

**CREDITS AND PAYMENTS ORGANIZER**  
Please complete this Organizer before your appointment.

**1. CHILD CARE CREDIT**

Attach Daycare Provider Statement(s): Care Provider Name                      Address		Tax-Exempt	Telephone Number	Identification Number	Amount Paid
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____

**2. RESIDENTIAL ENERGY CREDIT**

Solar electric property . . . . . _____	Metal or asphalt roof . . . . . _____
Solar water heating . . . . . _____	Exterior windows and skylights . . . . . _____
Small wind energy . . . . . _____	Electric heat pump or central air conditioner . . . . . _____
Geothermal heat pump . . . . . _____	Natural gas, propane or oil water heater . . . . . _____
Fuel cell property . . . . . _____	Biomass fuel stove . . . . . _____
Insulation material . . . . . _____	Natural gas, propane or oil furnace . . . . . _____
Exterior doors . . . . . _____	Advanced main air circulating fan . . . . . _____

1. Were the qualified improvements for your main home in the United States? . . . . .  Yes  No  
2. Were any of the improvements related to the construction of this main home? . . . . .  Yes  No

**3. MISCELLANEOUS CREDIT QUESTIONS**

1. Did you pay any expenses related to the adoption of an eligible child? . . . . .  Yes  No  
2. Are you currently repaying the First-Time Homebuyer Credit? . . . . .  Yes  No  
3. Do you (and your spouse) have a social security number that allows you to work and is valid? . . . . .  Yes  No  
4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? . . . . .  Yes  No

**4. ESTIMATED TAX PAYMENTS**

Federal estimated payments	Date Paid	Amount Paid
Applied from 2022 federal refund . . . . . _____	_____	_____
1st quarter payment . . . . . _____	_____	_____
2nd quarter payment . . . . . _____	_____	_____
3rd quarter payment . . . . . _____	_____	_____
4th quarter payment . . . . . _____	_____	_____

  

State estimated payments	Date Paid	Amount Paid	Local estimated payments	Date Paid	Amount Paid
Applied from 2022 state refund _____	_____	_____	Applied from 2022 local refund _____	_____	_____
1st quarter payment . . . . . _____	_____	_____	1st quarter payment . . . . . _____	_____	_____
2nd quarter payment . . . . . _____	_____	_____	2nd quarter payment . . . . . _____	_____	_____
3rd quarter payment . . . . . _____	_____	_____	3rd quarter payment . . . . . _____	_____	_____
4th quarter payment . . . . . _____	_____	_____	4th quarter payment . . . . . _____	_____	_____
State Name . . . . . _____	_____	_____	Locality Name . . . . . _____	_____	_____