

2023 Tax Organizer

CLIENT INFORMATION

Taxpayer SSN: _____	Spouse SSN: _____
Taxpayer Name: _____	Spouse Name: _____
Date of Birth: _____	Date of Birth: _____
Occupation: _____	Occupation: _____
Driver's License #: _____	Driver's License #: _____
DL Issue Date: _____ DL Exp. Date: _____	DL Issue Date: _____ DL Exp. Date: _____
Phone Number: _____	Phone Number: _____
Email: _____	Email: _____
Marital Status (at end of 2023): _____	
Physical Address (include City/State/Zip): _____	
Mailing Address (if different): _____	

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

School District: _____

Cities/States of residency during 2023 (include dates for each if you've moved)

Do you rent or own your home? (if rent, list monthly rent amount and landlord name & address)

If you are due a refund and want it direct deposited into your bank account, please fill out the following section!

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

DEPENDENTS

Name	SSN	Relationship	DOB	Months in Home	Full Time Student?	Disabled?

ITEMIZED DEDUCTIONS: NOT REQUIRED - 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	_____

FOR TAX YEAR 2023...

YES NO

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? \$ _____

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?

General Questions

Are you or your spouse legally blind?

Are you or your spouse a member of the military?

Were you a citizen of, or did you live in, or receive income from a foreign country/investment/bank?

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 an IRA or Roth IRA? IRA Roth How much did you contribute? \$ _____

Did you rollover any amounts from a retirement account?

Are you involved in bankruptcy, foreclosure, repossession or debt cancellation (including credit cards)?

What documents do I need?

(check all that apply and include docs)

INCOME

- Employed (W2)
- Rent/Royalties (1099-MISC)
- Self-Employed (1099-NEC) (pg. 3)
- Interest (1099-INT)
- Dividend (1099-DIV)
- Rental Property (see pg. 4)
- Social Security (SSA-1099)
- Retirement Plan (1099-R)
- Stock or Mutual Fund Sale (1099-B)
- Unemployment (1099-G)
- Prior Year State Refund (1099-G)

HEALTH INSURANCE

Were you or any members of your household:

- Covered by employer or private health insurance? (1095-B or C)*
- Enrolled in a plan through the federal or state marketplace? (1095-A)
- Participating in a qualifying Christian Healthcare Sharing ministry?
- None of the above, no coverage.

DEPENDENTS

- Proof of residency for each (i.e. school record, childcare stmt, medical record, etc.)
- Childcare Statement (showing amount paid for the year)
- College expense (1098-T)
What year of college was student in during 2023? _____
- Income for dependent (provide docs)

MISCELLANEOUS

- Did you or your spouse:
 - Pay estimated taxes? (amount and dates paid)
 - Buy or sell a main home? (include closing stmt, date purchased and purchase amount)
 - Buy or sell a rental or investment property? (include same as above)
 - Claim the First-Time Homebuyers Credit? (include amount of credit and date home was purchased)

CREDITS & DEDUCTIONS

Did you or your spouse:

- Pay student loan interest? (1098-E)
- Have a mortgage payment? (1098)
- Refinance a mortgage or take out a home equity loan? (closing stmt)
- Pay property taxes? (attach bills)
- Make an HSA contribution? (5498-SA) *
- Make an energy-efficient improvement to your home? (attach receipt)

MISCELLANEOUS, CONT.

- Own or possess interest in an LLC, partnership, corporation or business venture? (K-1)
- Have more than \$12,950 (if single) or \$25,900 (if married) in qualifying itemized deductions? (see below for more info)
- Please provide a copy of your most recently filed tax return (unless we filed for you previously)

**If this applies, please note that the form listed is NOT required in order to file your taxes (just preferred)*

Notes: _____

Self-Employment Worksheet

Name of business _____ Principal activity/product/service _____

Business Address (if different than home) _____

Tax ID Number/EIN (if applicable) _____

Accounting method Cash Accrual Other

Calendar Year or Fiscal Year (_____ to _____)

- | | | |
|--------------------------|--------------------------|---|
| 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"/> | Has the business reported any losses in prior years? |
| <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

Sq. ft. of home used exclusively for business _____

Total sq. ft. of home _____

IN-HOME DAYCARE ONLY - Hours used for business: _____

Date home placed in service _____

EXPENSES

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

VEHICLE

Year/Make/Model _____

Date placed in service _____

MILEAGE (Required)	EXPENSES
<i>*expenses not required if utilizing mileage only*</i>	
Business Miles	
Jan 1 - Dec 31st: _____	Fuel _____
	Insurance _____
Commuting Miles	
Jan 1 - Dec 31st: _____	Oil _____
	Parking Fees _____
	Rental Fees _____
Other Miles	
Jan 1 - Dec 31st: _____	Repairs _____
	Tolls _____
	Other _____

Y N

Do you have any other cars available for personal use?

Is car available for personal use during off-duty hours?

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

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

if you purchased any depreciable assets during the year, please provide receipt showing the cost and purchase date

NOTES _____

Rental Property Worksheet

YES

NO

Did you make payments of \$600+ to subcontractors, property managers, attorneys, accountants, etc.?

If Yes, did you issue Form 1099-NEC? (provide copies)

PROPERTY A

Address (Include City/State/Zip) _____

Fair Rental Days _____

Personal Use Days _____

Date Purchased _____

Date Placed in Service _____

Cost (including land value) _____

Land Cost/Value _____

IF SOLD/TAKEN OUT OF SERVICE:

Date Sold/Taken Out of Service _____

Sale Price _____

PROPERTY B

Address (Include City/State/Zip) _____

Fair Rental Days _____

Personal Use Days _____

Date Purchased _____

Date Placed in Service _____

Cost (including land value) _____

Land Cost/Value _____

IF SOLD/TAKEN OUT OF SERVICE:

Date Sold/Taken Out of Service _____

Sale Price _____

INCOME/EXPENSES

Income (for the year)

PROPERTY A

PROPERTY B

\$ _____

\$ _____

EXPENSES

Advertising

\$ _____

\$ _____

Cleaning/Maintenance

\$ _____

\$ _____

Commissions

\$ _____

\$ _____

Insurance

\$ _____

\$ _____

Legal/Professional Fees

\$ _____

\$ _____

Management Fees

\$ _____

\$ _____

Mortgage Interest (Form 1098)

\$ _____

\$ _____

Repairs

\$ _____

\$ _____

Supplies

\$ _____

\$ _____

Taxes (provide Property Tax Bills)

\$ _____

\$ _____

Utilities

\$ _____

\$ _____

Other

\$ _____

\$ _____

if you purchased depreciable assets during the year, please provide receipt showing the cost and purchase date

VEHICLE

Year/Make/Model

Date Placed in Service _____

Mileage (Required)

Business Miles

Jan 1 - Dec 31st: _____

Commuting Miles

Jan 1 - Dec 31st: _____

Other Miles

Jan 1 - Dec 31st: _____

EXPENSES

Rental Fees \$ _____

Fuel \$ _____

Insurance \$ _____

Repairs \$ _____

Parking Fees \$ _____

Tolls \$ _____

Oil Changes \$ _____

Other \$ _____

expenses not required if utilizing mileage only

NOTES _____

