### Laser 1040 by Mariegard

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January 13, 2023

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (406)442-1700.

Sincerely,

Laser 1040 by Mariegard

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Once again, a year is behind us and income tax season is here! In this upcoming tax season of 2023 all Americans will be seeing changes on their 2022 tax returns. You can be assured we stayed abreast of all of the changes Congress made. We are once again making our tax organizer available for free. Tax fraud has been rampant, especially the practice of improperly claiming child dependents. <u>Please bring or email</u> <u>verification that your child lived with you.</u> (Medical or school records are helpful because we cannot get you a \$2,000 child tax credit without verification!)

The Inflation Reduction Act, which lawmakers enacted in Aug., includes tax provisions for individuals and businesses, some of which apply for 2022.

The Obamacare subsidy available to eligible individuals who purchase health coverage through an exchange. Most people choose to have the credit paid in advance to the insurance firm. Last year's stimulus law expanded the credit for 2021 and 2022 by letting some people with incomes over 400% of the poverty line get credits and upping the credit amount.

The break for adding solar panels and the like to your home is extended through 2034. The credit equals 30% of the cost of the equipment and installation for 2022 through 2032.

The credit for adding energy-efficient improvements to your home is back. For 2022, the credit applies to 10% of the cost of certain types of insulation, plus external windows, doors and skylights. The credit also includes 100% of the cost of electric heat pumps and water heaters. There is now an annual credit limit of \$1200.

Standard deductions are higher for 2022. Married couples get \$25,900, plus \$1,400 for each spouse 65 or older. Singles can claim \$12,950...\$14,700 if age 65 or up. Heads of household get \$19,400 plus \$1,750 once they reach 65. Blind people receive \$1,400 more.

Tax rates on long-term capital gains and qualified dividends do not change. But the income thresholds to qualify for the various rates go up for 2022. The 0% rate applies for individual taxpayers with taxable income up to \$41,675 on single returns, \$55,800 for head-of-household filers and \$83,350 on joint returns. The 20% rate starts at \$459,751 for singles, \$488,501 for heads of household and \$517,201 for couples filing jointly.

A key dollar threshold on the 20% deduction for pass-through income rises in 2022. Self-employeds and owners of LLCs, S corporations and other pass-throughs can deduct 20% of their qualified business income, subject to limitations for individuals with taxable incomes of more than \$340,100 for joint filers and \$170,050 for all others.

The standard Mileage rate for business driving is higher this year. The rate is 58.5¢ per mile for the first half of 2022 and 62.5¢ a mile for the second half. Some excerpts from The Kiplinger Tax Letter

Checklist	
Name:	SSN:
Checklist	
This check list is provided to help you gather necessary information for us to prepare your 2022 income tax re this list, along with the supporting documentation, to our office and let us know of any significant changes from tax year.	
State and city refunds and other government payments (Form 1099-G)  [ ] Unemployment compensation	
Credit card, debit card, and third party network transactions (Form 1099-K)  [ ] Reportable payment transactions	
Other Income (provide supporting documentation for income received for the following items)  [ ] Sale of assets or property [ ] Cancellation of debt [ ] Other income	
Payments (provide supporting documentation for payments made for the following items)  [ ] Educator classroom expenses [ ] Employee business expenses [ ] Contributions to a Health Savings Account [ ] Expenses related to work relocation with the military [ ] Alimony [ ] Student loan interest [ ] Refunded student loan interest payments [ ] Student loan forgiveness [ ] Tuition and fees for higher education [ ] Expenses related to child or dependent care [ ] Contributions to a Retirement Savings Account [ ] Medical and dental expenses [ ] Real estate taxes [ ] Other state and local taxes [ ] Mortgage interest [ ] Investment interest [ ] Cash contributions [ ] Noncash contributions [ ] Unreimbursed employee expenses [ ] Investment expenses [ ] Gambling losses [ ] Gambling losses [ ] Other payments	

	Questionnaire
Name:	SSN:
Questionnaire	
Personal Inform Yes No	nation
[][]	Did your marital status change during the year?  If "Yes," explain
[][]	If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2022?
[][]	Can you or your spouse be claimed as a dependent by someone else?
[][]	Did your address change during the year?
[][]	Were you, your spouse, or any dependents a victim of identity theft?  If "Yes," explain
[][]	Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?  If "Yes," provide Notice CP01A from the IRS.
Provide	proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)
Dependent Info	rmation
Yes No	
[][]	Did you have any changes in dependents during the year?  If "Yes," explain
[][]	Can another person qualify to claim any of your dependents?
[][]	Did you have any childcare expenses during the year?
[][]	Did you have any adoption expenses during the year?
[][]	Did you have any children under age 19 or a full-time student under age 24 with more than \$2,300 of unearned income?
Provide	documentation for proof of dependent credits (school records, medical records, daycare records, etc.)
Health Care Info	ormation
Yes No	
[][]	Did any member of your household have healthcare coverage through the Marketplace (Obamacare)? If "Yes," provide copies of Form 1095-A.
[][]	Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?
Income. Purcha	uses, Sales, and Debt Information
Yes No	300, 3113 2001 1113 11141011
[][]	Did you receive any tips not reported to your employer?
[][]	Did you receive any disability income during the year?
[][]	Did you cash in any U.S. savings bonds during the year?
[][]	Did you start a new business or purchase any rental property during the year?
[][]	Did you sell an existing business, rental property, or other property during the year?
[][]	Did you purchase any business assets or convert any assets to business use?  If "Yes," provide the cost of the asset, the date it was placed in service, and business use
	percentage.
[][]	Did you purchase any gasoline, diesel, or special fuels for off-road business use?
[][]	Did you buy or sell any stocks, bonds, or other investments during the year?
[][]	Did you sell a principal residence during the year?  If "Yes," provide closing documentation for the purchase and sale of the home.
[][]	Did you have a principal residence or a piece of real property foreclosed on during the year?
[][]	Did you abandon a principal residence or a piece of real property during the year?
[][]	Did you refinance your principal home or second home or take out a home equity loan during the year?
	If "Yes," provide all escrow, closing, and other pertinent documentation and information.
[][]	Did you receive any principal or interest during this year from property sold in prior years?
( ) ( )	Did you rent out your home or use it for business?
[][]	Did you sell, exchange, or purchase any real estate during the year?

Questionnaire				
Name:	SSN:			
Questionnaire				
[][] [][] [][]	Did you acquire a new or additional interest in a partnership or S corporation?  Did you have any debts canceled or forgiven this year?  Does anyone owe you money that has become uncollectible?  Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?			
[][]	If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.  Did you receive income or incur expenses associated with a fantasy sport league?  If "Yes," provide documentation.			
[][]	Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?  If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.			
[][]	Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)? If "Yes," attach Form 1099-K or Form W-2.			
[][]	Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?  If "Yes," provide documentation.			
[][]	Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)? If "Yes," attach Form 1099-K.			
[][]	Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)? If "Yes," provide documentation.			
[][]	Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?  If "Yes," provide documentation.			
[][]	Did you receive any other income you have not provided information for with this organizer?  If "Yes," explain			
Itemized Deduct	tion Information			
Yes No				
[][]	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?			
[][] [][] [][] [][] [][] [][] [][]	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?  Did you receive any state or local income tax refunds from prior years?  Did you make any major purchases (vehicle, boat, etc.) during the year?  Did you pay any real estate property taxes or personal taxes during the year?  Did you pay mortgage interest during the year?  Did you make cash donations to charity during the year?  Did you make noncash donations to charity (clothes, furniture, etc.) during the year?  Did you donate a boat or vehicle during the year?  If "Yes," attach Form 1098-C.			
[][]	Did you have gambling winnings or losses during the year?			
[][]	Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?			
[][]	Did you use your vehicle on the job other than for commuting to work?  Did you work out of town at any time during the year?			
Retirement Infor	rmation			
Yes No [ ] [ ]	Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement			
[][]	plan during the year?  Did you make any withdrawals or receive distributions from a pension or profit sharing plan, IRA, Roth,			
[][]	Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?  Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified			
[][]	retirement plan during the year? Did you receive any Social Security benefits during the year?			
Education Inform	mation			

Yes No

	Questionnaire
Name:	SSN:
Questionnai	re
111	Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
[][	·
[][	Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
[][	If "Yes," provide the amount of interest that was refunded.
[][	Did you receive forgiveness on a qualifying federal student loan?
Foreign Tax I	
Yes N	
[][	a foreign country?
] []	
[]	
[]	• • • • • • • • • • • • • • • • • • • •
[][	
[][	Did you own property in a foreign country?
Refund, With	holding, and Estimated Tax Information
Yes N	0
[]	
[ ]	
[][	
[][	Do you want to have any refund or balance due directly deposited or withdrawn?  If "Yes," provide a canceled checking or savings slip.
[][	
Miscellaneou	s Information
Yes N	
[][	
[][	disaster area?
	If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
[ ] [ ]	
	[ ] [ ] If "Yes," are you splitting the gift with your spouse?
[][	
j [ j	
j [ j	
j [ j	
111	
[][	Did you receive any notices from the IRS or state taxing authority?  If "Yes," explain
] [] ] []	

Income	
Name: SSN	:
Wages & Salaries	
Provide all copies of Form W-2  TS Employer name	2022 federal wages
<del></del>	
	·
<del></del>	
<del></del>	
Retirement Provide all copies of Form 1099-R	
Trovide dil copies di Form 1000 IX	2022
TS Payer name	distribution
Yes No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contribution	
Yes No Did you use any of the distributions for disaster relief?	<b>.</b>

	Income		
Name	:	SS	SN:
	dend Income		
Provid	de all copies of Form 1099-DIV and other statements that report dividend income.		
TSJ	Account number Payer name	2022 ordinary dividends	2022 qualified dividends
			_
	-		_
		<del></del>	_
	-		
Into	rest Income		
	rest Income de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.		
rovid			2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.  Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.  Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.  Account number		2022 interest
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	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.  Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.  Account number		2022 interest
rovid	de all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.  Account number		2022 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale	of Ca	pital	<b>Assets</b>
------	-------	-------	---------------

Name:			SSN:	
Sale of Capital Assets (not reported on Form 1099-B)				
Provide all brokerage statements  TSJ Description of property	Date purchased	Date sold	Sales price	Cost
	paronacca		prioc	
<del></del>				
<del></del>				
<del></del>				
<del></del>				
<del></del>				
<del></del>				
<del></del>				
Installment Sale Income				
Description of property:				
Date acquired Date sold			2022	Prior years
Selling price		· · · · · ·		
Mortgages assumed		· · · · · · ·		
Cost of property sold		· · · · · ·		
Depreciation allowed		· · · · · ·		
Commissions and expense of sale				
Gross profit percentage		· · · · · · ·		
Interest received		· · · · · ·		
Principal payments received		· · · · · ·		
Property was sold to a related party				

Other	Income	and Ad	iustments
-------	--------	--------	-----------

ame:	SSN	l:
Other Income		
	2022 Taxpayer	2022 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)		
Jnemployment 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	2022 Spouse
Adjustments  Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2022 Taxpayer	2022 Spouse
Adjustments  Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2022 Taxpayer	2022 Spouse
Adjustments  Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2022 Taxpayer	2022 Spouse
Adjustments  Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2022 Taxpayer	2022 Spouse
Adjustments  Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2022 Taxpayer	2022 Spouse
Adjustments  Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2022 Taxpayer	2022 Spouse
Adjustments  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	2022 Taxpayer	2022 Spouse
Adjustments  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	2022 Taxpayer	2022 Spouse
Adjustments  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	2022 Taxpayer	2022 Spouse
Adjustments  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)	2022 Taxpayer	2022 Spouse
Adjustments  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)	2022 Taxpayer	2022 Spouse

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	y)
This business started or was acquired during 2022.	This business was disposed of during 2022.
	Newspaper delivery and you are under 18 years of age A clergy
Yes No  Payments of \$600 or more were paid to an individual, who is not y  If "Yes," did you file Forms 1099 for the individuals?	our employee, for services provided for this business.
You received a Paycheck Protection Program (PPP) loan for this I If 'Yes," was any portion of the loan forgiven?	business.
Income	
Gross receipts or sales	<b>2022</b> Other income
Returns & allowances	
Expenses	
2022	2022
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 (other business property)	
Cost of Goods Sold	
2022	2022
Inventory at beginning of year	Materials & supplies
Purchases	Other costs
Cost of personal use items	Inventory at end of year
Cost of labor	There was a change in inventory method.

Schedule E - Income or	Loss from F	Rental Real Estate &	Royalties
Name:			SSN:
General Property Information			
TSJ Property description			
Address, city, state, ZIP			
Select the property type  Single family residence Multi-family residence Commercial  Number of days property was rented If the rental is a multi-dwelling unit and you occupied part of the selection of the property type  Vacation / short Commercial	Number of days p	Land	Self-rental Other use
This property was placed in service during 2022. This property was disposed of during 2022. This property is your main home or second home. This property was owned as a qualified joint venture.	Yes	not your employee, for	nore were paid to an individual, who is services provided for this rental.  Forms 1099 for the individuals?
Income			
Rent income	2022	Royalties from oil, gas, mineral, copyright or patent	2022
Expenses			
	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising	•	·	If this Schedule E is for a
Auto & travel			a multi-unit dwelling and you
Cleaning & maintenance			lived in one unit and rented out the other units, use the
Commissions			"Rental and homeowner
Insurance			expenses" column to show expenses that apply to the entire
Legal & professional fees			property. Use the "Rental unit
Management fees			expenses that partain ONLY to
			expenses that pertain ONLY to the rental portion of the property.
Mortgage interest			
Other interest			If the Schedule E is not for a multi-unit property in which you
Supplies			lived in one unit, complete just the "Rental unit expenses"
Taxes			column.
Utilities			
Depletion		<del></del>	
Other expenses			

22	Income on Loca from Doutmanshine C. Companyi and and	
	Income or Loss from Partnerships, S Corporations, and	
me:		SSN:
	s, S Corporations, Estates and Trusts	
ovide all copie	s of Schedule K-1 and attachments	
S	Entity name	EIN
_		
_		
_		

Schedule F - Profit o	r Loss from Farming
Name:	SSN:
General Information	
TS Principal product	Employer ID number
Accounting method, if not cash: Accrual	
This farm was disposed of during 2022.	
Yes No Payments of \$600 or more were paid to an individual, who is not If "Yes," did you file Forms 1099 for the individuals?  You received a Paycheck Protection Program (PPP) loan for this If "Yes," was any portion of the loan forgiven?	
Income	
2022	2022
Sale of livestock / other items	Custom hire income
Cost of items bought for resale	Beginning inventory for accrual
Sale of products you raised	Ending inventory for accrual
Total cooperative distributions (Provide 1099-PATR)	You used unit-livestock-price or farm-price inventory method.
Total agricultural payments	Other income
CCC loans reported · · · · · · · · · · · · · · · · · · ·	-
CCC loans forfeited	
Expenses	
2022	2022
Car & truck expenses	Rent - other (land, animals, etc.)
Chemicals	Repairs & maintenance
Conservation expenses	Seeds & plants purchased
Custom hire (machine work)	Storage & warehousing
Employee benefit programs	Supplies purchased
Feed purchased	Taxes
Fertilizers & lime	Utilities
Freight & trucking	Veterinary, breeding, & medicine
Gasoline, fuel, & oil	Family health coverage payments for taxpayer, spouse or dependents
Insurance (other than health)	Other expenses
Interest - mortgage (paid to banks, etc.)	
Interest - other	
Non-W-2 labor hired	
W-2 wages paid	
Pension & profit-sharing plans	
Rent - vehicles machinery & equipment	

#### Form 4835 - Farm Rental Income and Expenses SSN: Name: **General Information** Employer ID Number Description This farm was disposed of during 2022 Income 2022 2022 Income from production of livestock, Crop insurance proceeds: Amount received in 2022 You elect to defer to 2023 Commodity Credit Corporation (CCC) loans: CCC loans reported . . . . . . Other income . CCC loans forfeited . . . . . . . . **Expenses** 2022 2022 Car & truck expenses Seeds & plants purchased Storage & warehousing . Supplies purchased Employee benefit programs . . . . . Feed purchased ...... Veterinary, breeding, & medicine Other expenses Freight & trucking Gasoline, fuel, & oil Interest - mortgage (paid to banks, etc.) Pension & profit-sharing plans Rent - vehicles, machinery & equipment Rent - other (land, animals, etc.)

Expenses Re	lated 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?
Mileage Number of miles the vehicle was driven during 2022	
Business: Before July 1, 2022	Commuting
After June 30, 2022	Other
Expenses Garage rent Gas Insurance Licenses Oil Parking fees Rental fees Interest Property tax  Business Use of Home  Name of business home is used for	Tires
What is the total square footage of your home that was used regularly an What is the total square footage of your home?	d exclusively for business?
For daycare facilities not used exclusively for business, complete the follo	owing 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 ex	penses Home expenses
Mortgage interest	In the "Office expenses" column, enter those expenses that
Real estate taxes	pertain exclusively to your office;
Excess mortgage interest	enter those expenses that
Excess real estate taxes	pertain to the entire dwelling.
Insurance	
Rent	
Repairs & maintenance	
Utilities	
Other expenses	

		Household Employment	
Name		SSN:	
TSJ_		Employer Identification Number	
Yes	No		
		Did you pay any one household employee cash wages of \$2,400 or more in 2022?	
		Did you withhold federal income tax during 2022 for any household employee?	
		Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022 to all household employees?	
		Did you pay unemployment contributions to only one state?	
Ш	Ш	Did you pay all state unemployment contributions for 2022 by April 18, 2023?	
		Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	2022
T-4-1 -		The publication Control Constitution	-
		ges subject to Social Security tax	
		ges subject to Medicare tax • • • • • • • • • • • • • • • • • • •	
		ges subject to Additional Medicare tax withholding • • • • • • • • • • • • • • • • • • •	
		ne tax withheld · · · · · · · · · · · · · · · · · · ·	
		leave wages · · · · · · · · · · · · · · · · · · ·	
		ily leave wages · · · · · · · · · · · · · · · · · · ·	
Qualifi	ed hea	Ith plan expenses · · · · · · · · · · · · · · · · · ·	
TSJ_		Employer Identification Number	
Yes	No		
		Did you pay any one household employee cash wages of \$2,400 or more in 2022?	
		Did you withhold federal income tax during 2022 for any household employee?	
		Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022 to all household employees?	
		Did you pay unemployment contributions to only one state?	
		Did you pay all state unemployment contributions for 2022 by April 18, 2023?	
Ш	Ш	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	2022
Total a	oob wa	ges subject to Social Security tax	
		ges subject to Medicare tax	
		ges subject to Additional Medicare tax withholding	
		ne tax withheld	
		leave wages	
		ily leave wages	<del>.</del>
Qualife	ed heal	th plan expenses	

#### **Schedule A - Itemized Deductions**

Name:	SSN:
Medical and Dental Expenses	Charitable Contributions
Health insurance premiums (paid by you, not through work)	Donations to charity Cash Noncash Amount  Church
Amount that is for Medicare premiums	Boy or Girl Scouts
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	United Way
After June 30, 2022	Veterans
Prescription medicines	,
Glasses & contacts	
Hearing aids · · · · · · · · · · · · · · · · · · ·	
Medical equipment & supplies	
Hospital services · · · · · · · · · · · · · · · · · · ·	
Laboratory services	Gambling losses
Nursing services	Impairment-related work expenses
Other	Claim repayments
Taxes Paid	Unrecovered pension investments
State and local income taxes	Loss from other activities from Schedule K-1
General sales tax (vehicle, boat, home, etc.) - · · · · ·	Ordinary loss debt instrument
Real estate taxes	Excess deduction on termination
Personal property taxes	Job Expenses & Certain Miscellaneous Deductions
Auto registration taxes not deductible for state:	Necessary job expenses you paid that were not reimbursed by your employer
Other taxes (list)	Safety equipment, tools, & supplies
	Uniforms
	Protective clothing (shoes, hardhats, glasses, etc.)
Interest Paid	Dues to professional organizations
Home mortgage interest paid (attach Form 1098)	Books & subscriptions
Some of your home mortgage loan was not used to buy, build, or improve your home.	Other
Home mortgage interest paid to an individual	Union dues
Paid to: Name	Tax preparation fees
Address	Other nonpersonal expenses related to taxable income
City, State, ZIP	Safe deposit box fees
SSN or EIN	Investment expenses not entered elsewhere
Points not reported on Form 1098	Other
Investment interest	Home equity interest

Other Inf	ormatio	n		
Name:				SSN:
Mortgage Interest Provide all copies of Form 1098				
TSJ Lender's name		Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
Employee Business Expenses				
TS	Solo	ect if you:		
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  You are a member of the clergy		•	rsonal vehicle for your job	during 2022
☐ Tou are a member of the dergy	NOT reim by your en			your employer box 1 of your W-2
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 c	ode	
Property description	· · · · · · · · · · · · · · · · · · ·			
Property location	Property lo			
Date property was acquired	Date prope	 erty was acquir	ed	
Date property was damaged or stolen	Date prope	erty was dama	ged or stolen	
Cost of property damaged or stolen	Cost of pro	operty damage	d or stolen	
Fair market value before incident	Fair marke	et value before	incident	
Fair market value after incident	Fair marke	et value after in	cident	
Insurance reimbursement	Insurance	reimbursemen	t	

	Other In	nformation	
Name:		SSN:	
Health Savings Account			
TS			
The taxpayer's coverage is under a high-deductible heal  Taxpayer only Family  HSA contributions made for 2022			2022
Total distributions from all HSAs during 2022			
Distributions included above that were rolled over into an	nother 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
Type of expense	Amount	Type of expense	Amount
Job-related Moving Expenses			
TSJ			
Select this box and complete the fields below if you and moved due to a military order for a permanent of	are a member of th change of station.	e Armed Forces on active duty,	2022
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 p	ersonal effects		
Travel and lodging expenses while traveling to your new	home		
		•	

2022

Laser 1040 by Mariegard 1018 W Custer Avenue Ste 1 Helena, MT 59602

# 2022 Tax Organizer Personal Information

Persona	al Informa	ition									
	1		Name				s	SN	Has IP PIN	Dat	e of birth
Taxpayer											
Spouse											
Name of pe	erson to whom	all inform	nation should be addressed, if not the	he taxpayer							
Street add	dress, city, st	ate, and	ZIP								
			Occupation		Daytime phon	ne	Evening	phone		Cell p	hone
Taxpayer											
Spouse											
Taxpayer	email										
Spouse er	mail										
	Do you or At any tim (a) rece	your specified your specified during section with the section of t	pouse a full-time student?  pouse want to designate \$3 to g 2022 did you: a reward, award, or payment age, gift, or otherwise dispose	for property or serv	ice) a digital asset	:					
axpayer':	s type of pl	noto ID			Spouse's type of	photo II	)				
_	er's license		State-issued photo ID		Driver's lice		_	ate-issued	photo IE	)	
Photo ID n	number				Photo ID number						
state phot	to ID was iss	sued			State photo ID wa	s issued					
ate photo	o ID was iss	ued			Date photo ID was	s issued					
-	o ID expires				Date photo ID exp	ires					
Accoun	nt Informa	tion fo	r Deposits and Withdra	wals							
		Name of I	bank	Bank routing number	Bank account numb	er	Type of a	Savings	_	e this ac	Count for Withdrawals
Appoint	tment Info	ormatio	on						•		
our 2022	appointmer	nt is sch	eduled for								

Dependent Information  First and last name SSN Has Relationship In home Date of birth Disabled Full-Expenses  Street dependents required to file a return  Child and Other Dependent Care Expenses  Name of care provider Address SSN or EIN Amount Estimates  Federal Resident State Resident City	Personance Services and last name PPN Relationship In Normal Date of birth Disabled Services Services and last name PPN Relationship In Normal Date of birth Disabled Services	22		Dependent a	and Other In	formatio	n			
Dependent Information  First and last name   Has   PPN   Relationship   Months   In   Date of birth   Disabled   Student   Expension   Expension   PPN   PNN   PNN	Pependent Information  First and last name IPPIN Relationship Months In Inhome IPPIN Relationship Inhome IPPIN IPPIN Relationship Inhome IPPIN I	ame:		- орониони					SSN	l:
st dependents required to file a return  Child and Other Dependent Care Expenses  Name of care provider  Address  SSN or EIN Amount  Amount  Estimates  Federal Date paid Amount Date paid Date paid Amount Date p	st dependents required to file a return  Child and Other Dependent Care Expenses  Name of care provider  Address  SSN or EIN  Amount Paid  Setimates  Federal Resident State Resident City Date paid Amount									
st dependents required to file a return  Child and Other Dependent Care Expenses  Name of care provider  Address  SSN or EIN Amount  Amount  Estimates  Federal Date paid Amount Date paid Date paid Amount Date p	st dependents required to file a return  Child and Other Dependent Care Expenses  Name of care provider  Address  SSN or EIN  Amount Paid  Setimates  Federal Resident State Resident City Date paid Amount				Relationship	Months in home	Date of birth	Disabled	time	
Name of care provider  Address SSN or EIN Amount  Amount  Settimates  Federal Date paid Amount Date paid D	Name of care provider  Name of care provider  Address  SSN or EIN  Amount Paid  SST or EIN  Amount Paid  SSN or EIN  Amou									
Name of care provider  Address  SSN or EIN  Amount  Amount  Estimates  Federal Resident State Resident City Date paid Amount  Date paid Amount  Date paid Amount  Test quarter  Becond quarter  Becond quarter  Burth quarter  Burth quarter  Burth quarter	Name of care provider  Name of care provider  Address  SSN or EIN  Amount Paid  SST or EIN  Amount Paid  SSN or EIN  Amou									
Name of care provider  Address  SSN or EIN  Amount  Settimates  Federal Date paid Amount Date paid Date pa	Name of care provider  Name of care provider  Address  SSN or EIN  Amount Paid  SST or EIN  Amount Paid  SSN or EIN  Amou									
Name of care provider  Name of care provider  Address  SSN or EIN  Amount  Settimates  Federal Resident State Resident City Date paid Amount D	Name of care provider  Name of care provider  Address  SSN or EIN  Amount Paid  SST or EIN  Amount Paid  SSN or EIN  Amou									
Name of care provider  Name of care provider  Address  SSN or EIN  Amount  Settimates  Federal Resident State Resident City Date paid Amount D	Name of care provider  Name of care provider  Address  SSN or EIN  Amount Paid  SST or EIN  Amount Paid  SSN or EIN  Amou									
Name of care provider  Name of care provider  Address  SSN or EIN  Amount  Settimates  Federal Resident State Resident City Date paid Amount D	Name of care provider  Name of care provider  Address  SSN or EIN  Amount Paid  SST or EIN  Amount Paid  SSN or EIN  Amou									
Name of care provider  Address  SSN or EIN  Amount  Setimates  Federal Date paid Amount Date paid Date pai	Name of care provider  Name of care provider  Address  SSN or EIN  Amount Paid  SST or EIN  Amount Paid  SSN or EIN  Amou		e a return	<u> </u>						
Name of care provider  Address SSN or EIN Amount	Name of care provider  Address SSN or EIN Amount Paid  SSTIMATES  Federal Resident State Resident City Date paid Amount Date		·	ses						
Federal Resident State Resident City  Date paid Amount Date paid Amount Date paid Amount  rst quarter  econd quarter  purth quarter  Durth quarter	Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount or 2021 rst quarter econd quarter purth quarter			Address			SSN or F	:IN	Amount Paid	
Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount Date paid Amount or 2021 rest quarter econd quarter purth quarter	rest quarter  accord quarter  burth quarter  burth quarter    Federal   Resident State   Resident City     Date paid   Amount   Date paid   Amount     Date paid   Amount   Date paid   Amount     Date paid   Amount   Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   A	Name of Care provider		Addiese				-114	Amount Faid	
Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount Date paid Amount or 2021 rest quarter econd quarter purth quarter	rest quarter  accord quarter  burth quarter  burth quarter    Federal   Resident State   Resident City     Date paid   Amount   Date paid   Amount     Date paid   Amount   Date paid   Amount     Date paid   Amount   Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   Amount     Date paid   A									
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verpayment applied om 2021  rst quarter econd quarter nird quarter  purth quarter	verpayment applied om 2021  rst quarter econd quarter  nird quarter  purth quarter			eral	Res	ident State		F	Resident	City
rst quarter econd quarter nird quarter burth quarter	rst quarter econd quarter irid quarter burth quarter	verpayment applied	Date paid	Amount	Date paid	A	mount	Date paid		Amount
econd quarter  nird quarter  purth quarter	econd quarter  nird quarter  purth quarter	-			_					
ourth quarter	ourth quarter	_			-					
ourth quarter	ourth quarter	_			_					
		_								
		-								

Laser 1040 by Mariegard 1018 W Custer Avenue Ste 1 Helena, MT 59602

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	Income	
Name:	SSN:	
Form	1099-MISC Income	
Provide	e all copies of Form 1099-MISC	2022
TS	Payer name	amount
Form	1099-NEC Income	
Provide	e all copies of Form 1099-NEC	
TS	Payer name	2022 amount
	. <b>,</b>	
	·	
		_