

# 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)

- |                                                                                                                                                                                |                                                                                                             |                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <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 (receipted).....   
Other Contributions of Money (receipted) ....   
Charitable Auto Mileage.....   
Volunteer Expenses (receipted) .....   
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