	TAX	INFORMATI	ON WORKS	HEET - PAG	E 1	YEAR 20)22			
FERGUSON LAW OFFICE, P.O. BOX 160, XENIA, OHIO 45385 937-372-9963 FAX 937-372-7480									<u> </u>	
new this year We need your email address *****										
NAME OF TAXPAYER					SS#		Bi	rthday		
NAME OF SPOUSE					SS#		Bi	rthday	_	
STREET ADDRESS										
CITY, STATE, ZIP									_	
TELEPHONE NO. (WORK)(HOME)										
CURRENT SCHOOL DISTRICT COUNTY										
ARE YOU CLAIMED AS AN EXEMPTION ON YOUR PARENTS' TAX RETURN? TAXPAYERSPOUSE										
DO YOU QUALIFY TO RECEIVE THE BLIND DEDUCTION? TAXPAYER SPOUSE										
**LIST BELOW ONLY	THOSE DI	EPENDANT	S WHICH	YOU CLAIN	I (Do not i	nclude you	ırself or sı	oouse)		
FULL NAME		BIRTH DAT	IRTH DATE		SS#		RELATIONSHIP		MONTHS IN HOME	
NOTICE** PLEASE R	ETURN WI	TH THIS A	NY TAX RE	TURN FILE	D FOR AN	Y DEPEND	ANT imp	ortant!!!!!!!!	<u>!!!!</u>	
ARE YOU THE ONLY	NDENTS LISTED ABOVE?			Yes	No					
				TAXPAYER			SPOUSE			
ALIMONY RECEIVED										
PAYMENTS MADE TO K										
ı										
PAYMENTS MADE TO REGULAR IRA										
AMOUNT OF ALIMONY PAID BY: TAXPAYER										
PAID TO:	1	SOCIAL S	SECURITY #	<u> </u>						
IF YOU HAVE A BROKERAGE ACCOUNT. PLEASE INCLUDE TO 1099 B FOR ALL BROAKERAGE SALES.										
DID YOU WORK IN THE	 ERE			WHEN						
DO YOU LIVE IN A CITY	-						WHEN			
DO YOU WANT US TO	PREPAR				U?	YES _	NC			

2022 TAX INFORMATION WORKSHEET - PAGE 2

TAX PAYMENTS MADE: - - DO NOT INCLUDE ANY CARRYOVER !!!! LIST ONLY CHECKS YOU SENT!

Did you make <u>ANY ESTIMATED</u> tax payments for the **2020** tax year? <u>USE EXACT DATES.</u> If **NO**, put a 0 in each block. If **YES**, put the amount you paid in the appropriate block.

	-	DATE	FEDERAL	STATE	CITY	SCHOOL
1ST QUARTER	M ₂					
2ND QUARTER	MEMS					
3RD QUARTER	•					
4TH QUARTER						
AFTER Dec 31,OF THE T	AX YEAR					
INTEREST RECE				-		
		& Loans o	or Insurance Comp	anies	AMOUNT	
DIVIDENDS RECENAME	IVED:				AMOUNT	
DE CUDE TO D	DINO ALL	4000 AN	TO DEPOYED A OF	TODMO II		
			ID BROKERAGE			
IF YOU HAD			•			
Name of child:		\$ paid	Provider's name	Address of Provide	1	ID number
			 			

College interest paid

\$ Name of student

verification needed

College interest paid

Name of student

verification needed

	2022 TAX IN	IFORMATION V	VORKSHEET - PAGE 3				
MEDICAL AND DENTAL EXPE	NSES:		INTEREST PAID:				
			1. Home mortgage interest and points	paid to			
	AMO	TNUC	financial institutions and reported or	n form 1098			
1. Prescriptions			INSTITUTION PAID	AMOUNT PAID			
2. Other health insurance premiums							
3. Long term health care premiums							
4. Doctors, dentists, etc.							
5. Hospitals, clinics, etc.							
6. Lab and x-ray fees			2. Home mortgage interest paid to indi	viduals			
7. Eyeglasses and contacts			NAME:	AMOUNT PAID			
Medical equipment and supplies			STREET:				
Miles driven for medical purposes			CITY, STATE:				
10. Ambulance/Medical trans costs							
11. Total nursing care costs			3. Investment interest (margin interest)			
TAXES PAID:				,			
Real estate taxes paid on	xxxxxxxxx	xxxxxxxxx	Total sales tax paid during year	\$			
principal residence	\$		(We can choose the higher of				
Real estate taxes paid on	xxxxxxxxx	xxxxxxxx	income tax or sales tax.)				
vacation home/time share condo	\$						
			CONTRIBUTIONS: cash requir	res a receipt;			
DID YOU RECEIVE SOCIAL SI	ECURITY?		tangible property requires an apprasial				
(IF SO, BRING THE REPORT REC	EIVED)		NAME OF CHARITY				
	YES	NO	AMOUNT				
TAXPAYER							
SPOUSE			NAME OF CHARITY				
			AMOUNT				
DID YOU RECEIVE UNEMPLO	YMENT						
COMPENSATION? (IF SO, BRIN	G THE REPC	PRT)	NAME OF CHARITY				
	YES	NO	AMOUNT				
TAXPAYER			attach receipts & appras	ials			
SPOUSE			Total miles driven for charity	miles			
	COMPLE	TE BOTH SIDE	· · ·				

2022 TAX INFORMATION WORKSHEET - PAGE 4											
NAMES OF EMPLOYERS FROM WHOM YOU RECEIVED W-2 FORMS											
	TAXPAYER							SPOUSE			
FOR DIR	ECT REF	UND DE	POSIT YO	OU MUST	P	ROVIDE	BANK IN	FORMAT	ION HER	RE:	
	BANK NAME										
	ROUTING	G NUMBE	ĒR						_		
	ACCOUN	NT NUMB	FR								
	700001	11 11011111									
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NOI LIS	TED ON	IHE BUS	INESS W	OKNOHE	<u> </u>	I UK FAI	RIVI WOR	VOHEEL			
	TAXPAYE	R						SPOUSE			
	IANIAIL	<u> </u>						31 003L			
	1		<u> </u>							1	
IE VOII 9		SSET (ST	OCKS BO	JNDS MII	TI	IIAI EIINIT	S DEVI	ESTATE	ETC) plac	ase provide	
1003	OLD AN A	133E1 (31	OCKS, BC	JNDS, MO	-	DAL FUNL	o, REAL	LSTAIL,	ETC), pież		•
ASSET S	SOLD		DATE ACQUIRED			DATE SOLD		AMOUNT REC'D		COST	
LICTAND	/ OTLIED IN			VOLUMN/5		1					
LIST ANY	OTHER IN	IFUKWATI(NHICH NIC	TOU HAVE	: 						