

2023 TAX ORGANIZER - page 1- required to start your tax return preparation

Please update any new information

Name	SS#	Birth date	Occupation
Spouse	SS#	Birth date	Occupation
Address			
Email address			
Phone Numbers			
Any significant events or changes in 2023?			

Dependents:			months lived with you in 2023	relationship
Name	SS#	Birth date		

Marital Status at year end: Single Married Head of Household Married Filing Separate

MISCELLANEOUS QUESTIONS

YES NO

- At any time during 2023, did you (a) receive (as a reward, award or payment), or (b) sell, exchange, gift or otherwise dispose of a digital asset or a financial interest in a digital asset?
- Do you have a foreign bank account or signature authority?** Even small accounts must be disclosed.
- If you had a foreign account(s) at any point in 2023, was the aggregate balance over \$10,000?
- Are you being claimed as a dependent of another person?
- Do you have a child who had interest or dividend income greater than \$1,250?
- Do you have any children who were 19 - 24 years of age and were full-time students?
- Do you have any dependent over the age of 24 who earned less than \$4700.00?
- Did you pay any tuition for college education?
- Were you notified by the IRS of changes to a prior year's return? (If yes, enclose agent's report.)
- Have you had any issues with the IRS concerning identity theft? (If yes, provide PIN number)

Check the appropriate boxes and provide supporting documents.

INCOME:

- | | |
|--|---|
| <input type="checkbox"/> W-2 FORMS | <input type="checkbox"/> JURY DUTY PAY |
| <input type="checkbox"/> 1099 FORMS (Int, Div, Royalties, Misc) | <input type="checkbox"/> UNEMPLOYMENT STATEMENT |
| <input type="checkbox"/> PENSION AND ANNUITY INCOME | <input type="checkbox"/> SOCIAL SECURITY STATEMENT |
| <input type="checkbox"/> K-1'S (Partnerships/S Corp/Estates) | <input type="checkbox"/> LOTTERY AND GAMBLING WINNINGS |
| <input type="checkbox"/> TAX EXEMPT INTEREST STATEMENTS - year end | <input type="checkbox"/> CANCELLATION OF DEBT |
| <input type="checkbox"/> STATE TAX REFUND STATEMENT | <input type="checkbox"/> CHILDREN'S INTEREST/DIVIDENDS |
| <input type="checkbox"/> IRA DISTRIBUTIONS/ROTH CONVERSIONS | <input type="checkbox"/> ALIMONY RECEIVED divorce prior to 2019 |
| <input type="checkbox"/> INSURANCE REIMBURSEMENTS | Amount: _____ From: _____ |

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- CAPITAL GAINS\LOSSES (Sales of mutual funds, stocks, bonds, land, etc.)

Date purchased and cost	Include copies of closing statements or investment statements on sale and purchase
Date sold and price	
Cost of improvements	If property was used for business, include tax returns for those years
Cost of dividends reinvested	
Selling costs incurred	

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- RENTAL INCOME (Compile each property separately, ask me a form if needed) includes VRBO/AIRBNB

Property address		
Total rent received		
Total expenses		
Advertising	Mortgage interest	Wages or labor
Auto and Travel	Repairs/Decorating	Major improvements
Cleaning and maintenance	Supplies	Telephone
Commissions	Property taxes	Trash
Insurance	Utilities	Pest Control
Legal fees	Association Fees	Appliances purchased

ADJUSTMENTS

- | | |
|---|---|
| <input type="checkbox"/> STUDENT LOAN INTEREST | <input type="checkbox"/> COLLEGE INVEST 529 CONTRIBUTIONS |
| <input type="checkbox"/> IRA, Roth, SEP CONTRIBUTIONS (include statements) | <input type="checkbox"/> PENALTY ON EARLY WITHDRAWAL OF SAVINGS |
| <input type="checkbox"/> ALIMONY PAID To: _____ | <input type="checkbox"/> EDUCATORS' EXPENSES |
| divorce prior to 2019 Amount: _____ SS#: _____ | |
| <input type="checkbox"/> HEALTH SAVINGS ACCOUNT HSA CONTRIBUTIONS (please provide 1099-SA) | |

CREDITS

- | | |
|---|---|
| <input type="checkbox"/> CHILD AND DEPENDENT CARE | |
| Provider's Name _____ | SS#\EIN# _____ |
| Address _____ | Amount paid \$ _____ |
| <input type="checkbox"/> EDUCATION CREDIT | <input type="checkbox"/> RESIDENTIAL ENERGY CREDIT |
| <input type="checkbox"/> ELECTRIC VEHICLE CREDIT- need invoice and registration | <input type="checkbox"/> HEALTH PREMIUM CREDIT – Include Form 1095A |
| <input type="checkbox"/> ADOPTION CREDIT | |

ITEMIZED DEDUCTIONS – only if greater than standard deduction Married = \$27,700 Single = \$13,850

MEDICAL AND DENTAL EXPENSES

(must total greater than 7.5 % of adjusted gross income)

- PRESCRIPTION DRUGS, INSULIN
- HEARING AIDS, BATTERIES, DENTURES
- GLASSES, CONTACTS, EYE EXAMS
- COPAYS, HOSPITAL, DOCTOR VISIT
- MEDICAL MILEAGE
- MEDICAL, DENTAL, LONG TERM CARE
- INSURANCE PREMIUMS

INTEREST PAID

MORTGAGE INTEREST (limits apply)
(1st, 2nd, home equity, refinanced loans, only if used to buy, build or improve the home)

INVESTMENT INTEREST

STATE AND LOCAL TAXES

(Total is limited to \$10,000)

- PROPERTY TAXES
- STATE TAX PAID OR SALES TAX
- CAR OWN TAX

CHARITABLE CONTRIBUTIONS (cash and non-cash, mileage, must have receipt for any item > \$250)

GAMBLING LOSSES (up to winnings)

CASUALTY AND THEFT LOSS
(only if a Declared Federal Disaster)

ESTIMATED TAX PAYMENTS required if your withholding doesn't cover your tax liability

	FEDERAL		STATE	
PAYMENT	#1 \$ _____	DATE _____	\$ _____	DATE _____
	#2 \$ _____	DATE _____	\$ _____	DATE _____
	#3 \$ _____	DATE _____	\$ _____	DATE _____
	#4 \$ _____	DATE _____	\$ _____	DATE _____

BUSINESS INCOME including LYFT, UBER AND DOORDASH (provide documentation or summary lists, include all business 1099 forms and year end bank statements)

GROSS SALES/INCOME FOR YEAR

RETURNS AND ALLOWANCES

BEGINNING INVENTORY

PURCHASES

ENDING INVENTORY

DEPRECIATION:

Asset purchases (provide description, cost and date of purchase)

Asset sales\discards

EXPENSES:

- | | | |
|-----------------------|-----------------------|------------------------------|
| Advertising | Insurance | Supplies |
| Bad Debts | Interest Expense | Taxes\Licenses\Permits |
| Bank charges | Legal\Accounting Fees | Travel (Lodging, Air, Meals) |
| Cleaning | Postage & Freight | Meals |
| Dues and Publications | Health Insurance | Utilities |
| Rent | Office Expense | Wages |
| Repairs\Maintenance | Payroll Taxes | |

Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document: the business purpose, date and time, place and amount. For business meals, you must also document that (1) you discussed business during the meal, or (2) you had a substantial bona fide business discussion or activity before or after the meal, or (3) you ate alone while out of town. **Entertainment is no longer deductible.** Gifts are limited to \$25 a person per year.

Do you have written records as described for expenses? ___yes ___no

HAVE YOU ISSUED ALL REQUIRED 1099'S? ___yes ___no

BUSINESS AUTOMOBILE USE

The mileage and Section 1 **MUST** be completed for every vehicle used for business. Section 2 is not needed if you are using the government's standard mileage rate. Section 2 **MUST** be used if you leased the vehicle or electing to use actual expenses.

If this is the first year of business use of the vehicle, provide a copy of the purchase or lease contract.

Mileage	Jan - Dec	
Business miles		
Personal miles		
Total miles for the vehicle		

Section 1:		Section 2:	
Make/Model		Gasoline, oil, lubrication	
Date Purchased		Repairs and maintenance	
Parking/Tolls		Tires, batteries, etc.	
Interest		Insurance	
		License and Taxes	
		Interest	
		Wash and wax	
		Lease payments	

BUSINESS OFFICE IN HOME

To qualify, an "office in home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting or dealing with you in the normal course of business. A home office meets the principal place of business rule if you use it regularly for administrative or management activities and you have no other fixed location to do such work.

Total Sq.ft.: of home _____ of office _____ of storage _____
 Utilities _____ Insurance _____ Rent _____ Taxes _____
 Interest _____ Condo or Mgmt fees _____ Other _____
 Repairs and maintenance: of office _____ of home in general _____

QUESTIONS AND EXPLANATIONS YOU MAY HAVE (List any other income or expenses not included in this Tax Organizer. Attach additional sheets if necessary)
