

# 2023 Tax Organizer - Returning Clients

## RETURNING CLIENT INFORMATION

Taxpayer Full Name: \_\_\_\_\_ Spouse Full Name: \_\_\_\_\_

Taxpayer Driver's License Info #: \_\_\_\_\_ Spouse Driver's License Info #: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Physical Address (include City/State/Zip): \_\_\_\_\_

*If you sold your home in 2023, please provide the closing statement, date purchased, and the purchase price*

Mailing Address (if different): \_\_\_\_\_

If you would like any applicable refunds to be direct deposited, please fill out your bank account info below:

Name of Bank: \_\_\_\_\_ Checking or Savings? \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**\*Returns are completed on a first come, first serve basis. A PDF copy of your return will be emailed unless requested otherwise\***

Updated Email Address (to receive PDF copy of return): \_\_\_\_\_

YES NO

### FOR TAX YEAR 2023...

Has your phone number or email address changed? If yes, please provide updated email/phone number below

Has your marital status changed? If married during 2023, we will need your spouse's DOB, SSN, email, and phone  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Has the number of dependents you are claiming changed?  
If REMOVING a dependent, please list their name: \_\_\_\_\_

If ADDING a dependent, please fill out the following information. (If multiple, put other info on page 3 in notes)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ Months in Home: \_\_\_\_\_ Full Time Student  Disabled

Will there be any significant changes in income or deductions next year?  
(i.e. retirement, reduced or increased working hours, starting a business, etc.)

Did you, or will you, contribute to an IRA or Roth IRA for 2023?  
If yes, was it in an IRA or a Roth IRA? IRA  Roth  How much did you contribute? \$ \_\_\_\_\_

Did you rollover any amounts from a retirement account?

Is there anything you would like to discuss with us after tax season (i.e. investments, retirement planning, estate planning, life insurance, auto or homeowners insurance, medicare supplement policies, etc.)?

Did you receive, sell, send, exchange, or acquire any Crypto currency in 2023?  
If yes, please provide the total amount bought in USD \$ \_\_\_\_\_ And, total amount sold in USD \$ \_\_\_\_\_

We will also need the Date Bought: \_\_\_\_\_ Date Sold: \_\_\_\_\_ Product Name: \_\_\_\_\_

(If you have more than one buy/sell transaction in crypto, we will need the same info as above for **EVERY** buy/sell)

Did you have any financial interest or signature authority over financial accounts located in a foreign country?

Did you withdraw any money from a qualified retirement plan for Coronavirus-related relief in **2020**?  
If yes, how much, if any, did you pay back in 2023? \$ \_\_\_\_\_

## ITEMIZED DEDUCTIONS: Must have MORE than \$13,850 if single or \$27,700 if married

(includes mortgage interest, state and local taxes, property taxes, medical expenses, charitable contributions and more)

### Medical Expenses: Include costs for dependents, do not include any expenses reimbursed by insurance or spent from HSA

Insurance \$ \_\_\_\_\_ Dentists \$ \_\_\_\_\_ Hospitals \$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_  
Doctors \$ \_\_\_\_\_ Eyeglasses \$ \_\_\_\_\_ Prescriptions \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

### Charitable Contributions (provide receipts)

Cash \$ \_\_\_\_\_ Noncash \$ \_\_\_\_\_  
Transferred from IRA to Charity (1099-R) \$ \_\_\_\_\_ Mileage \$ \_\_\_\_\_

# Self-Employment Worksheet

Name of business \_\_\_\_\_

- |                          |                          |   |
|--------------------------|--------------------------|---|
| YES                      | NO                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make payments of \$600+ to subcontractors, attorneys, accountants, directors, etc.?         |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, did you issue Form 1099-NEC? (provide copies)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any employees? (provide copies of W2s)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay for your health/dental insurance? (if yes, provide premium amount paid during the year) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, or will you, make any contributions to a self-employed retirement plan?                    |

**INCOME**

Gross revenue reported on tax forms (1099-NEC) \$ \_\_\_\_\_

Gross revenue NOT reported on tax forms \$ \_\_\_\_\_

**TOTAL REVENUE FOR 2023** \$ \_\_\_\_\_

(provide all forms and documentation of income)

**OFFICE IN HOME - Expenses**

|                   |          |                   |          |
|-------------------|----------|-------------------|----------|
| Mortgage Interest | \$ _____ | Real Estate Taxes | \$ _____ |
| Insurance         | \$ _____ | Rent              | \$ _____ |
| Repairs/Maint.    | \$ _____ | Utilities         | \$ _____ |

IN-HOME DAYCARE ONLY - Hours used for business: \_\_\_\_\_

**VEHICLE**

Year/Make/Model \_\_\_\_\_

| MILEAGE (Required)     | EXPENSES           |
|------------------------|--------------------|
| Business Miles         | Fuel _____         |
| Jan 1 - Dec 31st _____ | Insurance _____    |
| Commuting Miles        | Oil Changes _____  |
| Jan 1 - Dec 31st _____ | Parking Fees _____ |
| Other Miles            | Rental Fees _____  |
| Jan 1 - Dec 31st _____ | Repairs _____      |
|                        | Tolls _____        |
|                        | Other _____        |

**EXPENSES (you can either fill out this sheet or provide your own ledger using these categories)**

|                      |          |                     |          |           |          |
|----------------------|----------|---------------------|----------|-----------|----------|
| Advertising          | \$ _____ | Office Expense      | \$ _____ | Rent      | \$ _____ |
| Commissions and fees | \$ _____ | Repairs/Maintenance | \$ _____ | Supplies  | \$ _____ |
| Contract labor/wages | \$ _____ | Legal/professional  | \$ _____ | Insurance | \$ _____ |
| Taxes/Licenses       | \$ _____ | Meals/Entertainment | \$ _____ | Travel    | \$ _____ |

## Rental Property Worksheet

- |                          |                          |   |
|--------------------------|--------------------------|---|
| YES                      | NO                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make payments of \$600+ to subcontractors, property managers, attorneys, accountants, etc.? |
| <input type="checkbox"/> | <input type="checkbox"/> | If Yes, did you issue Form 1099-NEC? (provide copies)   |

Address \_\_\_\_\_

Fair Rental Days \_\_\_\_\_ Personal Use Days \_\_\_\_\_

IF SOLD/TAKEN OUT OF SERVICE:

Date Sold/Taken Out of Service \_\_\_\_\_ Sale Price \_\_\_\_\_

**INCOME (total for the year):** \$ \_\_\_\_\_

**EXPENSES (you can either fill out this sheet or provide your own ledger using these categories)**

|                      |          |                                    |          |
|----------------------|----------|------------------------------------|----------|
| Advertising          | \$ _____ | Mortgage Interest (Form 1098)      | \$ _____ |
| Cleaning/Maintenance | \$ _____ | Repairs                            | \$ _____ |
| Commissions          | \$ _____ | Supplies                           | \$ _____ |
| Insurance            | \$ _____ | Taxes (provide Property Tax Bills) | \$ _____ |
| Legal/Professional   | \$ _____ | Utilities                          | \$ _____ |
| Management Fees      | \$ _____ | Other                              | \$ _____ |

(\*If you used a vehicle for business purposes, please fill out the VEHICLE section from the Self-Employed Worksheet)

**NOTES** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

