

## 2023 Tax Organizer Personal and Dependent Information

**Personal Information** (New Client Fill in all information) - (Returning Client only fill in items that have changed)

	<b>Name</b>	<b>SSN</b>	<b>Has IP PIN</b>	<b>Date of birth</b>
<b>Taxpayer</b>				
<b>Spouse</b>				
<b>Street address, city, state, and ZIP</b>				
	<b>Occupation</b>	<b>Daytime phone</b>	<b>Evening phone</b>	<b>Cell phone</b>
<b>Taxpayer</b>				
<b>Spouse</b>				
<b>Taxpayer email</b>				
<b>Spouse email</b>				

**Marital Status at end of 2023**

- Married  
 Married filing separately  
 Single  
 **Widow(er)**

If spouse died in 2023  
enter the date of death \_\_\_\_\_

**Other information**

- Are you blind?  
 Are you disabled?  
 Are you a full-time student?  
 Do you want \$3 to go to the  
 Presidential Election Campaign Fund?

**Taxpayer**

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

**Spouse**

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

At any time during 2023 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency?

- Yes  No

**Dependent Information**

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

**Appointment Information**

Call for Your 2023 appointment to be scheduled \_\_\_\_\_

### Additional Taxpayer Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2022	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

#### Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

#### Identification Information

##### Taxpayer

Type of photo ID  Driver's license  State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

##### Spouse

Type of photo ID  Driver's license  State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

## Healthcare Coverage Questionnaire

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

**YES    NO**

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

- Was your previous insurance policy canceled in 2023?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
  - Became homeless
  - Evicted in the past six months, or facing eviction or foreclosure
  - Received a shut-off notice from a utility company
  - Recently experienced domestic violence
  - Recently experienced the death of a close family member
  - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

## Income

Name:

SSN:

### Wages & Salaries

Provide all copies of Form W-2

Employer name	2023 federal wages	2022 federal wages

### Retirement

Provide all copies of Form 1099-R

Payer name	2023 distribution	2022 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?  Yes  No

### Form 1099-Misc and Form 1099-NEC Income

Provide all copies of Forms 1099-MISC and 1099-NEC (\* Also reported on Schedule C or E)

Payer name	2023 amount	2022 amount

### Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income

Account number Payer name	2023 ordinary dividends	2022 ordinary dividends	2023 qualified dividends	2022 qualified dividends
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	

#### Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Account number Payer name	2023 interest	2022 interest
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

### Sale of Capital Assets

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Sale of Capital Assets (not reported on Form 1099-B)**

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

**Installment Sale Income**

Description of property: \_\_\_\_\_

Date acquired _____ Date sold _____		<b>2023</b>	<b>Prior years</b>
Selling price . . . . .	_____	_____	_____
Mortgages assumed . . . . .	_____	_____	_____
Cost of property sold . . . . .	_____	_____	_____
Depreciation allowed . . . . .	_____	_____	_____
Commissions and expense of sale . . . . .	_____	_____	_____
Gross profit percentage . . . . .	_____	_____	_____
Interest received . . . . .	_____	_____	_____
Principal payments received . . . . .	_____	_____	_____

Property was sold to a related party

### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

	2023 Taxpayer	2022 Taxpayer	2023 Spouse	2022 Spouse
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Unemployment compensation repaid in 2020 . . . . .	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____	_____	_____
Alaska Permanent Fund . . . . .	_____	_____	_____	_____
ABLE distributions . . . . .	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Adjustments

	2023 Taxpayer	2022 Taxpayer	2023 Spouse	2022 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____	_____	_____
Alimony paid Name _____ SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____ SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____	_____	_____
Interest paid on a student loan . . . . .	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

#### Job-related Moving Expenses

<input type="checkbox"/> Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.	<b>2023</b>	<b>2022</b>
Number of miles from old home to old workplace . . . . .	_____	_____
Number of miles from old home to new workplace . . . . .	_____	_____
Expense to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)	_____	_____

**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

This business started or was acquired during 2023  Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

This business was disposed of during 2023  Yes  No You filed Forms 1099 for the individuals

**Income**

	2023	2022		2023	2022
Gross receipts or sales . . . . .	_____	_____	Other income . . . . .	_____	_____
Returns & allowances . . . . .	_____	_____			

**Expenses**

	2023	2022		2023	2022
Advertising . . . . .	_____	_____	Travel . . . . .	_____	_____
Car & truck expenses . . . . .	_____	_____	Total meals . . . . .	_____	_____
Commissions & fees . . . . .	_____	_____	Utilities . . . . .	_____	_____
Contract labor . . . . .	_____	_____	Wages . . . . .	_____	_____
Depletion . . . . .	_____	_____	Other expenses (list) . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____			
Insurance (other than health) . . . . .	_____	_____			
Interest - mortgage . . . . .	_____	_____			
Interest - other . . . . .	_____	_____			
Legal & professional services . . . . .	_____	_____			
Office expenses . . . . .	_____	_____			
Pension & profit sharing plans . . . . .	_____	_____			
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____	_____			
Rent (other business property) . . . . .	_____	_____			
Repairs & maintenance . . . . .	_____	_____			
Supplies . . . . .	_____	_____			
Taxes & licenses . . . . .	_____	_____			

**Cost of Goods Sold**

	2023	2022		2023	2022
Inventory at beginning of year . . . . .	_____	_____	Materials & supplies . . . . .	_____	_____
Purchases . . . . .	_____	_____	Other costs . . . . .	_____	_____
Cost of personal use items . . . . .	_____	_____	Inventory at end of year . . . . .	_____	_____
Cost of labor . . . . .	_____	_____	<input type="checkbox"/> There was a change in inventory method		



## Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Property Information

Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> This property is your main home or second home       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2023            | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals   |
| <input type="checkbox"/> This property was owned as a qualified joint venture |  |  |

### Income

	2023	2022		2023	2022
Rent Income . . . . .			Royalties from oil, gas, mineral, copyright or patent . . . . .		

### Expenses

	Rental unit expenses		Rental <u>and</u> homeowner expenses	
Advertising . . . . .				If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.  If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Auto & travel . . . . .				
Cleaning & maintenance . . . . .				
Commissions . . . . .				
Insurance . . . . .				
Legal & professional fees . . . . .				
Management fees . . . . .				
Mortgage interest . . . . .				
Other interest . . . . .				
Repairs . . . . .				
Supplies . . . . .				
Taxes . . . . .				
Utilities . . . . .				
Depletion . . . . .				
Other expenses (list)				
_____				
_____				
_____				
_____				
_____				
_____				
_____				

**Income or Loss from Partnerships, S corporations, and Fiduciaries**

Name:

SSN:

**Partnerships, S corporations, Estates and Trusts**

Provide all copies of Schedule K-1 and attachments

Entity name

EIN

### Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes No  
  This vehicle is available for use during off-duty hours  
  Another vehicle is available for personal use

Yes No  
  There is evidence to support your deduction  
  The evidence is written

Number of miles the vehicle was driven during 2023

Number of miles driven in prior years

	2023	2022
Business . . . . .		
Commuting . . . . .		
Other . . . . .		

	2023	2022
Business . . . . .		
Total . . . . .		

	2023	2022
Garage rent . . . . .		
Gas . . . . .		
Insurance . . . . .		
Licenses . . . . .		
Oil . . . . .		
Parking fees . . . . .		
Rental fees . . . . .		
Interest . . . . .		
Property tax . . . . .		

	2023	2022
Repairs . . . . .		
Tires . . . . .		
Tolls . . . . .		
Lease addback . . . . .		
Other expenses		

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business \_\_\_\_\_

What is the total square footage of your home \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used \_\_\_\_\_

How many hours per day was the area used \_\_\_\_\_

The daycare facility was in operation for the entire year

Expenses	Office expenses		Home expenses	
	2023	2022	2023	2022
Mortgage interest . . . . .				
Real estate taxes . . . . .				
Excess mortgage interest . . . . .				
Excess real estate taxes . . . . .				
Insurance . . . . .				
Rent . . . . .				
Repairs & maintenance . . . . .				
Utilities . . . . .				
Other expenses . . . . .				

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

### Asset Listing for 2023

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Assets for:** \_\_\_\_\_

Description of property	Date acquired	Cost/Basis	Date disposed of	Sales price	Expense of sale

### Household Employment

Name:

SSN:

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes No**

- Did you pay any one household employee cash wages of \$2,200 or more in 2023?
- Did you withhold federal income tax during 2023 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees? Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2023 by April 15, 2024?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	<b>2023</b>	<b>2022</b>
Total cash wages subject to Social Security tax . . . . .		
Total cash wages subject to Medicare tax. . . . .		
Total cash wages subject to Additional Medicare tax withholding . . . . .		
Federal income tax withheld . . . . .		

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes No**

- Did you pay any one household employee cash wages of \$2,200 or more in 2023?
- Did you withhold federal income tax during 2023 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2023 by April 15, 2024?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	<b>2023</b>	<b>2022</b>
Total cash wages subject to Social Security tax . . . . .		
Total cash wages subject to Medicare tax. . . . .		
Total cash wages subject to Additional Medicare tax withholding . . . . .		
Federal income tax withheld . . . . .		

### Schedule A - Itemized Deductions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Medical and Dental Expenses		
	2023	2022
Health insurance premiums (paid by you, not through work) . . . . .	_____	_____
Long-term care premiums (you) . . . . .	_____	_____
Long-term care premiums (your spouse) _____	_____	_____
Long-term care premiums (dependents) _____	_____	_____
Mileage driven for medical purposes . . . . .	_____	_____
Out of pocket medical and dental expenses (list) . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Charitable Contributions		
	2023	2022
Donations to charity (cash) . . . . .	_____	_____
Disaster relief contributions . . . . .	_____	_____
Miles driven for charitable purposes _____	_____	_____
Donations to charity (noncash) . . . . .	_____	_____
If noncash donations are greater than \$500, list below		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Taxes Paid		
State and local income taxes . . . . .	_____	_____
Sales tax . . . . .	_____	_____
Real estate taxes . . . . .	_____	_____
Personal property taxes . . . . .	_____	_____
Other taxes (list) _____	_____	_____
_____	_____	_____
_____	_____	_____

Other Miscellaneous Deductions		
Amortizable bond premiums . . . . .	_____	_____
Federal estate tax . . . . .	_____	_____
Gambling losses . . . . .	_____	_____
Impairment-related work expenses _____	_____	_____
Claim repayments . . . . .	_____	_____
Unrecovered pension investments _____	_____	_____
Schedule K-1 . . . . .	_____	_____
Ordinary loss debt instrument . . . . .	_____	_____
Excess deduction on termination _____	_____	_____

Interest Paid		
Mortgage interest paid (attach Form 1098) _____	_____	_____
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home		
Mortgage interest paid to an individual _____	_____	_____
Paid to:		
Name _____		
Address _____		
City, State, ZIP _____		
SSN or EIN _____		
Mortgage insurance premiums . . . . .	_____	_____
Investment interest . . . . .	_____	_____

For state purposes ONLY Job Expenses & Certain Miscellaneous Deductions		
Necessary job expenses you paid that were not reimbursed by your employer (list)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Union dues . . . . .	_____	_____
Tax preparation fees . . . . .	_____	_____
Other nonpersonal expenses related to taxable income (list)		
_____	_____	_____
_____	_____	_____
Investment expenses not entered elsewhere . . . . .	_____	_____
Home equity interest . . . . .	_____	_____