

**PERSONAL INFORMATION ORGANIZER**  
Please complete this Organizer before your appointment.

**1. PERSONAL INFORMATION**

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer	<b>ANTHONY BAILEY</b>	<b>***-**-9510</b>	<b>11/23/1978</b>		<b>CONSTRUCTION</b>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<b>AMBER BAILEY</b>	<b>***-**-9737</b>	<b>09/05/1981</b>		<b>CONSTRUCTION</b>	<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town	State	Zip Code	County	
<b>PO BOX 795</b>			<b>SOAP LAKE</b>	<b>WA</b>	<b>98851</b>		
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)				Home Phone	Mobile Phone		
					<b>(509) 398-3236</b>		
Spouse's E-mail Address(es)				Spouse's Mobile Phone			

**2. FILING STATUS**

- ☐ Single ☐ Check if parent (or someone else) can claim you as a dependent on their return.
- ☒ Married Filing Joint
- ☐ Married Filing Separate ☐ Check if you lived apart from your spouse for all of 2022.
- ☐ Head of Household
- ☐ Qualifying Widow(er) Year spouse died: \_\_\_\_\_

**3. DEPENDENTS**

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
<b>ALISSA BAILEY</b>	<b>Daughter</b>	<b>12/09/2005</b>	<b>***-**-0505</b>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>LARISSA BAILEY</b>	<b>Daughter</b>	<b>10/03/2012</b>	<b>***-**-0472</b>		<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

**4. REFUND INFORMATION**

1. Would you like to have any refunds directly deposited into your bank account? . . . . . ☐ Yes ☐ No

**Bank Account**

Ownership ☐ Taxpayer ☐ Spouse ☐ Joint

Type ☐ Checking ☐ Savings

Bank name \_\_\_\_\_

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

Account outside the jurisdiction of the United States? ☐ Yes

**Bank Account**

Ownership ☐ Taxpayer ☐ Spouse ☐ Joint

Type ☐ Checking ☐ Savings

Bank name \_\_\_\_\_

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

Account outside the jurisdiction of the United States? ☐ Yes

**5. IDENTIFICATION INFORMATION**

**Taxpayer**

Type of ID: ☐ Driver's license ☐ State-issued ID  
☐ No ID

ID number \_\_\_\_\_

Location of issuance \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_

**Spouse**

Type of ID: ☐ Driver's license ☐ State-issued ID  
☐ No ID

ID number \_\_\_\_\_

Location of issuance \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_

# ABCS Federal Tax Intake Form

2022 ☒

2021 ☐

Date: 1-29-23 Phone #: \_\_\_\_\_

Returning Customer? Yes ☐ No ☐

Name: Anthony & Amber Bailey Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_ EIN #: \_\_\_\_\_

Personal Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Health Insurance Document: Yes \_\_\_\_\_ No Medicare

Economic Stimulus Received: Yes \_\_\_\_\_ No ☒

Personal: ☒ LLC: \_\_\_\_\_

Sole Prop: \_\_\_\_\_ Corp: \_\_\_\_\_

S Corp: \_\_\_\_\_

## Documents to present:

- Profit + Loss
- Balance Sheet
- 1099s
- W-2s Ambers
- NO Interest Statements

## Bank Account Information:

Bank Name: Same

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

## MILEAGE

Vehicle used for Business: \_\_\_\_\_

Beginning Odometer: \_\_\_\_\_

Ending Odometer: \_\_\_\_\_

Total Miles used for Business: \_\_\_\_\_

Change in dependents? Yes ☒ No \_\_\_\_\_

If yes, please fill out the following.

Full Name: Claim 2 others SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Purchase of large items? Please list item along with cost. (Ex: car or boat)

Item: NO Purchase Price: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Items to add to depreciation? Yes \_\_\_\_\_ No ☒

Item: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Item: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Notes: \_\_\_\_\_

Personal

Truck  
Telephone  
Fire

See Receipt

**A B C S Returning**

Client Federal Tax Intake Form

2022 ☐2021 ☐

Date: \_\_\_\_\_

**Verify the following information:**Name: Bailey & Son -

- Did your Marital status change during the year? Yes ☐ No ☐
- Have you made any estimated payments for your 2022 Federal Taxes? Yes ☐ No ☐

**Notes:**

We have to remember  
that in July - Matt paid  
Tony because all the business  
was in Bailey & Son LLC

**Bank Account Information:**Bank Name: Some

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Documents to present:**

- ☐ Profit + Loss
- ☐ Balance Sheet
- ☒ 1099s
- ☐ W-2s
- ☐ Interest Statements
- ☐ 401 (K)
- ☐ Retirement Documents
- ☐ 1095-A
- ☐ Gambling loss/wins
- ☐ Stocks, bonds, investment property documents

**Answer if applicable:****Purchase of large business items? Please list item along with cost. (Ex: car or boat)**

Item: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Item: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Item: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

**Business Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILEAGE**

Vehicle used for Business: \_\_\_\_\_

Beginning Odometer: \_\_\_\_\_

Ending Odometer: \_\_\_\_\_

Total Miles used for Business: \_\_\_\_\_

**Bailey & Son**  
**Profit & Loss**  
 January through December 2022

	Jan - Dec 22
Ordinary Income/Expense	
Income	
Job Income	
East Wenatchee	12,226.50
Ephrata	14,064.54
George	11,574.00
Moses Lake	43,942.11
Othello	7,250.00
Sales tax Included	-7,309.46
Soap Lake	5,595.75
wholesale	12,132.00
Job Income - Other	40,875.51
Total Job Income	140,350.95
Total Income	140,350.95
Cost of Goods Sold	
Job Materials Purchased	17,410.38
Tools and Small Equipment	1,002.04
Total COGS	18,412.42
Gross Profit	121,938.53
Expense	
OVERHEAD	
Accounting	4,526.83
Auto-Vehicle Expense	
Fuel	17,621.11
Repairs & Maintenance	1,758.32
Vehicle Licenses and Fees	175.00
Auto-Vehicle Expense - Other	150.00
Total Auto-Vehicle Expense	19,704.43
Bank Charges	1,148.20
Dues-Subscriptions-Fees	9.95
Dump	334.97
Insurance Expense	4,610.31
Business Licenses and Permits	50.00
Building-Repairs & Maintenance	932.70
Salaries and Wages	19,251.74
Supplies	
Uniforms-Laundry	217.78
Supplies - Other	964.87
Total Supplies	1,182.65
Taxes	
B&O	604.01
ES	696.38
L&I	1,960.62
PFML	39.62
Total Taxes	3,300.63
Telephone Expense	751.44
Travel	
Meals	795.36
Total Travel	795.36
Utilities	
Water, Sewer, Garbage	30.60
Total Utilities	30.60

2:54 PM  
02/14/23  
Cash Basis

**Bailey & Son**  
**Profit & Loss**  
January through December 2022

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	Jan - Dec 22
Professional Fees	2,490.00
Total OVERHEAD	59,119.81
Total Expense	59,119.81
Net Ordinary Income	62,818.72
Net Income	62,818.72

**Bailey & Son**  
**Balance Sheet**  
**As of December 31, 2022**

	Dec 31, 22
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
Wheatland Checking 5101	111.07
Total Checking/Savings	111.07
Total Current Assets	111.07
<b>TOTAL ASSETS</b>	<b>111.07</b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	4,869.76
Sales Tax Payable	231.19
Total Other Current Liabilities	5,100.95
Total Current Liabilities	5,100.95
Long Term Liabilities	
SBA Emergency Disaster Loan	34,400.00
Total Long Term Liabilities	34,400.00
Total Liabilities	39,500.95
Equity	
EQUITY	
Amber Bailey	-2,000.00
Anthony Bailey	-210,427.94
Matthew Bailey	-6,500.00
Randy Bailey	-999.94
EQUITY - Other	-542.50
Total EQUITY	-220,470.38
Owners Equity	118,261.78
Net Income	62,818.72
Total Equity	-39,389.88
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>111.07</b>

Combined Tax Statement for Forms 1098, 1099, 5498 for Tax Year 2022

1099-NEC, Copy B, For Recipient, OMB #1545-0716  
(Rev. January 2022)

NAME, ADDRESS AND FEDERAL I.D. NO.

PAUL'S HOMETOWN HANDYMAN, LLC  
219 O ST SW  
QUINCY WA 98848

CUSTOMER NAME, ADDRESS

BAILY & SON CONSTRUCTION  
PO BOX 795  
SOAP LAKE WA 98851-0795

CUSTOMER  
SERVICE PHONE # 509-289-7939

FEDERAL  
I.D. NO. 82-0662634

ACCOUNT NUMBER (see instructions)

ACCOUNT TYPE

IRS DESCRIPTION

IRS BOX #

AMOUNT

\* \* \* 2022 FORM 1099-NEC, NONEMPLOYEE COMPENSATION \* \* \*

820662634824839773A

NONEMPLOYEE COMPENSATION 1 5100.00

2800-01-00-01039914-0001-010-011

TAXPAYER I.D. NO.

XX-XXX9773

(Keep for your records)

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

<b>333</b>		a Control number		For Official Use Only ► OMB No. 1545-0008					
Kind of Payer (Check one)	941 <input checked="" type="checkbox"/> CT-1	Military <input type="checkbox"/> Hshld. Emp.	943 <input type="checkbox"/> Medicare govt. emp.	944 <input type="checkbox"/>	Kind of Employer (Check one)	None apply <input checked="" type="checkbox"/> State/local non-501c	501c non-govt. <input type="checkbox"/> State/local 501c	Federal govt. <input type="checkbox"/>	Third-party sick pay (Check if applicable) <input type="checkbox"/>
c Total number of Forms W-2 3		d Establishment number		1 Wages, tips, other compensation 18288.64		2 Federal income tax withheld 855.00			
e Employer identification number (EIN) 82-4839773				3 Social security wages 18288.64		4 Social security tax withheld 1133.90			
f Employer's name BAILEY & SON				5 Medicare wages and tips 18288.64		6 Medicare tax withheld 265.19			
g Employer's address and ZIP code  PO BOX 795 227 SE 5TH AVE SOAP LAKE WA 98851				7 Social security tips		8 Allocated tips			
				9		10 Dependent care benefits			
				11 Nonqualified plans		12a Deferred compensation			
h Other EIN used this year				13 For third-party sick pay use only		12b			
15 State		Employer's state ID number		14 Income tax withheld by payer of third-party sick pay					
16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax			
Employer's contact person TONY OR AMBER BAILY				Employer's telephone number (509) 398-3807		For Official Use Only 0000/1030D			
Employer's fax number				Employer's email address payroll@abcs.co					

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ► EF ONLY-You do not need to Title ► OWNER

Date ►

## Form **W-3** Transmittal of Wage and Tax Statements **2022**

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Department of the Treasury  
Internal Revenue Service

### Reminder

**Separate Instructions.** See the 2022 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

### Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for 4 years.

### E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2023**. For more information, go to [www.SSA.gov/bsa](http://www.SSA.gov/bsa). First time filers, select "Register"; returning filers select "Log In."

### When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2023**.

### Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration  
Direct Operations Center  
Wilkes-Barre, PA 18769-0001**

**Note:** If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.



☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Kevin J Lakoduk Lakoduk Construction PO Box 298 Enhrata, WA 98823		OMB No. 1545-0116 Form <b>1099-NEC</b> (Rev. January 2022) For calendar year 20 <u>22</u>		<b>Nonempl Compensa</b>
PAYER'S TIN 91-1040317	RECIPIENT'S TIN 82-4839773	1 Nonemployee compensation \$ 25809.00		
RECIPIENT'S name Anthony R. Bailey Bailey & Son Construction Street address (including apt. no.) PO Box 795 City or town, state or province, country, and ZIP or foreign postal code Soap Lake, WA 98851		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3 4 Federal income tax withheld \$ 0		<b>Cc For Statu Depart</b>
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no. \$	
		7 State income \$		

Form **1099-NEC** (Rev. 1-2022) [www.irs.gov/Form1099NEC](http://www.irs.gov/Form1099NEC) Department of the Treasury - Internal Revenue S

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP/postal code, country & phone no.  Good Built LLC PO Box 1845 Moses Lake, WA 98837 509-750-9351		OMB No. 1545-0116 Form <b>1099-NEC</b> (Rev. January 2022) For calendar year 2022		<b>Nonempl Compens</b>
PAYER'S TIN 85-4124037	RECIPIENT'S TIN 82-4839773	1 Nonemployee compensation \$ 18140.00		
RECIPIENT'S name, address, ZIP/postal code & country  Bailey And Son Construction  PO Box 795  Soap Lake WA 98851		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3 4 Federal income tax withheld \$		<b>Cc For Rec</b> <small>This is imp information ar furnished to the are required to file negligence penal sanction may be in you if this income and the IRS determi has not been</small>
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no. \$	
		7 State income \$		

Form **1099-NEC** (Rev. 1-2022) (keep for your records) Department of the Treasury - Internal Revenue

ent 2022

Copy C, for employee's records

d c Employer's name, address, and ZIP code SAGECLIFFE RESORT & SPA LLC 474 ROAD V SW QUINCY WA 98848		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
		1 Wages, tips, other compensation 12285.10		2 Federal income tax withheld	
		3 Social security wages 10280.09		4 Social security tax withheld 761.68	
e Employee's name, address, and ZIP code 1.65 AMBER J BAILEY 3.51 PO BOX 795 SOAP LAKE WA 98851		5 Medicare wages and tips 12285.10		6 Medicare tax withheld 178.13	
		7 Social Security Tips 2005.01		8 Allocated Tips	
		10 Dependent care benefits		11 Nonqualified plans	
16 Wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name					

Used to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

ent 2022

Copy B, to be filed with employee's FEDERAL tax return

d c Employer's name, address, and ZIP code SAGECLIFFE RESORT & SPA LLC 474 ROAD V SW QUINCY WA 98848		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
		1 Wages, tips, other compensation 12285.10		2 Federal income tax withheld	
		3 Social security wages 10280.09		4 Social security tax withheld 761.68	
e Employee's name, address, and ZIP code 1.65 AMBER J BAILEY 3.51 PO BOX 795 SOAP LAKE WA 98851		5 Medicare wages and tips 12285.10		6 Medicare tax withheld 178.13	
		7 Social Security Tips 2005.01		8 Allocated Tips	
		10 Dependent care benefits		11 Nonqualified plans	
16 Wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name					