

BROWN & BAKONDI CPA GROUP, P.C.**Certified Public Accountants**

1165 Molalla Avenue
 Oregon City, OR 97045
 (503) 657-9447 Fax: (503) 657-1208

2022 TAX INFORMATION SUMMARY

Taxpayer's Phone Numbers		Spouse's Phone Numbers	
Home		Home	
Work		Work	
Cell		Cell	
Email		Email	

NOTE: PLEASE BRING IN ALL FORMS, W-2'S, 1099'S, 1098'S, 1095'S ETC.

Please Use Full Legal Names (as shown on social security card):

TAXPAYER'S FULL NAME:

SPOUSE'S FULL NAME:

MAILING ADDRESS:

CITY: STATE: ZIP:

Taxpayer's SSN:	Occupation:	DOB:
Spouse's SSN:	Occupation:	DOB:

FILING STATUS (Check Box) - If blind or disabled, bring in doctor's statement first year only

Single			
Married Joint			
Married Separate			
Head of Household			
Widow(er) with Dependent Children			
Date of death of taxpayer or spouse			
ENTER (X) IF: Legally Blind	Taxpayer		Spouse
Disabled	Taxpayer		Spouse
Claimed as a Dependent on Another Return	Taxpayer		Spouse

DEPENDENTS: (If child's last name is different from yours, please indicate child's last name)

Did the status of any of your dependents change in 2022? (Y) ☐ (N) ☐

of months lived with
you in 2022

	Legal Name	Social Security Number	DOB	# of months lived with you in 2022	Relationship
1					
2					
3					
4					
5					
6					

Note: All children born before November 30, 2022 are required to have a Social Security Number.

Affordable Care Act Mandate: Please include all forms 1095-A, B and C

Did you and your dependents have healthcare coverage for the full year?..... (Y) ☐ (N) ☐

Did you purchase coverage through the Federal or State exchange?..... (Y) ☐ (N) ☐

If you are exempt, please list your exemption:

ESTIMATED TAXES:

Note-If you were advised last year to make estimated payments and you did not make any payments, enter "0"

	Federal Date	Amount	State Date	Amount
Refunds applied from 2021		\$		\$
1ST Quarter		\$		\$
2ND Quarter		\$		\$
3RD Quarter		\$		\$
4TH Quarter		\$		\$
Other Payments		\$		\$

INCOME: W-2 EARNINGS

	TAXPAYER		SPOUSE	
A) Employer Name				
Wages		\$		\$
Federal Withholding		\$		\$
Social Security W/H (FICA)		\$		\$
Medicare		\$		\$
State Withholding		\$		\$
B) Employer Name				
Wages		\$		\$
Federal Withholding		\$		\$
Social Security W/H (FICA)		\$		\$
Medicare		\$		\$
State Withholding		\$		\$
C) Employer Name				
Wages		\$		\$
Federal Withholding		\$		\$
Social Security W/H (FICA)		\$		\$
Medicare		\$		\$
State Withholding		\$		\$

Use a separate page for additional wage information

INTEREST INCOME: Please list TAXABLE and NONTAXABLE

Please refer to forms 1099

Source	Amount	Source	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

DIVIDEND INCOME: Please list TAXABLE and NONTAXABLE

Please refer to forms 1099

Source	Ordinary	Qualified	Cap. Gains	Foreign Tax	Other

SALE OF ASSETS: If you sold any assets (i.e., stocks, bonds, residence, cryptocurrency, etc.) please enter the details.

Item Quantity	Item Description	Covered? (Y) (N)	Date Acquired	Date Sold	Proceeds	Cost	Cost of Improvements

OTHER HOUSEHOLD INCOME:

	Taxpayer	Spouse
Alimony Received.....	\$	\$
Unemployment Compensation.....	\$	\$
Retirement Plan Income Received - Gross.....	\$	\$
Taxable Amount.....	\$	\$
Federal Withholding on Pension.....	\$	\$
State Withholding on Pension.....	\$	\$
Retirement Plan Income Received - Gross.....	\$	\$
Taxable Amount.....	\$	\$
Federal Withholding on Pension.....	\$	\$
State Withholding on Pension.....	\$	\$
Gross Social Security Benefit.....	\$	\$
Medicare Payments Deducted from Social Security.....	\$	\$
Federal Withholding Deducted from Social Security.....	\$	\$
	State	State
State Income Tax Refund Received (amount on 1099G).....	\$	\$

OTHER INCOME: Describe source and amount; do not include income listed elsewhere**OTHER DEDUCTIONS AND TAX INFORMATION** NOTE: IRA contributions must be made by April 1: , 2025.

CAUTION! Before you contribute: in some cases IRA contributions are non-deductible.

IRA Contribution:	Traditional	Roth	Traditional	Roth
Taxpayer	\$	\$	Spouse	\$
Date Paid			Date Paid	

If you contributed to a qualified HSA program in 2022, provide amount ⇨ \$

ALIMONY: Original Divorce/Separation Agreement Date

Alimony Paid	\$	Ex-Spouse's Name:		SSN:	
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CHILD AND DEPENDENT CARE EXPENSES:

Provider	Provider's Address	Provider ID #	Amount Paid
1)			
2)			
3)			

Child care expenses are deductible only if they enable you to work or go to school. Retain a completed form W-10 for each provider. The IRS requires this information if you are claiming a child tax credit.

ITEMIZED DEDUCTIONS

MEDICAL:

Long Term Care Insurance \$

Prescriptions \$	Health Insurance \$	Hospital \$
Miles Driven	Doctors & Dentists \$	Other \$

TAXES:

Oregon Arts Tax..... \$

Real Property Taxes..... \$

State or local income taxes paid in 2022 for 2021 or prior years \$

INTEREST:

Home Mortgage..... \$

Second Home Mortgage and/or Second Mortgage..... \$

Mortgage Insurance for Mortgages Financed or Refinanced After December 31, 2006..... \$

Investment Interest Expense..... \$

Student Loan Interest..... \$

CONTRIBUTIONS:

Total Cash (receipts required) and Checks..... \$

Total Property (if total for 2022 is more than \$500, enter information below*)..... \$

Volunteer Mileage Political Contributions..... \$

*Property Contributions Over \$500

Charity Name	Description	Date Acquired	Date Given	Value when New	Value When Given

MISCELLANEOUS DEDUCTIONS:

Union Dues \$ Tax Preparation \$

Safe Deposits \$ Uniforms \$

Un-reimbursed Employee Expenses (Enter description, amount and indicate if it's the taxpayer's or spouse's)

Taxpayer	Spouse

CAR AND TRUCK EXPENSES:

For self-employed and unreimbursed employee automobile expenses for costs other than commuting (nondeductible), the IRS requires the following information on an annual basis:

Taxpayer's or Car 1	Spouse's or Car 2
Type of Auto	Type of Auto
Year Acquired	Year Acquired
Total Miles Driven in 2022	Total Miles Driven in 2022
Business Miles	Business Miles

If you have kept records on actual auto expenses also provide the following:

Vehicle Cost	\$ <input type="text"/>	Vehicle Cost	\$ <input type="text"/>
Insurance	\$ <input type="text"/>	Insurance	\$ <input type="text"/>
Gas & Oil	\$ <input type="text"/>	Gas & Oil	\$ <input type="text"/>
Car Washes	\$ <input type="text"/>	Car Washes	\$ <input type="text"/>
Repairs	\$ <input type="text"/>	Repairs	\$ <input type="text"/>
Other Expenses	\$ <input type="text"/>	Other Expenses	\$ <input type="text"/>

BUSINESS, FARM OR RENTAL INFORMATION*Please indicate which activity this information pertains to*

	Business				Rentals or Royalties				Farm			
	1				2				3			
NAME												
ADDRESS												
Were you required to file 1099s:	(Y)		(N)		(Y)		(N)		(Y)		(N)	
If yes, did you or will you complete the 1099 filing:	(Y)		(N)		(Y)		(N)		(Y)		(N)	
INCOME:												
EXPENSES:												
Advertising												
Car & Truck (please use page 4)												
Insurance												
Interest - Mortgage												
Interest - Other												
Professional Fees												
Office Equip. Office Office												
Rent Expense												
Repairs												
Supplies												
Taxes (Other than Federal and State)												
Travel												
Meals & Entertainment (in full)												
Utilities												
Wages												
Other:												

If you have additional businesses, rentals and/or farms please use this format on a separate sheet of paper.

BUSINESS, RENTALS AND FARM INFORMATION CONTINUED**COST OF GOODS SOLD:***(only for business activity)*

Inventory at Beginning of Year.....	\$
Purchases.....	\$
Cost of Items for Personal Use.....	\$
Cost of Labor.....	\$
Materials and Supplies.....	\$
Other Costs.....	\$
Inventory at End of Year.....	\$

EQUIPMENT PURCHASES:

If you purchased or sold equipment or made improvements for your business activity, please provide the date acquired, purchase/sales price, and trade, if applicable, for each item. If you are making payments on a new purchase, please bring the contract.

Item Description	Date Acquired	Purchase Price

OTHER TAX CREDITS**EDUCATION CREDITS:** *Please Include 1098-T Received from Your Institution*

Student Name	Post Secondary Year in School	At least half time? (5 of 12 months)	Tuition, Fees and Course Materials	Institutions Attended
		(Y) (N)	\$	
		(Y) (N)	\$	
		(Y) (N)	\$	

RESIDENTIAL ENERGY AND VEHICLE CREDITS:

Item Acquired	Product Cost	Install Cost	Date Acquired
	\$	\$	
	\$	\$	
	\$	\$	

STATE CREDITS:

Amount

Appliance Credits (attach certification)..... \$

MISCELLANEOUS QUESTIONS

- (Y) (N)
- 1) ☐ ☐ Did you or your spouse receive any distribution from a profit-sharing, retirement plan, or individual retirement arrangement? If yes:
Amount Rolled \$ Over \$
- (Y) (N)
- 2) ☐ ☐ Did you or your spouse "rollover" funds from a regular IRA into a Roth IRA?
If yes: Amount \$
- (Y) (N)
- 3) ☐ ☐ Did you purchase, sell or exchange your personal residence or other real estate during the year? If yes, please bring escrow papers and other details.
- (Y) (N)
- 4) ☐ ☐ Were you in the process of adopting or did you finalize the adoption of a child in 2022? If so please provide additional details.
- (Y) (N)
- 5) ☐ ☐ Does anyone owe you money which has become uncollectible?
- (Y) (N)
- 6) ☐ ☐ Do you or your spouse wish to allocate \$3 to the Presidential Election Campaign Fund?
- (Y) (N)
- 7) ☐ ☐ Do you or your spouse wish to designate \$3 of your Oregon refund to a political party?
If yes, please fill in the party name. Taxpayer _____
Spouse _____
- (Y) (N)
- 8) ☐ ☐ Did you incur a loss because of damaged or stolen property
- (Y) (N)
- 9) ☐ ☐ Did you buy or sell any cryptocurrency?
- (Y) (N)
- 10) ☐ ☐ Do you wish a refund payment to be directly deposited to your bank account? If yes, please provide us a voided check for the account you wish to deposit to.
- (Y) (N)
- 11) ☐ ☐ Did you make a contribution to an Oregon College Savings Plan account? If so, please indicate:
Amount \$ Date made
- (Y) (N)
- 12) ☐ ☐ Are you a signatory on, or do you have ownership in a foreign bank account, investment account or trust? *Note: Penalties for non-reporting can be as much as 50% of the highest balance in the account.*

ADDITIONAL INFORMATION

Use this space to include any additional information we may need to prepare your returns.

FORM INSTRUCTIONS

Please complete all items that apply to your tax situation. If an item is not applicable you may leave it blank, enter a 0, or n/a.

Visit our web site for instructions on uploading this form and your supporting documents electronically via our secure file drop.

www.brownandbakondi.com

If you do not wish to use the electronic upload process you can print a copy of your summary and mail it or drop it off along with your supporting documents at our office at:

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