2023 TAX APPOINTMENT & QUESTIONNAIRE (for 2022 Taxes)

Dear Che	ш,		
Your tax	appointment for	this year is:	
Day	Date	Time	am\pm

This document digitally available at mckaytax.com (tools & checklists)



My Office	Mail	Portal	Drop Off _	
If you are unab	le to keep this	s appointment da	te kindly give us	s as much advance notice as
possible so that	your time ca	n be filled by son	meone else.	

OPTIONS FOR SHARING YOUR TAX INFORMATION WITH US IN ORDER TO COMPLETE YOUR TAX RETURN SAFELY

• Use our secure portal to upload your fillable questionnaire and tax documents to complete your taxes remotely. \$10 discount with completed questionnaire.

Please contact us before your appointment date if you choose this option.

- Mail your information to me and I can complete your taxes and mail back to you
- After arriving at your scheduled appointment time call us and we will immediately secure your information and complete your taxes in our office with phone call(s) while you wait in your vehicle.
- Meet with us for your appointment if in our office.

HOW TO ENSURE THAT YOU ARE GETTING THE MAXIMUM POSSIBLE DEDUCTIONS & CREDITS ALLOWED BY LAW:

- Please read and complete the "Information Checklist" (right) and all other parts of the questionnaire that apply before the appointment date.
- Bring a list of all other tax questions to the appointment.

TO OPT OUT OF RECEIVING TEXT MESSAGES PLEASE CONTACT US TAX PREPARATION FEES:

• Minimum fees including state are \$90 or \$80 if filing through the portal (with a completed questionnaire). Fees for dependents of taxpayers are \$40. The average fee is usually between \$110 and \$140 but can vary by the number of extra forms and their complexity. See the complete list of form prices at www.mckaytax.com.

QuickBooks.

Certified ProAdvisor

Desktop

• You may pay with cash, check, Visa, Master Card or Venmo

If you have any questions or need to change your appointment, please call (801) 731-1857. If I am not in the office then please leave a message and I will return your call promptly.

Thanks for your business. Richard V McKay E.A

Rebecka P McKay

McKay Tax and Accounting 4431 S 2300 W Roy, UT 84067

Office 801-731-1857 (fax 731-6942) (text 801-540-5290) http://www.mckaytax.com/E-Mail Rmckay@mckaytax.com



www.Mckaytax.com

RV Software Inc.

Please have the following available for our appointment;

- Last years tax return (Only if done by someone else)
- All W-2's, 1099's, k-1's, 1098's
- Records of all other incomes and expenses
- Escrow statements of any property bought, sold or financed
- Health Insurance Form 1095-A if applicable
 - State ID (Drivers License)

YES	NO	Unsure	INFORMATION CH	ECKLIST			
			Did you have any other sources of income o	ther than from the W2s,			
			1099s, K1s, and other income information th	nat you have presented?			
			Do you use a home equity loan other than to	buy or improve your home?			
			If so please provide principal balances during				
			Has your marital status, address, or dependen				
			Did you support anyone other than your own	children or does anyone			
			live with you who is not your dependent?				
			Do you have any losses to carry forward from	1			
			Did you sell any securities or has any become	•			
			Did you pay interest on a mobile home, moto	or home, or boat that has			
			basic living accommodations?				
			Did you buy, sell, or refinance real estate? E				
			Did you pay medical insurance that is not su				
			Do you use a portion of your home as an off				
			an ongoing and exclusive basis (Only if you have a small busines)?				
			Do you anticipate any substantial changes in income, deductions, or tax				
			withholding for the coming year?				
			Did you pay higher education expenses for you or your dependent this				
			year? (Tuition, Fees, Books, and interest). L				
			page two, section 6 under "Education Credit	s". Bring form 1098-T			
			Does anyone owe you money which has become	ome a bad debt? (There			
			must be true debtor/creditor relationship)				
			Last year did you or your spouse purchase he	ealth insurance from the			
			Marketplace (Obamacare) to help you reduce	e your monthly health			
			insurance costs? Marketplace data is reporte	ed on Form 1095-A .			
			Did you receive alimony?	Amount			
			Did you pay alimony SS #	Amount			
			If you contribute to a retirement plan that wa				
			wages then enter below. Information for reti	rement plans deducted from			
			your wages are accounted for in your W2				
			Did you contribute to a regular IRA?	Amount			
			Did you contribute to a Roth IRA?	Amount			
			Do you have a health savings account? Brin				
			In 2022 did you have interest in a foreign ac				
			At any time during 2022, did you receive, se				
			or otherwise acquire any financial interest in any virtual				

currency?

		IN	COME	2022					DE	EDUC	TIONS	2022			<u></u>
	Section	n 1: PE	RSON4	L INFORI	MATION				Section	7: ME	DICAL	EXPEN	ISES_		
	CHECK IF NO PER					E DID	YOUR TAXES	Prescription drugs	OCCLION	/ . IVIL	DIOAL	LAI LI	IOLO		
	nges it is not necessary to							Health insurance prem	niums /Medica	are					
Full Names(bo	oth)	-						Doctors/Dentists							
Address								Hospitals / Emergency	/ Care/X-ray/l	_ab					
Home Phone		Work Pho	ne		email			Medical equipment	<u> </u>						
	Soc. Sec. Number		Occupati	on	Cell Pho	ne	Date of Birth	Glasses / Contacts /H	earing Aids						
You								Medical Miles (Jan-Jui	ne18¢, July-D	ec 22¢)					
Spouse								Reimbursements for a	mounts abov	1		Cafeteria	Plan Pay	ments	
				ERS LICE				Section	n 8: TAXI	ES (Uta	ah car f				
Vall	License nui	m	State	Issue da	te	Expir	ration Date	State Tax Paid with 20					ate Resid		
You Spouse								Sales Tax on Auto,Tr Auto/Truck county tax					ate Tax La al Estate	and	
Operation				u.				rate/ Track County tax	(1401 Valid II	r Otarry		Other rec	ar Lotate		
Section	n 3: DEPENDEN	ITS		PLEASE LIST	ALL BIRTH D	ATES 8	INCOME				NTERE	ST PA			
Fu	ıll Name	Relation-		Income	Social Sec		Months lived	Mortgage Interest (1st					Investme		
-		Ship	Birth		Numbe	r	in home 2022	Mortgage Interest (1st Mortgage Insurance (1						erest only nproving l	for buying or
								e.tgageea.aee (1			iipioviiig i	Tome
									Section	n 10: (CONTR	IBLITIC	SIAC		
								Donee	Amount:	/II IV. \	Donee			Amount	
								Donee	Amount:		Donee			Amount	
								Donee	Amount:		Donee			Amount	
								Charitable Miles (14¢)							
								Donated Property Des	cription		•		•		•
	TOTAL HOUSE	HOLD F	RESIDE	NTS IN 20)22			Cost							
								Fair Market Value							
	Section 4: ALL	_ INTER	EST AN	ID DIVIDE	NDS REC	EIVE	D								
Interest Source	е	Amo	ount	Divider	nd Source	QU	Amount	Section 11	I: EDUCAT	TION CF	REDITS	(must h	nave for	m 1098	3-T)
								Student Name		_	ge year oph,Jr,Sr	Tuitio	n/ Fees/	books	Loan Interest
									Section 1						·
									d/Dependent	Care Exp		der 13) or			
	Section	. CALE	OE ST	ocke / el	CURITIE	9		Care Provid	ier		Address		5.5. I	#/E.I.#	Amt. Paid
De	escription				Cost/ Basis		Selling Price								
	Soription	Date At	cquireu	Date Solu	OOSI/ Dasis	'	Ocining 1 rice								
								Employer Provided C	Child Care Pa	yments	(Cafeteria	Plan)			
										,	, 313.10	,			
				I					Section	13· EST	IMATED	TAXES	PAID _		
		Soction	6. OTH	ER INCOI	/ E			1st Quarter Date	- Section	TJ. LJ I	1st Quar				
State tay refund	ds received in 2021	Section	0. ОТП		/II⊏ d-(unreported	only)		2nd Quarter Date	+		2nd Qua				
	compensation - bring	statement	s	Hobby incon	<u> </u>	Jilly)		3rd Quarter Date			3rd Qua				
	/RR Tier 1 - bring state					.gamhl	lina) brina info	4th Quarter Date			4th Quai				

BUSINESS INCOME and EXPENSES 2022

Section 14: SELF EMPLOYED INCOME/EXPENSES									
Product or Service	Product or Service								
Did you actively participate in the	business this	s year		YES		NO			
Did you file a Schedule C for this	business bef	ore		YES	1	NO			
Gross Income				Returns					
Beginning Inventory				Purchases					
Personal Use Items				Ending Inventory					
Advertising			Rent(othe	er)					
Bad Debts			Repairs/M	/laint.	i				
Bank Charges			Supplies		l				
Commissions/fees			Taxes/Lic	ense					
Cleaning			Travel		ī				
Depletion			Meals		i				
Dues/Publications			Medical In	ns.					
Employee Benefits			Utilities						
Insurance			Wages						
Business Interest			Job Credi	it					
Interest(mortgage)			Other:						
Legal/Professional			Other:						
Profit Sharing	Other:		Other:		i				
Rent(equip/veh)			Other:		 	_			

Section 15: VEHICLE	or SELF EM	IPLOYE [)		
	Veh 1 Desc:		Veh 2 Desc:		
Date placed in service					
Total mileage for year					
Business miles for year					
Distance from home to work					
Cost/Fair Market Value on date place in service					
Do you have another personal ve	hicle(Y/N)		YES	NO	
Do you have written evidence of I	business mile	s(Y/N)	YES	NO	

Section 16: VEHICLE ACTUAL EXPENSES (Not required for mileage rate)							
	Vehicle 1 Desc:		Vehicle 2 Desc:				
Gas/Oil/Repairs/Wash							
Tires/Batteries etc							
Insurance/License							
Taxes							
Interest							
Lease Payments							
Other:		•		•			

Section 18: OFFICE IN THE HOME SELF EMPLOYED							
Office Square Ft	Home Square Ft						
Home Interest	Home taxes		Heating				
Electricity	Insurance		Rent				
Office Repairs	Office Maint.		Other				

	Section	n 17: RENTAL INCO	ME/EXPENSES			
Property	Address					
Α .						
В						
С						
Did you or a	member of your family use ar	y of these properties				
for personal	purposes for the greater of fo	ourteen(14) days or				
10% of the to	tal days rented at a fair renta	I value?	YES	NO		
Did you activ	ely participate in the operation	n of these activities this y	r. YES	NO		
Properties		Α	В	С		
Income						
Advertising						
Auto/travel						
Cleaning/Mai	ntenance					
Commission	s					
Insurance						
Legal/Profes:	sional					
Mortgage Inte	erest					
Other Interes	t					
Repairs						
Supplies						
Taxes						
Electricity	Electricity					
Heat	eat					
Water/Garba	ge					
Phone						
Yard Care						
Other:						
Income from D	ncome from Partnershins/S Corn/Estates/Trusts: Attach K-1's					

Section 18: TRANSACTIONS NOT REPORTED ON FORM 1099							
Description	Description Date Acquired Date Sold Receipts Cost						

	Section 19: SECURITIES AND PROPERTY SOLD							
Description	Date Acquired	Date Sold	Receipts	Cost				

Section 20: ASSETS PURCHASED for BUSINESS/RENTAL								
Description(and which business)	Date Purchased	Cost						