

# Individual Taxpayer Organizer



<b>Taxpayer</b>				SSN	
<i>First</i>	<i>M.I.</i>	<i>Last</i>	Email	IP PIN	
Occupation		Date of birth	Are you new to our firm? Yes No		
Address		City	State	Zip	
County		Home phone	Work or cell		
Driver's License	No.		State	Issue Date	Exp. Date

<b>Spouse</b>				SSN	
<i>First</i>	<i>M.I.</i>	<i>Last</i>	Email	IP PIN	
Occupation		Date of birth	Are you new to our firm? Yes No		
Address <small>(If different from Taxpayer)</small>		City	State	Zip	
County		Home phone	Work or cell		
Driver's License	No.		State	Issue Date	Exp. Date

If you moved during 2023, enter your previous address.	Date of move
--	--------------

Marital status at 12/31/23 : Single Married Separated Widow(er) Registered Domestic Partnership (RDP) Unsure  
 Were you divorced or separated during the year? Yes No      Were there any deaths in the family? Yes No  
 Individuals who are in registered domestic partnerships (RDPs) and civil unions are not considered married for federal tax purposes.  
 Have you received any notice from the IRS or state revenue department within the past year? Yes No

Names of dependent children <i>Child's full name</i>	Social Security #	IP PIN	Date of birth	Months lived in home	Relationship to taxpayer	College student?

Did any of the children have income above \$4,300 for the year? Yes No      Do any of the children have a disability? Yes No  
 Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for tax year 2023? Yes No

<b>Other dependents or people who lived with you</b>					
Name	Social Security #	IP PIN	Date of birth	Relationship	Income

If you are due a refund, would you like it directly deposited into your bank account? <i>Name of bank</i>					
Checking	Savings	Routing transit number	Account number		

Ask your tax preparer for information about depositing a refund into an IRA account or splitting the deposit into more than one account.

## 2023 Income Tax Questions

Please answer all questions and help us make sure we do not miss something important.

	Yes	No	Comments
<b>Personal Information</b>			
Did your marital status change during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If married, divorced or separated, explain _____			
Did your address change from last year? If yes, list new address in additional notes (pg. 5). .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can you be claimed as a dependent by another taxpayer? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did any of the taxpayers or dependents pass away or become legally blind during the year? ....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain: _____			
Did you or your dependents receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? (If yes, attach the IRS letter.) .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>COVID-19 Information</b>			
Did you receive an Individual Stimulus (Economic Impact) Payment (EIP3)? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, provide a copy of the Notice 1444 and write amount here: \$ _____			
Did you <u>receive</u> advance Child Tax Credit (CTC) payments in July, August, September, October, November or December? If so, note amounts received later? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year? If so, provide copy of Form 1099-G. ....	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>COVID-19 Questions if you are <i>self-employed</i>:</b>			
Did you receive a Paycheck Protection Program (PPP) loan? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were you unable to perform your self-employed activities due to coronavirus related care you needed? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were you unable to perform your self-employed activities due to Coronavirus related care you provided to your son or daughter under the age of 18? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were you unable to perform your self-employed activities due to Coronavirus related care you provided to another? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay anyone emergency leave sick pay or emergency family leave wages? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Dependent Information</b>			
Were there any changes in dependents from the prior year? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain and provide name, birth date and social security number _____			
Do you have any children under age 19 or a full-time student under age 24 with INVESTMENT income in excess of \$2,000 (dividends, interest, capital gains)? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have dependents who must file a tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you provide over half the support for any other person(s) other than your dependent children during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay for child care while you worked, looked for work, or while you were a full-time student? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay any expenses related to the adoption of a child during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you are divorced or separated with child(ren), are you lacking a custodial agreement as part of the divorce decree, Form 8332, or other form of separation agreement which establishes custodial responsibilities? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did any dependent child(ren) not reside in the United States and in the same house as you for more than 182 days (regardless of any custody sharing arrangements)? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Special Deductions** (complete items only if applicable)

<b>Retirement Contributions</b>	<b>Husband</b>	<b>Wife</b>
IRA Deduction (\$6,000 maximum, or \$7,000 if age 50 or more) .....	\$ _____	\$ _____
Self-employed SEP, SIMPLE or qualified plans .....	\$ _____	\$ _____
Or, calculate maximum amount .....	_____	_____
<b>Health Savings Account</b> (Form 5498-SA) .....	\$ _____	\$ _____
<b>Student Loan Interest</b> (Form 1098-E) .....	\$ _____	\$ _____
<b>Teacher/Educator Classroom Expenses</b> (maximum \$250 each) .....	\$ _____	\$ _____
<b>Qualified Higher Education Tuition &amp; Fees</b> (Form 1098-T) .....	\$ _____	\$ _____
Dependents Qualified Tuition & Fees (name & amount):		<b>Dependent</b>
_____ .....	_____	\$ _____
_____ .....	_____	\$ _____
_____ .....	_____	\$ _____
<b>Business Expenses for Qualified Occupation</b>		
armed forces reservist performing artist with more than 1 employer fee based government official .....		\$ _____
<b>Qualified Active Armed Services Moving Expenses</b>		
Distance from old home to old workplace .....	_____	From old home to new workplace ... _____
Amount paid to ship & store goods .....	\$ _____	Transportation & lodging ... \$ _____
Amount reimbursed .....	\$ _____	
<b>Penalty on Early Withdrawal of Savings</b> .....		\$ _____

**Credits** (complete items only if applicable)

**Child and Dependent Care**

Provider name, address, social security or employer number & amount paid

1: \_\_\_\_\_ ... \$ \_\_\_\_\_

2: \_\_\_\_\_ ... \$ \_\_\_\_\_

3: \_\_\_\_\_ ... \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Child name & amount paid (total for all children must equal total for all providers)

1: \_\_\_\_\_ ... \$ \_\_\_\_\_

2: \_\_\_\_\_ ... \$ \_\_\_\_\_

3: \_\_\_\_\_ ... \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**Adoption Credit**

Child's name, social security number & date of birth: \_\_\_\_\_

Special Needs   
  Foreign   
  Disabled

List amounts:

	<b>Prior Year</b>	<b>Current Year</b>
Qualified expenses .....	\$ _____	\$ _____
Benefits received .....	\$ _____	\$ _____
Prior year credit .....	\$ _____	

**Residential Energy Credits** (include copies of receipts & certificates)

Address of property  same as page 1 \_\_\_\_\_

or: List amounts:

Qualified insulation or material system .....	\$ _____	Qualified circulation fan .....	\$ _____
Qualified exterior windows .....	\$ _____	Qualified solar electric property .....	\$ _____
Qualified exterior doors .....	\$ _____	Qualified solar water heater .....	\$ _____
Qualified metal roof .....	\$ _____	Qualified small wind energy property .....	\$ _____
Qualified energy efficient building property ...	\$ _____	Qualified geothermal pump .....	\$ _____
Qualified HVAC/heat pumps, boiler or furnace .....	\$ _____	Qualified fuel cell pump .....	\$ _____

**hYa jnyX'8 YXi Wjcbg'** (Complete this page only if greater than standard deduction)

The standard deduction for the various filing statuses are as indicated:

	2024	2023	2022
Married filing joint	\$29,200	\$13,850	\$25,900
Head of Household	\$21,900	\$20,800	\$19,400
Single or married filing separate	\$14,600	\$13,850	\$12,950

**A YXJWU'9I dYbgY'8 YXi Wjcbg'**

Medical, dental & vision insurance premiums ... \$ \_\_\_\_\_  
 Long-term care insurance premiums ..... \$ \_\_\_\_\_  
 Medical expenses not reimbursed by insurance  
 (out of pocket) including prescriptions,  
 physicians, clinics/hospitals, vision &  
 hearing aids, etc. .... \$ \_\_\_\_\_  
 Miles driven for medical purposes \_\_\_\_\_  
 (Note: nondeductible items include life or disability insurance,  
 nonprescription drugs, health supplements and health programs)

**HUI Yg' DUJX'**

Real estate property taxes ..... \$ \_\_\_\_\_  
 (ad valorem on personal residence or 2nd home)  
 State  income or  intangible taxes ..... \$ \_\_\_\_\_  
 Personal property taxes ..... \$ \_\_\_\_\_  
 (if on vehicle, must be based on vehicle value)  
 Sales tax paid on autos, boats or RVs purchased  
 for personal use or on materials used for  
 home improvement ..... \$ \_\_\_\_\_  
 Local sales tax rate \_\_\_\_\_ % (if your state rate is 6% and you  
 pay 7% locally, your local rate is 1%)

**7\ UfjHUV'7 cbfjVi hcbg'**

Cash or check donations ..... \$ \_\_\_\_\_  
 (you must have receipt for all individual contributions over \$250) Miles  
 driven for volunteer work \_\_\_\_\_  
 Non-monetary donations of \$500 or less ..... \$ \_\_\_\_\_  
 (Goodwill, Salvation Army, Amvets, etc.)  
 For non-monetary donations of \$500 or more, provide name of organization,  
 description of items donated, the original value of the items at purchase and  
 the value at the time you donated them  
 (attach Form 1098-C for donations of vehicles or boat)

**CH Yf' hYa jnyX'9I dYbgY'8 YXi Wjcbg'** (additional items in AL, AR, CA, HI, IA, MN, NY & PA)

- Gambling losses ..... \$ \_\_\_\_\_
- Casualty or theft from income producing property  
 (such as rental property or small business) ... \$ \_\_\_\_\_
- Federal estate tax on income in respect of  
 decedent ..... \$ \_\_\_\_\_
- Loss on contingent payment debt instrument \$ \_\_\_\_\_
- Repayment of \$3,000 or more of prior benefits  
 such as wages or unemployment ..... \$ \_\_\_\_\_
- Unrecovered costs/loss on pension ..... \$ \_\_\_\_\_
- Impairment related work expenses ..... \$ \_\_\_\_\_

**Estimated Tax Payments - 2023 Tax Year**

Installment	Date paid	Federal	Date paid	State
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from 2020 overpayment?		\$		\$
Total		\$		\$

**hHf Ygh9I dYbgY'8 YXi Wjcb'**

Personal, consumer interest (credit cards, vehicle, etc.) is not deductible. If you purchased or refinance your home, provide a copy of the closing statement. Rental property & business interest & taxes should be entered on the Rental Property Tax Organizer or the Business Expense Organizer.

Check if any original or refinanced mortgages were incurred after December 15, 2017. (If so, provide years incurred for each mortgage below.)

Principal balance of 1st mortgage on primary  
 personal residence \$ \_\_\_\_\_  
 Principal balance of 2nd mortgage on primary  
 personal residence \$ \_\_\_\_\_  
 Use of 2nd mortgage funds: \_\_\_\_\_  
 Principal balance of 1st mortgage on 2nd home  
 personal residence \$ \_\_\_\_\_  
 Private mortgage insurance (PMI, for a primary  
 or 2nd home bought in 2007 or later) \$ \_\_\_\_\_

Personal residence 1st mortgage interest &  
 points (on Form 1098) ..... \$ \_\_\_\_\_  
 Personal residence 2nd mortgage interest &  
 points reported on Form 1098 ..... \$ \_\_\_\_\_  
 Second home 1st mortgage interest &  
 points reported on Form 1098 ..... \$ \_\_\_\_\_  
 Investment interest (interest paid on loans  
 used to acquire investment property) ... \$ \_\_\_\_\_

**Checklist of Information Needed to Complete Your Tax Return**

If any item listed applies to you, check the box and attach the information

**Income Information**

- Wages (Form W-2)
- Interest Income (Form 1099-INT)
- Foreign bank accounts, income +/- or paid taxes
- Dividend Income (Form 1099-DIV)
- Stock Sale Information/Capital Gains (Form 1099-B)
  - Each stock sale: Date purchased, number of shares bought, amount paid
- Other Income
  - Alimony Received
  - Unemployment Compensation (Form 1099-G)
  - Debt Cancellation (Form 1099-C)
  - Disability Income
  - Jury Duty
  - Pension Distributions (Form 1099-R)
  - Social Security Benefits (Form 1099-SSA)
  - State / Local Refunds (Form 1099-G)
  - Gambling Income (Form W-2G)
  - Tip Income
  - Scholarships (Form 1098-T)
  - Education Savings Account Withdrawal (Form 1099-Q)
  - Bartering Income (Form 1099-B)
  - Achieving Better Life Experience Distrib. (Form 1099-QA)
- Small Business (self-employed or independent contractor business owner)
  - Business Income (Form 1099-MISC plus items not on 1099-MISC)
  - Business Expenses (Provide list or use the **Business Organizer**)
  - Vehicle Information
- Rental Property
  - Rental Income (Form 1099-MISC)
  - Related Expenses (Provide list or use the **Rental Property Organizer**)
- Schedules K-1 from Partnerships, S Corps, Trusts
- Sale of Real Estate not qualifying for Personal Residence Exemption
  - Closing Statement – Sale of Property
  - Closing Statement – Purchase of Property
  - List of additions/improvements while you owned the property
  - Forgiveness of Debt income (Form 1099-C or 1099-A)

**Deduction Information:**

- IRA Contributions
- SEP, Simple, Keogh Plans
- Student Loan Interest (Form 1098-E)
- Student Expenses (Forms 1098-T & 1099-Q)
- Alimony Paid (If Prior to 2018)
  - Recipient Name and SS #
- Mortgage Interest (Form 1098)
- Investment Interest
- Cash and Noncash Charitable Contributions
- Business or Disaster Casualty/Theft Loss
- Medical Expenses
  - Health Insurance
  - Out of Pocket Medical Expenses (& Form 1099-SA)
  - Forms 1095-A, 1095-B & 1095-C
  - Healthcare Market Place Exemption
  - Medical Account Contribution (Form 5498-SA)
  - ABLE Account Contribution (Form 5498-QA)
- Real Estate Taxes
- Other Taxes (including sales tax paid on the purchase of autos, boats and RVs for personal use)

**Credit and Additional Information:**

- Child Care Expenses
  - Provide name, address, SS# or EIN, and amount paid for each child
- Estimated tax payments (dates and amounts paid)
- Legal papers for adoption, divorce or separation involving custody of your dependant children
- Tuition Statements (Form 1098-T) & Education Expenses
- Copy of voided check (for direct deposit of refund)
- Copy of Identification (Driver's License, ID Card, Passport, etc.)
- Energy or electric vehicle tax credit information
- Closing statement for first-time or long-time

# Income Tax Questions (Page 5)

Please answer all questions and help us make sure we do not miss something important.

	Yes	No	Comments
<b>Tax Return Filing</b>			
Would you like to use an electronic (or digital) signature process for you to sign your e-file authorization Forms? .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you opt out of electronic (digital) signing, you will be provided with the e-file authorization form and each taxpayer will need to manually sign the paper form and return it to our office. Instructions for signing and returning the form will be provided upon delivery.			
If you would like to electronically (digitally) sign your tax return, each taxpayer is required to have a separate email. Please confirm the email addresses you want your e-signature forms to go:			
Taxpayer email address: _____			
Spouse's unique email address: _____			
We will be providing to you an electronic copy of your tax source documents you provided to us. They will be organized and available in our online Client Access along with your tax returns. Please indicate if you would still like us to return your source documents to you.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, please indicate how you would like them returned:			
<input type="checkbox"/> I will pick up <input type="checkbox"/> USPS mail (fee applies) <input type="checkbox"/> Priority mail with tracking (fee applies)			

**Additional Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_

(If not provided above)