

General: 1040 GENERAL INFORMATION

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) \_\_\_\_\_

Mark if you were married but living apart all year \_\_\_\_\_ Mark if your nonresident alien spouse does not have an ITIN \_\_\_\_\_

Taxpayer Spouse

Social security number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Occupation \_\_\_\_\_

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) \_\_\_\_\_

Mark if legally blind \_\_\_\_\_

Mark if dependent of another taxpayer \_\_\_\_\_

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

Work/daytime telephone number/ext number \_\_\_\_\_

Do you authorize us to discuss your return with the IRS (Y, N) \_\_\_\_\_

General: 1040, Contact GENERAL INFORMATION

**Present Mailing Address**

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City/State postal code/Zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Foreign phone number \_\_\_\_\_

Home/evening telephone number \_\_\_\_\_

Taxpayer email address \_\_\_\_\_

Spouse email address \_\_\_\_\_

General: 1040 GENERAL INFORMATION

**Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 GENERAL INFORMATION

**Child and Dependent Care Expenses**

Provider information:

Business name \_\_\_\_\_

First and Last name \_\_\_\_\_

Street address \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) \_\_\_\_\_

Amount paid to care provider in 2022 \_\_\_\_\_

Taxpayer Spouse

Employer-provided dependent care benefits that were forfeited \_\_\_\_\_

NOTES/QUESTIONS:

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—

Retirement: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—

Income: K1, K1T **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—

NOTES/QUESTIONS:



Income: B1 Interest Income

Please provide all copies of Form 1099-INT or other statements reporting interest income.

Table with 4 columns: T/S/J, Payer Name, Interest Income, Prior Year Information

Income: B3 Seller Financed Mortgage Interest

T, S, J Payer's name Payer's social security number
Payer's address, city, state, zip code
Amount received in 2022 Amount received in 2021

Income: B2 Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

Table with 5 columns: T/S/J, Payer Name, Ordinary Dividends, Qualified Dividends, Prior Year Information

Income: D Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

Table with 6 columns: T/S/J, Description of Property, Date Acquired, Date Sold, Gross Sales Price (Less expenses of sale), Cost or Other Basis

Income: Income Other Income

Please provide copies of all supporting documentation.

Table with 4 columns: Description, T/S, Agreement Date, 2022 Information, Prior Year Information. Rows include State and local income tax refunds, Alimony received, Unemployment compensation, Medicare premiums, Railroad retirement benefits, and Other Income.

1040 Adj: IRA

**Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.  
 Taxpayer Spouse

Traditional IRA Contributions for 2022 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2022

Roth IRA Contributions for 2022 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2022

Educate: Educate2

**Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2022 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2022 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2022.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	2022 Qualified Expenses	Prior Year Information
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____

\*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

**Job Related Moving Expenses**

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	___
Mark if the move was due to service in the armed forces	___
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	___
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

**Other Adjustments to Income**

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2022 Information	Prior Year Information
___	___/___/___	_____	_____	_____	_____
Street address		_____			
City, State and Zip code		_____			
*Enter the divorce/separation agreement date				Taxpayer	Spouse
Educator expenses:		_____			
_____		_____			
Other adjustments:		_____			
_____		_____			
_____		_____			

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2022 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
	Medical insurance premiums you paid***	_____	_____
	Long-term care premiums you paid***	_____	_____
	Prescription medicines and drugs	_____	_____
	Miles driven for medical items (1/1/22-6/30/22, 18 cents)	_____	_____
	Miles driven for medical items (7/1/22-12/31/22, 22 cents)	_____	_____

\*\*\*Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

T/S/J		2022 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2021 state and local income taxes paid in 2022	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2022 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	Payee's Name	SSN or EIN	2022 Information
	Address	City	State Zip Code
T/S/J	Investment interest expense, other than on Sch K-1s:	2022 Information	Prior Year Information
	Refinancing Information: Refinance #1	Refinance #2	
T/S/J	Recipient/Lender name	_____	_____
	Total points paid at time of refinance	_____	_____
	Date of refinance	_____	_____
	Term of new loan (in months)	_____	_____
	Reported on Form 1098 in 2022	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2022 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
	Volunteer miles driven	_____	_____
	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St **Miscellaneous Deductions**

T/S/J		2022 Information	Prior Year Information
—	Other expenses _____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA		
T/S/J	Unreimbursed expenses***	2022 Information	Prior Year Information
	Union dues, other than amounts reported on Form W-2***	_____	_____
	Tax preparation fees***	_____	_____
	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

General: Bank

**Direct Deposit/Electronic Funds Withdrawal Information**

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

**Primary account:**

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

**Secondary account #1:**

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

**Secondary account #2:**

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

**Identity Authentication**

**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Document number (New York only) \_\_\_\_\_

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Document number (New York only) \_\_\_\_\_

**NOTES/QUESTIONS:**

## New Jersey General Information

County or Municipality code \_\_\_\_\_ [1]

In care of address \_\_\_\_\_ [2]

Mark if:

Tax forms, instructions and booklet are not needed \_\_\_\_\_ [3]

You are not eligible for the property tax deduction or credit \_\_\_\_\_ [4]

You maintain the same residence as your spouse (Married filing separate returns ONLY) \_\_\_\_\_ [5]

Taxpayer Spouse

Mark if:

Contributed to the Social Security Fund (Eligible to receive benefits) \_\_\_\_\_ [6] \_\_\_\_\_ [7]

You want to designate \$1 to the gubernatorial election campaign fund \_\_\_\_\_ [8] \_\_\_\_\_ [9]

## Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund \_\_\_\_\_ [10]

Children's Trust Fund to prevent child abuse \_\_\_\_\_ [11]

New Jersey Vietnam Veterans' Memorial Fund \_\_\_\_\_ [12]

Breast Cancer Research Fund \_\_\_\_\_ [13]

USS New Jersey Educational Museum Fund \_\_\_\_\_ [14]

Other (see codes below) \_\_\_\_\_ [15] \_\_\_\_\_ [16]

Other (see codes below) \_\_\_\_\_ [17] \_\_\_\_\_ [18]

Other (see codes below) \_\_\_\_\_ [19] \_\_\_\_\_ [20]

## Other Funds

01 = Drug Abuse Educate	08 = Veterans Haven Support	15 = Girl Scouts Council in NJ	22 = Non-Profit Veterans Org
02 = Korean Veterans'	09 = Community Food Pantry	16 = Homeless Veterans Grant	23 = NJ Yellow Ribbon
03 = Organ Donor	10 = Cat and Dog Spay and Neuter	17 = Leukemia and Lymphoma - NJ	24 = Autism Programs
04 = AIDS Services	11 = Lung Cancer Research	18 = North NJ Vet Memorial Cemetery	25 = Boy Scouts Councils in NJ
05 = Literacy Vol	12 = Boys and Girls Club	19 = NJ Farm to School / School Garden	26 = NJ Memorial To War Veterans
06 = Prostate Cancer	13 = NJ National Guard State Family	20 = Local Library Support	27 = Jersey Fresh Program
07 = World Trade Center	14 = American Red Cross NJ	21 = ALS Association Support	28 = NJ World War II Vet's Memorial

## Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Jersey

Part-year residency dates:

From \_\_\_\_\_ [21]

To \_\_\_\_\_ [22]

State of residency (Nonresidents only) \_\_\_\_\_ [23]

NOTES/QUESTIONS:



## New Jersey Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

### General Information

Principal residence for 2022 \_\_\_\_\_[1]  
 Property tax credit not claimed with homestead benefit, claim on NJ-1040 \_\_\_\_\_[2]

	Part 1	Part 2
Block number	_____ [3]	_____ [4]
Lot number	_____ [5]	_____ [6]
Qualifier number (Condos)		_____ [7]
Co-op or continuing care retirement facility resident		_____ [8]
Municipal code at the end of if different from current residence		_____ [9]

### Homeowner Information

Total property taxes paid \_\_\_\_\_ [10]  
 Street \_\_\_\_\_ [11]  
 City \_\_\_\_\_ [12]  
 Number of days as an owned property \_\_\_\_\_ [13]  
 Your share of property owned \_\_\_\_\_ [14]  
 Share used as principal residence \_\_\_\_\_ [15]  
 Your share of property taxes \_\_\_\_\_ [16]

### Renter and Mobile Home Owner Information

Total rent paid or mobile home fees \_\_\_\_\_ [17]  
 Street \_\_\_\_\_ [18]  
 Apartment number \_\_\_\_\_ [19]  
 City \_\_\_\_\_ [20]  
 Days you were a tenant during 2022 \_\_\_\_\_ [21]  
 Total number of tenants \_\_\_\_\_ [22]  
 Your share of rent paid \_\_\_\_\_ [23]

### Other Tenant Information

First name \_\_\_\_\_ [24]  
 Middle initial \_\_\_\_\_  
 Last name \_\_\_\_\_  
 Social security number \_\_\_\_\_

### Property Tax Reimbursements

	2021	2022
Taxpayer received social security disability	_____ [25]	_____ [26]
Spouse received social security disability	_____ [27]	_____ [28]
You lived continuously in New Jersey since December 31, 2008		_____ [29]
You owned and lived in home since December 31, 2015 or are otherwise eligible		_____ [30]
You are a mobile home owner		_____ [31]
Mobile home park site number	_____ [32]	
Taxpayer needs a PTR-A or PTR-B to take tax collector/mobile home part owner or manager to verify taxes paid		_____ [33]

NOTES/QUESTIONS:

## Pennsylvania General Information

County of residence \_\_\_\_\_ [1]  
 School district name \_\_\_\_\_ [2]

Final return \_\_\_\_\_ [3]      Taxpayer \_\_\_\_\_ [3]      Spouse \_\_\_\_\_ [4]

### Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Breast and Cervical Cancer	_____ [5]	_____ [6]
Wild Resource Conservation Fund	_____ [7]	_____ [8]
Military Family Relief Assistance	_____ [9]	_____ [10]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	_____ [11]	_____ [12]
Juvenile (Type 1) Diabetes Cure Research Fund	_____ [13]	_____ [14]
Children's Trust Fund	_____ [15]	_____ [16]
American Red Cross	_____ [17]	_____ [18]
Pediatric Cancer Research Fund	_____ [19]	_____ [20]
Veterans' Trust Fund	_____ [21]	_____ [22]

### Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [23]	_____ [25]
To	_____ [24]	_____ [26]

NOTES/QUESTIONS:

**Current BKC, CPAs, PC Clients Can Contact Us at (908) 782-7900 for a Customized Tax Organizer  
 Send us completed tax organizers at <https://bit.ly/bkcsharepoint.com>**