Services, Inc's liability is limited to paying interest or penalties due to their error, if we agree that penalties are due to our error, we reserve the write to ask for an abatement from the governing agency first. In or Out Tax Services, Inc is not responsible for interest or penalties resulting from inaccurate or incomplete information. In addition, I agree to pay an hourly fee of \$200/hour if I decline to complete my tax return with In or Out Tax Services, Inc after work has begun.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date