

2023 INCOME TAX ORGANIZER

Taxpayer's Name				Social Security Number	
Spouse's Name				Social Security Number	
Taxpayer's Occupation			Date of Birth (D.O.B.)		Blind?
Spouse's Occupation			Date of Birth (D.O.B.)		Blind?
Address				e-mail address	
City		State	Zip	Home Phone	
				Work Phone	
Cell/Mobile Phone		Do you consent to receiving text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No			

DEPENDENT CHILDREN (who lived with you more than 6 months)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

OTHER DEPENDENTS

1) Name	Social Security No.	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security No.	Time at home	Relationship	Income	Support by you	Support by dependent & others

THINGS TO BRING (if applicable)

- Last Year's Tax Return (if new client)
- W-2 Form(s) for Wages
- 1099 Form(s) for Interest, Dividends, Sales, Retirement, Social Security, Self-employment, Unemployment, Cancelled Debt, & Other Income/Distributions
- IRA Year-end Statements and Forms 5498
- K-1s from Partnerships, Corporations, Estates or Trusts
- Assets Held Outside the USA (bring statements)
- Cryptocurrency Sales and/or Earnings
- Business/Rental/Farm Income & Expenses
- Records of Estimated Taxes Paid
- HSA forms (1099-SA & 5498-SA)
- Childcare Provider Information
- Property Tax Statements
- 1098 Form(s) - Mortgage Interest, Tuition, Student Loans, Vehicle/Boat Donations
- Closing Papers for Purchases & Sales (including purchase and sale dates & amounts)
- All Other Statements Showing Income
- Undocumented Income (bring details)
- Last Pay Stub of the Year
- Charitable Contribution Details
- Voided Check for Direct Deposit
- Form(s) 1095-A - For health Insurance purchased on healthcare.gov (or your state's ACA marketplace)
- Copy of Driver's License for Taxpayer & Spouse
- Copy of Social Security Card (for new clients and new family members)
- Employee Retention Credits (\$ amount and tax year)

<p>RENTAL/SELF-EMPLOYMENT/FARM INCOME (see reverse for expenses)</p> <p>Landlords (rents received) \$ _____</p> <p>Self-employment (total received) \$ _____</p> <p>Farm income (total received) \$ _____</p> <p>SALE OF STOCK OR OTHER PROPERTY</p> <table border="0"> <tr> <td>Item:</td> <td>Cost:</td> <td>Sale:</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> <p>OTHER INCOME</p> <p>Wages (forms W2)..... \$ _____</p> <p>Interest (forms 1099-INT)..... \$ _____</p> <p>Dividends (forms 1099-DIV)..... \$ _____</p> <p>Tips..... \$ _____</p> <p>Child Care..... \$ _____</p> <p>Retirement (forms 1099-R)..... \$ _____</p> <p>Social Security (form SSA-1099)..... \$ _____</p> <p>Jury Duty..... \$ _____</p> <p>Election Judging..... \$ _____</p>	Item:	Cost:	Sale:	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	<p>OTHER INCOME (cont.)</p> <p>Roth Conversions (form 1099-R)..... \$ _____</p> <p>Gambling Winnings (form W2-G)..... \$ _____</p> <p>Unemployment (1099-G)..... \$ _____</p> <p>Alimony Received..... \$ _____</p> <p>Prizes/Awards..... \$ _____</p> <p>Scholarships & Fellowships..... \$ _____</p> <p>Debt Cancellation..... \$ _____</p> <p>Partnerships & S-Corporations.... \$ _____</p> <p>Estates & Trusts..... \$ _____</p> <p>Social Security/RR Retirement..... \$ _____</p> <p>State Tax Refunds..... \$ _____</p> <p>Royalties (music/writing/other)..... \$ _____</p> <p>Sick Pay &/or Disability..... \$ _____</p> <p>Veteran's Payments..... \$ _____</p> <p>Withdrawals from HSA/MSA..... \$ _____</p> <p>Hobby Income..... \$ _____</p> <p>Odd Jobs/Side Jobs..... \$ _____</p> <p>Research/Survey/Online..... \$ _____</p> <p>Insurance Claims/Lawsuits..... \$ _____</p> <p>Public Assistance..... \$ _____</p> <p>Barter..... \$ _____</p> <p>Foreign Income..... \$ _____</p> <p>Cryptocurrency sales/earnings.... \$ _____</p> <p>All Other Income..... \$ _____</p>
Item:	Cost:	Sale:																				
_____	\$ _____	\$ _____																				
_____	\$ _____	\$ _____																				
_____	\$ _____	\$ _____																				
_____	\$ _____	\$ _____																				
_____	\$ _____	\$ _____																				
_____	\$ _____	\$ _____																				

* Bring statements if available. Double-check 'online' accounts that don't send paper statements (e.g. brokerage, HSA, tuition, etc.).

Potential Deductions and Credit Items

ADJUSTMENTS

Payments to an IRA Traditional Roth
 Taxpayer Amount \$ _____ SEP SIMPLE
 Spouse Amount \$ _____

Penalty for Early Withdrawal

Alimony Paid \$: _____ **SS#:** - -

Self-Employed Health Insurance

Student Loan Interest

Payments to HSA/MSA: Taxpayer _____ Spouse _____

Classroom Materials for Educators

MEDICAL EXPENSES

Insurance & Medicare (not pretax)..... _____
 Long Term Care Insurance _____
 Prescriptions _____
 Eyeglasses, Hearing Aids & Batteries..... _____
 Doctors _____
 Dentists _____
 Hospital / Ambulance _____
 Auto Mileage _____ miles
 Other Medical Expenses, Travel _____
 Reimbursement _____
 Did you receive reimbursement at work? _____

TAXES

Real Estate Taxes _____
 State taxes paid in '23 for '22 or earlier..... _____
 Sales tax paid on vehicles, boats, planes _____
 Sales tax paid (from receipts) _____

2023 State Tax Estimates
 date pd. \$ _____ date pd. \$ _____
 date pd. \$ _____ date pd. \$ _____

2023 Federal Tax Estimates
 date pd. \$ _____ date pd. \$ _____
 date pd. \$ _____ date pd. \$ _____

Vehicle License Tabs, Pers. Prop. Tax _____

INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (Form 1098)
First Mortgage/Refinance..... _____
Loan Origination Fee/Discount Fee..... _____
Second Mortgage..... _____
Home Equity..... _____
Equity loan used only to buy/build/improve home? Y N

Mortgage Insurance _____
 Second Home Interest Payments _____
 Home Mortgage—Pd. to Individuals..... _____
 (name, address, Social Security number) _____
 Investment Interest: *Margin Account*..... _____
Other Investment Interest..... _____

OTHER MISCELLANEOUS EXPENSES

Gambling Losses _____
 Impairment Related Work Expenses..... _____

HIGHER EDUCATION EXPENSES

Post Secondary Tuition/Req. Fees Paid..... _____
 Date: _____ Year in School..... _____

CONTRIBUTIONS

Churches (received)..... _____
 Other Contributions of Money (received) _____
 Charitable Auto Mileage..... _____
 Volunteer Expenses (received) _____
 Property Donated (for which you have receipts)
 Fair market value (bring
 documentation if over \$500)..... _____
 Auto, Boat Donations (Form 1098C) _____
 Qualified Charitable Distribution from IRA? Y N (bring details)

CASUALTY & THEFT LOSSES (BUSINESS RELATED OR FEDERAL DISASTER AREA)

Cost of Property Lost _____
 Fair Market Value of Property _____
 Insurance Reimbursement Received _____
 Federally Declared Disaster Area? Y N (bring details)

AUTOMOBILE EXPENSE

Total Miles: _____ Business Miles: _____
 Commuting Miles: _____ Personal Miles: _____
 Jan. 1, 2023, Odometer Beginning: _____
 Dec. 31, 2023, Odometer Ending: _____

Gas & Oil..... _____
 Interest _____
 Tolls & Local Transportation _____
 Lease Payments _____
 Parking _____
 Other: _____

BUSINESS EXPENSES

Taxes _____
 Utilities _____
 Insurance _____
 Repairs _____
 Supplies _____
 Business Meals..... _____
 Business Travel..... _____
 Advertising _____
 Professional Dues/Memberships..... _____
 Legal/Professional Fees _____
 Wages (bring copies of W2s/941s if they have been filed) _____
 Contract Labor _____
 Equipment (bring a list with details)..... _____
 Other: _____

Is your primary place of business in your home? If yes, bring all home related expenses, total square footage and square footage of space that is exclusively and regularly used for business.

CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.

Do you have a dependent care benefit plan at work? _____

ADOPTION EXPENSES

Amount Paid: _____ Date Finalized: _____ (bring papers)

ENERGY CREDITS / PLUG-IN VEHICLE (BRING RECEIPTS AND DETAILS)

Furnace Central AC Heat Pump Doors/windows
 Solar Wind Geothermal Plug-in EV Other _____

Please sign here _____ date _____