

ABCS Federal Tax Intake Form

2022 ☐ 2021 ☒

Date: 3.13. Phone #: _____ Returning Customer? Yes ☒ No ☐

Personal: _____ LLC: _____ Sole Prop: ☒ Corp: _____ S Corp: _____

Name: Margaret Cerino Occupation: _____

Personal Address: _____

SSN: _____ DOB: _____

Did your Marital status change during the year? _____

Spouse Name: Gregory Cerino

Occupation: _____

SSN: _____ DOB: _____

Change in dependents? Yes _____ No _____

If yes, please fill out the following.

Full Name: _____

SSN: _____ DOB: _____

Full Name: _____

SSN: _____ DOB: _____

Have you made any estimated payments for your 2022 Federal Taxes? Yes ☐ No ☐

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

Bank Account Information:

Bank Name: _____

Name on Account: _____

Routing Number: _____



Account Number: _____

Notes:

Please provide a copy of your 2020 and 2021 Federal Tax Return.

ABCS phone number: (509) 717-3038

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CALIBER HOME LOANS, INC PO BOX 619063 DALLAS, TX 75261-9063 1-800-401-6587	*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 2022	Mortgage Interest Statement
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code 9-759-21828-0018827-002-1-000-000-000-000   GREGORY J CERINO 712 WILLOW AVE NE QUINCY WA 98848-9358	1 Mortgage interest received from payer(s)/borrower(s)* \$ 4,736.29		Copy B For Payer/Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6, or because you didn't report the refund of interest (box 4), or because you claimed a nondeductible item.
2 Outstanding mortgage principal \$ 254,927.23		3 Mortgage origination date 02/10/2021	
4 Refund of overpaid interest \$ 0.00		5 Mortgage insurance premiums \$ 1,817.72	
6 Points paid on purchase of principal residence \$ 0.00	7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. <input type="checkbox"/>		
8 Address or description of property securing mortgage 712 WILLOW AVE NE QUINCY WA 98848-9358			
9 Number of properties securing the mortgage 001	10 Other Taxes Paid YTD \$2,584.42		
11 Mortgage acquisition date		Account number (see instructions) 9718117055	
RECIPIENT'S/LENDER'S TIN 13-6131491		PAYER'S/BORROWER'S TIN ***-**-7023	

Caution: For deductibility, you can only deduct the interest paid on acquisition indebtedness, and you may be subject to a deduction limitation.

Free File. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

Remember to file for Homestead (or Homeowner's) Exemption, if you are eligible.

If your home is located in California: Additional accountings may be requested by the mortgagor, trustor, or vendee pursuant to Civil Code 2954.

PRINCIPAL		INTEREST PAID		ESCROW	
BEGINNING BALANCE	\$254,927.23	GROSS INTEREST PAID	\$4,736.29	BEGINNING BALANCE	\$1,085.52
NET PROCESSED	\$5,183.41	PLUS PREPAID INT NOT ALLOWED PRIOR YRS	\$0.00	NET PROCESSED	\$4,679.17
ENDING BALANCE	\$249,743.82	LATE CHARGES PAID	\$0.00	REAL ESTATE TAXES	\$2,584.42
		LESS INTEREST SUBSIDY (BUYDOWN)	\$0.00	HAZARD INSURANCE	\$2,190.00
		LESS PREPAID INTEREST NOT ALLOWED THIS YR	\$0.00	MORTGAGE INSURANCE	\$1,817.72
		NET INTEREST PAID	\$4,736.29	ESCROW REFUND	\$0.00
		MORTGAGE POINTS PAID	\$0.00	ESCROW INTEREST	\$0.00
		REFUND OF OVERPAID INTEREST	\$0.00	ENDING BALANCE	(\$827.45)
		LATE CHARGES DUE BUT UNPAID	\$0.00		

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	Margaret A Cerino	***-**-5444	10/24/1957		DOG GROOMER	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	Gregory J Cerino	***-**-7023	02/24/1961		Employed	<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town	State	Zip Code	County	
PO BOX 1296			EPHRATA	WA	98823		
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)		Home Phone			Mobile Phone		
					(509) 754-4114		
Spouse's E-mail Address(es)		Spouse's Mobile Phone					
		(509) 754-4114					

2. FILING STATUS

<input type="checkbox"/> Single	<input type="checkbox"/> Check if parent (or someone else) can claim you as a dependent on their return.
<input checked="" type="checkbox"/> Married Filing Joint	
<input type="checkbox"/> Married Filing Separate	<input type="checkbox"/> Check if you lived apart from your spouse for all of 2022.
<input type="checkbox"/> Head of Household	
<input type="checkbox"/> 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
					<input type="checkbox"/>	<input type="checkbox"/>		
					<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 _____

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2022 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.		Date 01-10-2023
Box 1. Name MARGARET A CERINO		Box 2. Beneficiary's Social Security Number 537-64-5444
Box 3. Benefits Paid in 2022 \$1,858.00	Box 4. Benefits Repaid to SSA in 2022 NONE	Box 5. Net Benefits for 2022 (Box 3 minus Box 4) \$1,858.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit \$1,858.00 Benefits for 2022 \$1,858.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address MARGARET A CERINO 618 BASIN ST NW UNIT 1 EPHRATA WA 98823-1697
		Box 8. Claim Number (Use this number if you need to contact SSA.) 537-64-5444A

**Employment Security Department**

WASHINGTON STATE

P.O. Box 9046, Olympia, WA 98507

55728

Date: Jan 12 2023

Letter ID: L0049269088

Claimant ID: NBHBSJ

GREGORY J. CERINO
712 WILLOW AVE NE
QUINCY WA 98848-9358



54001004-055728-01-01000000

PAYER'S name, street address, city or town, province or state, ZIP, or foreign postal code, and telephone no. State of Washington Employment Security Department 212 Maple Park Ave SE Olympia, WA 98501-2347 1-800-318-6022 UI1099@esd.wa.gov		1 Unemployment compensation \$ 1,408.00		OMB No. 1545-0120 2022 Form 1099-G	
		2 State or local income tax refunds, credits, or offsets			
PAYER'S federal identification number 91-1762161		RECIPIENT'S identification number 539-70-7023		3 Box 2 amount is for tax year	
RECIPIENT'S name GREGORY J CERINO Street address (including apt. no.) 712 WILLOW AVE NE City or town, province or state, ZIP, or foreign postal code QUINCY, WA 98848-9358		5 RTAA payments \$ 0.00		4 Federal income tax withheld \$ 140.00	
		7 Agriculture payments		6 Taxable grants	
		9 Market gain		8 If checked, box 2 is trade or business income <input type="checkbox"/>	
		10a State		10b State identification no.	
Account number (see instructions) Unemployment Insurance (UI)				11 State income tax withheld	

**Certain
Government
Payments****Copy B
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-G

(keep for your records)

www.irs.gov/form1099g

Department of the Treasury – Internal Revenue Service



Form Department of the Treasury Internal Revenue Service	<h1 style="margin: 0;">1095-C Employer-Provided Health Insurance Offer and Coverage</h1> <p style="margin: 0;">Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.</p>	OMB No. 1545-2 <div style="font-size: 2em; font-weight: bold;">2022</div>
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<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED Applicable Large Employer Member Employer's name, street address, city or town, state or province, country and ZIP or foreign postal code and telephone number COCHRAN INC PO BOX 33524 SEATTLE, WA 98133 (206) 368-3220 3220 Employer identification number (EIN): 91-0697301 Employee Employee's name (first, middle initial, last, suffix) street address, city or town, state or province, country and ZIP or foreign postal code GREGORY CERINO 618 BASIN ST NW STE 1 EPHRATA, WA 98823 Social security number (SSN): XXX-XX-7023 Employee Age on January 1 <input type="checkbox"/>	Employee Offer of Coverage <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Plan Start Month (enter 2-digit no.):</th> <th style="width: 15%;">14 Offer of Coverage (enter required code)</th> <th style="width: 15%;">15 Employee Required Contribution (see instructions)</th> <th style="width: 15%;">16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)</th> <th style="width: 10%;">17 ZIP Code</th> </tr> <tr> <td style="text-align: center;">12</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>All 12 Months</td> <td style="text-align: center;">1H</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">2E</td> <td></td> </tr> <tr><td>Jan</td><td></td><td style="text-align: center;">\$</td><td></td><td></td></tr> <tr><td>Feb</td><td></td><td style="text-align: center;">\$</td><td></td><td></td></tr> <tr><td>Mar</td><td></td><td style="text-align: center;">\$</td><td></td><td></td></tr> <tr><td>Apr</td><td></td><td style="text-align: center;">\$</td><td></td><td></td></tr> <tr><td>May</td><td></td><td style="text-align: center;">\$</td><td></td><td></td></tr> <tr><td>June</td><td></td><td style="text-align: center;">\$</td><td></td><td></td></tr> <tr><td>July</td><td></td><td style="text-align: center;">\$</td><td></td><td></td></tr> <tr><td>Aug</td><td></td><td style="text-align: center;">\$</td><td></td><td></td></tr> <tr><td>Sept</td><td></td><td style="text-align: center;">\$</td><td></td><td></td></tr> <tr><td>Oct</td><td></td><td style="text-align: center;">\$</td><td></td><td></td></tr> <tr><td>Nov</td><td></td><td style="text-align: center;">\$</td><td></td><td></td></tr> <tr><td>Dec</td><td></td><td style="text-align: center;">\$</td><td></td><td></td></tr> </table>	Plan Start Month (enter 2-digit no.):	14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	17 ZIP Code	12					All 12 Months	1H	\$	2E		Jan		\$			Feb		\$			Mar		\$			Apr		\$			May		\$			June		\$			July		\$			Aug		\$			Sept		\$			Oct		\$			Nov		\$			Dec		\$		
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Nov		\$																																																																										
Dec		\$																																																																										

Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.																
(a) Name of covered individual(s) First name, middle initial, last name and suffix	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	D	
18																
19																
20																
21																
22																
23																

Date: _____ Phone #: _____ Returning Customer? Yes ☐ No ☐

LLC: _____ Sole Prop: _____ Corp: _____ S Corp: _____

Business Name: K-9 Kuts EIN # _____

Business Address: _____

In the past year has there been any change in ownership? Yes ☐ No ☐

Shareholders information:

Name: Margaret Lynch

Address: _____

SSN: _____ DOB: _____ Percentage owned: 100%

Name: _____

Address: _____

SSN: _____ DOB: _____ Percentage owned: _____

Have you made any estimated payments for your 2022 Federal Taxes? Yes ☐ No ☐**Bank Account Information:**

Bank Name: _____

Name on Account: _____

Routing Number: _____

Account Number: _____

Documents to present:

- ☒ Profit + Loss
- ☐ Balance Sheet
- ☐ 1099s
- ☐ W-3
- ☐ Interest Statements
- ☐ documents

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: _____

K-9 KUTS

Margaret Cerino

January thru December 2022

Prepared By	Initials	Date
Approved By		

Total Income \$22,349.99

	YTD
K-9 KUTS	2,100.00
ifiber	1,068.00
Business License	50.00
Business Ins.	672.00
Culligan Water	286.70
? Cell Phone \$77.00 monthly	924.00
3-C's	158.11
Shampoo Lady	111.38
Car Maintenance	389.43
Car Tires-	949.07
Pet Edge	566.82
License Tabs	93.25
Purple Coyote	140.92
office Supplies	
Time Line Loan \$100.00	1,200.00
Remodel Shop	
M4H Glass	502.47
windshield	
Supplies: Costco	
Paper towels	
Garbage liners	
Toilet Paper	210.74

Form **W-2 Wage and Tax Statement** **2022**

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code COCHRAN INC PO BOX 33524 12500 AURORA AVE N SEATTLE, WA 98133		d Control number	1 Wages, tips, other compensation 68472.98	2 Federal income tax withheld 10591.75
e Employee's name, address, and ZIP code Suff. GREGORY J CERINO 618 BASIN ST NW STE 1 EPHRATA, WA 98823		7 Social security tips	3 Social security wages 68472.98	4 Social security tax withheld 4245.32
		8 Allocated tips	5 Medicare wages and tips 68472.98	6 Medicare tax withheld 992.86
		9	10 Dependent care benefits	11 Nonqualified plans
		12a See instructions for box 12	12b	12c
		12d	13 Statutory employee Retirement plan Third-party sick pay X	14 Other UNION DUES 925.54 WA FAM/MED 299.98
		a Employee's social security number 539-70-7023	b Employer identification number 91-0697301	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
			19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement** **2022**

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code COCHRAN INC PO BOX 33524 12500 AURORA AVE N SEATTLE, WA 98133		d Control number	1 Wages, tips, other compensation 68472.98	2 Federal income tax withheld 10591.75
e Employee's name, address, and ZIP code Suff. GREGORY J CERINO 618 BASIN ST NW STE 1 EPHRATA, WA 98823		7 Social security tips	3 Social security wages 68472.98	4 Social security tax withheld 4245.32
		8 Allocated tips	5 Medicare wages and tips 68472.98	6 Medicare tax withheld 992.86
		9	10 Dependent care benefits	11 Nonqualified plans
		12a See instructions for box 12	12b	12c
		12d	13 Statutory employee Retirement plan Third-party sick pay X	14 Other UNION DUES 925.54 WA FAM/MED 299.98
		a Employee's social security number 539-70-7023	b Employer identification number 91-0697301	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
			19 Local income tax	20 Locality name

This information is being furnished to the Internal Revenue Service. If you are required 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.

Form **W-2 Wage and Tax Statement** **2022**

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code COCHRAN INC PO BOX 33524 12500 AURORA AVE N SEATTLE, WA 98133		d Control number	1 Wages, tips, other compensation 68472.98	2 Federal income tax withheld 10591.75
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15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
			19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement** **2022**

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

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