

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

SCANNED

1. PERSONAL INFORMATION

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer	ANTHONY BAILEY	***-**-9510	11/23/1978		CONSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	AMBER BAILEY	***-**-9737	09/05/1981		CONSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town	State	Zip Code	County	
PO BOX 795			SOAP LAKE	WA	98851		
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)				Home Phone	Mobile Phone		
					(509) 398-3236		
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
ALISSA BAILEY	Daughter	12/09/2005	***-**-0505		<input type="checkbox"/>	<input type="checkbox"/>		
LARISSA BAILEY	Daughter	10/03/2012	***-**-0472		<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 <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes	Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

5. IDENTIFICATION INFORMATION

Taxpayer Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____	Spouse Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____
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A B C S 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 ☒

Bank Account Information:

Bank Name: Same

Name on Account: _____

Routing Number: _____

Account Number: _____

Do Not Claim Tony J.
 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: ☒ LLC: _____

Sole Prop: _____ Corp: _____

S Corp: _____

Documents to present:

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

MILEAGE

Vehicle used for Business: _____

Beginning Odometer: _____

Ending Odometer: _____

Total Miles used for Business: _____

Personal
 Truck
 217x12 Telephone
 50x12 Tire
 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

	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

See the other
Telephone 2604
Interest on Truck 2320.13
Tires 2400

2:52 PM
02/14/23
Cash Basis

Bailey & Son
Balance Sheet
As of December 31, 2022

	Dec 31, 22
ASSETS	
Current Assets	
Checking/Savings	
Wheatland Checking 5101	111.07
Total Checking/Savings	111.07
Total Current Assets	111.07
TOTAL ASSETS	111.07
LIABILITIES & EQUITY	
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
TOTAL LIABILITIES & EQUITY	111.07

Report: C-1-F-P

Lien Held by: KLEYN'S AUTO SALES, INC.

Stock #: 290

ANTHONY ROBERT BAILEY; AMBER BAILEY; 06 GMC NEW SIERRA

					***** APPLIED TO *****										BALANCE
TRANSACTION	DUE	WHO	RECEIPT	DESCRIPTION	AMOUNT	PRINCIPAL	FEE	PICK-UP	REPAIRS	"OTHER"	RECURRING	FEE	INTEREST	AFTER	TRANSACTION
DATE	DATE					BALANCE		NOTE							RECEIVED
10/07/20	10/07/20	KK	20,285	DC Deposit	4,000.00	4,000.00								0.00	
11/13/20	11/15/20	KK	20,480	CC CC410037	400.00	236.19								10,536.64	163.81
12/04/20	12/15/20	KK	20,595	CC Credit Card	400.00	309.07								10,227.57	90.93
1/08/21	1/15/21	KK	20,780	CC Credit Card	400.00	252.89								9,974.68	147.11
2/11/21	2/15/21	KK	20,944	CC Credit Card	400.00	260.63								9,714.05	139.37
3/05/21	3/15/21	KK	21,080	CC CC404522	400.00	312.17								9,401.88	87.83
4/14/21	4/15/21	KK	21,286	CC Credit Card	400.00	245.45								9,156.43	154.55
5/10/21	5/15/21	KK	21,418	CC Credit Card	400.00	302.16								8,854.27	97.84
6/09/21	6/15/21	KK	21,592	CC Credit Card	400.00	290.84								8,563.43	109.16
7/08/21	7/15/21	KK	21,737	CC Credit Card	400.00	297.94								8,265.49	102.06
8/10/21	8/15/21	KK	21,900	CC Credit Card	400.00	287.91								7,977.58	112.09
9/08/21	9/15/21	KK	22,052	CC Credit Card	374.68	279.60								7,697.98	95.08
10/11/21	10/15/21	KK	22,209	CC Credit Card	400.00	295.60								7,402.38	104.40
11/12/21	11/15/21	KK	22,366	CC CC005211	389.68	292.33								7,110.05	97.35
12/11/21	12/15/21	KK	22,490	CC Credit Card	400.00	315.26								6,794.79	84.74
1/11/22	1/15/22	KK	22,603	CA Cash	400.00	313.44								6,481.35	86.56
2/09/22	2/15/22	KK	22,720	CC CC212581	400.00	322.76								6,158.59	77.24
3/15/22	4/15/22	KK	22,877	CC Credit Card	400.00	313.95								5,844.64	86.05
4/13/22	5/15/22	KK	23,010	CC Credit Card	400.00	330.34								5,514.30	69.66
5/09/22	6/15/22	KK	23,123	CC Credit Card	400.00	341.08								5,173.22	58.92
6/14/22	7/15/22	KK	23,273	CC CC607654	400.00	323.46								4,849.76	76.54
7/13/22	8/15/22	KK	23,400	CC 609811	400.00	342.20								4,507.56	57.80
8/15/22	9/15/22	KK	23,545	CC Credit Card	400.00	338.87								4,168.69	61.13
9/13/22	10/15/22	KK	23,674	CC Credit Card	400.00	350.32								3,818.37	49.68
10/18/22	11/15/22	KK	23,836	CC CC403918	374.68	319.76								3,498.61	54.92
11/17/22	12/15/22	KK	23,951	CC CC201169	374.68	331.55								3,167.06	43.13
12/13/22	1/15/23	KK	24,043	CA Cash	400.00	366.16								2,800.90	33.84
1/24/23	2/15/23	KK	24,212	CC CC603375	400.00	351.66								2,449.24	48.34
Total Payments Received:					14,713.72	12323.59	0.00	0.00	0.00	0.00	0.00	0.00		2,390.13	
														Contract Balance:	2,449.24
														Interest Balance:	6.04 <i>interest</i>
														=====	
														Total Amount Due:	2,455.28

*NOTE: "Total Payments Received" are totals of actual money received, it does not include Fees Added, Forgive Charges, or Write Offs.

Truck Payments



PO BOX 489
NEWARK, NJ 07101-0489

KEYLINE



AMBER BAILEY
227 5TH
SOAP LAKE, WA 98851-9172

\$300.63

\$271.42

Jan

Feb

Your February bill is \$271.42

It's due on Mar 13, 2022. You have Auto Pay scheduled for Mar 10, 2022.

Account charges	\$0.00
Amber Bailey 509-237-5299	\$83.02
Amber Bailey 509-237-5751	\$49.69
Amber Bailey 509-398-3236	\$76.21
Amber Bailey 509-398-3807	\$46.17
Amber Bailey 509-906-6858	\$16.33
	\$271.42

Balance forward from last bill

Previous balance (through Jan 21)	\$300.63
Payment received - Thank you (Feb 10)	-\$300.63
Total balance forward	\$0.00

Good to know

Check your online bill for all
surcharges, taxes and gov fees

The total amount due for this month
includes surcharges of **\$10.86** and
taxes and gov fees of **\$7.42**. For an
itemized list of taxes, fees and
surcharges visit go.vzw.com/mybill.

Personal

- 217 X 12

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

1099-NEC, Copy B, For Recipient, OMB #1545-0116
(Rev. January 2022)

NAME, ADDRESS AND FEDERAL I.D. NO.

PAULS 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

2800-01-0-0-0103901-0001-0104011

TAXPAYER I.D. NO.

XX-XXX9773

(Keep for your records)

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

333		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

Department of the Treasury
Internal Revenue Service

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.

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. 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.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

REV 12/09/22 QB

Black and White Form W-3 (Revised 08/22)

☐ 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 Pahrump, WA 98822		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 <u>22</u>		Nonemployee Compensation
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 5 State tax withheld \$ 6 State/Payer's state no. 7 State income \$		For State Department
Account number (see instructions)				

Form **1099-NEC** (Rev. 1-2022) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

☐ 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 1099-NEC (Rev. January 2022) For calendar year 2022		Nonemployee Compensation
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 \$ 5 State tax withheld \$ 6 State/Payer's state no. 7 State income \$		For Recipient <small>This is important information and is furnished to the IRS. If you are required to file a return, this information is required to file. Negligence or intentional failure to file a return may result in a penalty. You may be liable for a penalty if this income is not reported on your return and the IRS determines that you have not been notified.</small>
Account number (see instructions)				

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

Copy C, for employee's records

ired 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.

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

1.65 3.51		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 AMBER J BAILEY 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
3a. tips, etc.		17 State income tax	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name