



TAX ORGANIZER - 2022

Thank you for choosing TravelNurseTax.com for your tax preparation needs. We understand that the healthcare traveler has a unique set of tax circumstances, and we are committed to providing you with the expert tax preparation services that you need. The information requested in this Tax Organizer will help us to prepare your tax returns accurately, so please complete this form to the best of your knowledge. If you have any questions or concerns, you may contact us year-round at:

Joseph Conte, CPA

joseph@travelnursetax.com

Dan Maurer

dan@travelnursetax.com

THE TAX PREPARATION PROCESS

First and foremost, we strive to keep tax time as simple for you as possible. Below is a summary of what to expect:

YOUR JOB

1. Complete this Tax Organizer
2. Send us the completed Tax Organizer, along with copies of requested tax forms

The preferred method to exchange documents is via our secure web portal. Alternatively, you may send to us via fax, secure email, or even snail mail. That's it, we'll do the rest!

OUR JOB

We understand that the preparing your tax return requires you to provide us with sensitive and personal information. If you have any concerns or questions as to why we are requesting certain documents, please contact us and we will explain.

1. We will contact you to acknowledge receipt of your tax documents and to review your specific circumstances. This is a good time for you to ask any questions.
2. Upon receipt of the required documentation, we will begin preparing your tax returns
3. Upon completion of a draft of your tax returns, we will contact you to conduct a thorough review of the returns. Most returns are completed within a few days of receiving required data.
4. After completing our final review, with your authorization, we will electronically file your tax returns.

TravelNurseTax.com
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OUR PLEDGE TO YOU

When we founded Travel Nurse Tax, we did so with one thing in mind - to provide expert tax preparation and advisory services to travelers, for a reasonable price. My wife is a former Travel Nurse (currently a Nurse Educator), so we saw first-hand how the tax needs of travelers were not being served. Travel Nurse Tax was founded to help fill this gap.

WE STRIVE TO:

- Make tax time easy and stress free
- Provide expert tax prep and unbeatable customer service, for a reasonable price
- Be here to help year-round
- Offer our "Fair Pricing Guarantee"

Our pricing is simple, fair and straightforward. Many tax preparers will quote you a price, only to slip in additional fees at the last minute. At Travel Nurse Tax, here are no hidden fees!

SERVICE	FEES
Federal Income Tax Return - TRAVELER	\$300
State Tax Return	\$70
Local Return	\$50
Sole Proprietor (self-employed) <i>starts @</i>	\$50
Rental Property <i>starts @</i>	\$50
Capital Gains and Losses <i>starts @</i>	\$50
Tax Planning <i>starts @</i>	\$100
General/Tax Home Consultation (15 Min)	\$30 <i>(100% applied towards your tax prep fee)</i>
CPA Consultation (15 min)	\$60

How Did you Find Us? Google/Internet Travel Agency Traveler Social Media

Y N SOME BASIC QUESTIONS TO GET STARTED:

- New Client? If yes, please provide prior year tax return
- Did you send, receive, buy, sell or otherwise acquire Cryptocurrency?
- Did you buy and sell stock, mutual funds, or other securities?
- Do you have self-employment or business income?
- Do you own Rental Property?

Y N DOCUMENT CHECKLIST

- Form W-2
- Form 1099-NEC or 1099-MISC
- Form 1099-INT or 1099-DIV
- Form 1099-G/SSA/HC (MA resident), other
- Form 1098 (Mortgage Interest, Tuition, Student Loan Interest)
- Form 1095-A Health Insurance Marketplace Statement
- Form K-1 (received if you own part of all of a corporation/partnership)
- Last paystub from each assignment & each employer
- Travel Assignment Contracts
- Other

To the best of my knowledge, the information provided in this packet is accurate and complete. Note that you affirm that you agree to the terms and conditions of our engagement letter by taking any of the following actions: signing the engagement letter, providing us your income tax return information, authorizing us to file your returns, or making payment for our tax return preparation fees.

SIGNATURE: _____



FILING STATUS		Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Widow(er) <input type="checkbox"/> Head of Household <input type="checkbox"/> Married Filing Separate <input type="checkbox"/>			
Can we file an extension if needed? Y <input type="checkbox"/> N <input type="checkbox"/> (if the tax deadline is approaching this will help avoid late fees)					
Did Marital Status change during the year? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, explain: _____					
TAXPAYER INFORMATION					
SSN	_____				
NAME (FIRST/MI/LAST)	_____				
DOB	_____				
OCCUPATION	_____				
PHONE	_____				
EMAIL	_____				
DRIVERS LICENSE	STATE	#	ISS	EXP	
_____	_____	_____	_____	_____	
SPOUSE INFORMATION					
SSN	_____				
NAME (FIRST/MI/LAST)	_____				
DOB	_____				
OCCUPATION	_____				
PHONE	_____				
EMAIL	_____				
DRIVERS LICENSE	STATE	#	ISS	EXP	
_____	_____	_____	_____	_____	
TAX HOME ADDRESS					
Street	_____				
City	_____				
State	_____		Zip	_____	
School District	_____		County	_____	
Did you move your permanent address during the year? Y <input type="checkbox"/> N <input type="checkbox"/>					
Date Moved	_____	Previous Address	_____		
Y N Approximately how many days did you spend at your Tax Home? _____					
<input type="checkbox"/> <input type="checkbox"/> Have you worked for longer than 12 months in one geographical area?					
<input type="checkbox"/> <input type="checkbox"/> Do you incur living expenses year-round at your Tax Home (fair market value)?					
<input type="checkbox"/> <input type="checkbox"/> Have you worked/earned income in your Tax Home area?					
<input type="checkbox"/> <input type="checkbox"/> Have you abandoned your Tax Home?					
<input type="checkbox"/> <input type="checkbox"/> Did you rent a portion of your Tax Home while on assignment?					
<input type="checkbox"/> <input type="checkbox"/> If yes, was an area of your Tax Home available to you year-round?					
NOTES					

PERMANENT MAILING ADDRESS (If different from tax home address)					
ADDRESS (City, State/Zip)					

BANK ACCOUNT INFORMATION FOR DIRECT DEPOSIT					
BANK NAME	_____		CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	
ROUTING #	_____	ACCOUNT #	_____		
Have you or your spouse had any interest in or authority over any foreign trust? Y <input type="checkbox"/> N <input type="checkbox"/>					
If Yes then pleas provide balance at year end. _____					
interest in any crypto currency? Y <input type="checkbox"/> N <input type="checkbox"/> If yes please provide brokerage statement or summary					



DEPENDENT INFORMATION				
NAME	DOB	Social Security #	Relationship to Taxpayer	Months in Home (0-12)

Can you provide documentation that the persons above are your dependent and can be claimed by you? Y N

Did your child's interest, dividends, and other unearned income total more than \$2,200? If so, it may be subject to a specific tax on the unearned income of certain children? Y N

CHILD CARE EXPENSE				
PROVIDER NAME	SSN/EIN of Provider	ADDRESS	DEPENDENT NAME	AMOUNT

Y	N	TYPES OF INCOME	# INCLUDED
<input type="checkbox"/>	<input type="checkbox"/>	Wages (W-2)	
<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment Income (1099-NEC, 1099-MISC)	
<input type="checkbox"/>	<input type="checkbox"/>	Interest in a Partnership, Corporation, LLC, Trust, Estate (K-1)	
<input type="checkbox"/>	<input type="checkbox"/>	Payments Rec'd from SS, Pension, Annuities, IRA (1099-R, SSA-1099)	
<input type="checkbox"/>	<input type="checkbox"/>	Dividends & Interest (1099-DIV, 1099-INT)	
<input type="checkbox"/>	<input type="checkbox"/>	Sale of Stock, Securities, etc. (1099-B)	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony Received	
<input type="checkbox"/>	<input type="checkbox"/>	Gambling Winnings (W2G)	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Income (1099-G)	
<input type="checkbox"/>	<input type="checkbox"/>	Other (list) _____	

	COST OF HOME	COST OF MAJOR IMPROVEMENTS	SALE PRICE OF HOME
<input type="checkbox"/> <input type="checkbox"/> Sale of Primary Home (1099S)			

ADJUSTMENTS TO INCOME				
Y	N		TYPE of IRA	AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to an IRA?		
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse contribute to an IRA?		
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay student Loan Interest?		
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse pay student Loan Interest?		
<input type="checkbox"/>	<input type="checkbox"/>	Alimony Amount Paid	Divorce date	Recipient Name
				Recipient SSN
<input type="checkbox"/>	<input type="checkbox"/>	Educator Expenses (If you are a teacher)		
<input type="checkbox"/>	<input type="checkbox"/>	Health Savings Account		
<input type="checkbox"/>	<input type="checkbox"/>	Tuition Fees (1st Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Student: _____)		



ITEMIZED DEDUCTIONS		AMOUNT	
Medical Expenses			
Healthcare Premiums (if paid by you outside of an Employer's plan)			
Long Term Care Amount (Did you receive a 1099? Y <input type="checkbox"/> N <input type="checkbox"/>)			
Other Medical Expenses (Copays/Dental/Prescription/Vison etc.)			
Medical Mileage			
Real Estate Tax			
Personal Property Tax (Vehicle Registrations)			
# of Mortgage Statements	<input type="text"/>	Mortgage Interest Paid	
CHARITABLE DONATIONS			
Charity Miles (Miles driven to and from charity work)			
Cash			
Non-Cash			
* Name of Donee	Address of Donee	Date Acquired	Date Donated
* Description of Goods Donated			
Health Insurance			
Taxpayer	<input type="checkbox"/> I was insured through the Marketplace Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Insured privately, through employer, or Medicaid <input type="checkbox"/> Not insured at all		
Spouse	<input type="checkbox"/> I was insured through the Marketplace Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Insured privately, through employer, or Medicaid <input type="checkbox"/> Not insured at all		
Did you purchase an electric vehicle or have home improvements that may qualify for the energy credits? Y <input type="checkbox"/> N <input type="checkbox"/> If yes or you are unsure, please provide the purchase agreement for the vehicle and/or the installation agreement of the energy efficient items.			
ESTIMATED PAYMENTS MADE TO THE IRS/STATE		AMOUNT	DATES PAID
Did you make Estimated Payments to the IRS for tax year 2022?			
Did you make Est Payments to the state for tax year 2022(indicate which state)?			
Did you make Est Payments to the state for tax year 2022(indicate which state)?			
Do not include payments made to the IRS or states for taxes owed in previous years.			



ASSIGNMENT #1		NOTES
Start Date		
End Date		
City/State		
Employer (Agency)		
Tax-Free Lodging Stipends		
Tax-Free Meals Stipends		
Travel Reimbursement Received		
Other Reimbursement Received		
Independent Contractor (1099)?	Y N	
YES? Complete SCHEDULE C	<input type="checkbox"/> <input type="checkbox"/>	
Travel Expenses		
Miles Driven to/from Assignment		
Miles Driven to and from work		
Lodging/Hotel Expense		
Tolls		
Airfare to and from Assignment		
Other Travel Expenses		
Other Travel Expenses		
ASSIGNMENT #2		NOTES
Start Date		
End Date		
City/State		
Employer (Agency)		
Tax-Free Lodging Stipends		
Tax-Free Meals Stipends		
Travel Reimbursement Received		
Other Reimbursement Received		
Independent Contractor (1099)?	Y N	
YES? Complete SCHEDULE C	<input type="checkbox"/> <input type="checkbox"/>	
Travel Expenses		
Miles Driven to/from Assignment		
Miles Driven to and from work		
Lodging/Hotel Expense		
Tolls		
Airfare to and from Assignment		
Other Travel Expenses		
Other Travel Expenses		



ASSIGNMENT #3		NOTES
Start Date		
End Date		
City/State		
Employer (Agency)		
Tax-Free Lodging Stipends		
Tax-Free Meals Stipends		
Travel Reimbursement Received		
Other Reimbursement Received		
Independent Contractor (1099)?	Y N	
YES? Complete SCHEDULE C	<input type="checkbox"/> <input type="checkbox"/>	
Travel Expenses		
Miles Driven to/from Assignment		
Miles Driven to and from work		
Lodging/Hotel Expense		
Tolls		
Airfare to and from Assignment		
Other Travel Expenses		
Other Travel Expenses		
ASSIGNMENT #4		NOTES
Start Date		
End Date		
City/State		
Employer (Agency)		
Tax-Free Lodging Stipends		
Tax-Free Meals Stipends		
Travel Reimbursement Received		
Other Reimbursement Received		
Independent Contractor (1099)?	Y N	
YES? Complete SCHEDULE C	<input type="checkbox"/> <input type="checkbox"/>	
Travel Expenses		
Miles Driven to/from Assignment		
Miles Driven to and from work		
Lodging/Hotel Expense		
Tolls		
Airfare to and from Assignment		
Other Travel Expenses		
Other Travel Expenses		



SCHEDULE C - BUSINESS INCOME & EXPENSES

**only complete if you receive 1099(s) or are self-employed*

Business Name & Owners Name	EIN/SSN:

Professional Product or Service	
Address(Street, City, St, Zip)	

Did you pay any individual/non-employee more than \$600 Y N If "YES" did you file 1099 forms Y N

Gross Sales/Revenue

EXPENSES

Advertising	<input type="text"/>	Repairs Expense	<input type="text"/>
Commissions/Fees	<input type="text"/>	Supplies Expense	<input type="text"/>
Dues & Publications	<input type="text"/>	Taxes	<input type="text"/>
Interest Expense	<input type="text"/>	Travel Expense	<input type="text"/>
Insurance	<input type="text"/>	Meals & Entertainment	<input type="text"/>
Legal & Professional Fees	<input type="text"/>	Telephone	<input type="text"/>
Office Expense	<input type="text"/>	Utilities	<input type="text"/>
Rent (office) Expense	<input type="text"/>	Wages Paid	<input type="text"/>
Equipment Rental Expense	<input type="text"/>	Postage	<input type="text"/>
Auto Expense (see below)	<input type="text"/>	Bank Charges	<input type="text"/>
Auto Mileage (see below)	<input type="text"/>	Tools & Equipment	<input type="text"/>
Uniforms	<input type="text"/>	Other	<input type="text"/>
Other	<input type="text"/>	Other	<input type="text"/>
Other	<input type="text"/>	Other	<input type="text"/>
Other	<input type="text"/>	Other	<input type="text"/>

ASSETS PURCHASED

Asset Description	Amount	Date	Notes

COST OF GOODS SOLD

Inventory at beginning of year	<input type="text"/>	Material & supplies	<input type="text"/>
Purchases	<input type="text"/>	Other:	<input type="text"/>
Cost of items for personal use	<input type="text"/>	Other:	<input type="text"/>
Cost of labor	<input type="text"/>	Inventory at end of year	<input type="text"/>

AUTO EXPENSE

Business Miles	<input type="text"/>	Other Miles	<input type="text"/>
Commuting Miles	<input type="text"/>	Gas	<input type="text"/>
Insurance	<input type="text"/>	Tires	<input type="text"/>
Personal Property Tax	<input type="text"/>	Oil	<input type="text"/>
Repairs	<input type="text"/>	Lease Payments	<input type="text"/>
Other	<input type="text"/>	Other	<input type="text"/>



SCHEDULE C PART II - HOME OFFICE DEDUCTIONS

**only complete if you receive 1099(s) or are self-employed*

QUESTIONS		
Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a room/area in your home that is used exclusively for business?
<input type="checkbox"/>	<input type="checkbox"/>	Is the space the principal place of business?
<input type="checkbox"/>	<input type="checkbox"/>	Is the space used regularly for business?
Street, City, St, Zip Code		
Sq Footage of Home		
Sq Foot of Space Used for Business		
EXPENSES	OFFICE EXPENSES	HOME EXPENSES
Rent Paid		
Mortgage Interest Paid		
Insurance		
Real Estate Taxes		
Homeowners Association Dues		
Cleaning & Maintenance		
Repairs		
Utilities		
Internet		
Telephone		
Security		
Other		
Other		
Other		
Other		
NOTES		
<p>(1) Under "Office Expenses", enter expense that pertain exclusively to your home office. For example, if you paint your Home Office, the entire expense would be under "Office Expenses"</p>		
<p>(2) Under "Home Expenses", enter those expenses that pertain to the entire dwelling. These include mortgage interest or rent, insurance, HOA, real estate taxes, repairs, pest control, trash removal, security, and maintenance</p>		



Schedule E Worksheet - Rent and Royalty Income

**only complete if you receive Rental Income*

Schedule E Worksheet - Rent and Royalty Income			
<i>*only complete if you receive Rental Income</i>			
Type of property		General Information	
<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Vacation/Short Term <input type="checkbox"/> Commercial <input type="checkbox"/> Land <input type="checkbox"/> Royalties <input type="checkbox"/> Self-Rental <input type="checkbox"/> Other			
Street, City, State & Zip Code			
# of Days Rented			
# of Days used for Personal Use			
If the rental is a multiple-dwelling and you occupied part of the unit, enter the percentage you occupied			
Initially Placed in Service in 2022	<input type="checkbox"/> Y <input type="checkbox"/> N	Did you pay any individual who is not an employee more than \$600	<input type="checkbox"/> Y <input type="checkbox"/> N
Disposed of in 2022	<input type="checkbox"/> Y <input type="checkbox"/> N	Did you file 1099 forms?	<input type="checkbox"/> Y <input type="checkbox"/> N
Income			
Rents received			
Other Income/Description			
Total Income			
Expenses			
Advertising		Management fees	
Association dues		Painting and decorating	
Auto - mileage (miles driven)		Pest control	
Cleaning and maintenance		Plumbing and electrical	
Commissions		Repairs	
Gardening		Supplies	
Insurance (except PMI)		Travel - Airfare	
Mortgage Interest (Form 1098)		Travel - Lodging	
Taxes - Real Estate		Travel - Meals	
Taxes - Other		Travel - Miscellaneous	
Interest - Other (non-1098)		Other Expenses	
Legal and professional fees		Other Expenses	
Licenses and permits		Other Expenses	
Total Expenses		Net Rental Income	
New Equipment or Assets	Description	Cost Amount	Date Placed in Service
		PROP A	
RENTAL PROPERTIES SOLD	Original Basis (Cost)		
	Capital Improvements		
	Sales Exp (Commiss/Closing costs)		
	Accumulated Depreciation		
	COST BASIS		

DUPLICATE THIS SHEET FOR MULTIPLE PROPERTIES