

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	

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	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others

THINGS TO BRING (if applicable)

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

RENTAL/SELF-EMPLOYMENT/FARM INCOME

(see reverse for expenses)

Landlords (rents received) \$ _____
 Self-employment (total received) \$ _____
 Farm income (total received) \$ _____

SALE OF STOCK OR OTHER PROPERTY

Item:	Cost:	Sale:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

OTHER INCOME

Wages (forms W2)..... \$ _____
 Interest (forms 1099-INT)..... \$ _____
 Dividends (forms 1099-DIV)..... \$ _____
 Tips..... \$ _____
 Child Care..... \$ _____
 Retirement (forms 1099-R)..... \$ _____
 Social Security (form SSA-1099). \$ _____
 Jury Duty..... \$ _____
 Election Judging..... \$ _____

OTHER INCOME (cont.)

Roth Conversions (form 1099-R)... \$ _____
 Gambling Winnings (form W2-G)... \$ _____
 Unemployment (1099-G)..... \$ _____
 Alimony Received..... \$ _____
 Prizes/Awards..... \$ _____
 Scholarships & Fellowships..... \$ _____
 Debt Cancellation..... \$ _____
 Partnerships & S-Corporations.... \$ _____
 Estates & Trusts..... \$ _____
 Social Security/RR Retirement..... \$ _____
 State Tax Refunds..... \$ _____
 Royalties (music/writing/other).... \$ _____
 Sick Pay &/or Disability..... \$ _____
 Veteran's Payments..... \$ _____
 Withdrawals from HSA/MSA..... \$ _____
 Hobby Income..... \$ _____
 Odd Jobs/Side Jobs..... \$ _____
 Research/Survey/Online..... \$ _____
 Insurance Claims/Lawsuits..... \$ _____
 Public Assistance..... \$ _____
 Barter..... \$ _____
 Foreign Income..... \$ _____
 Cryptocurrency sales/earnings.... \$ _____
 All Other Income..... \$ _____

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 _____