

2023 Client Tax Organizer

Please complete this Organizer to make sure all items are filled in pertaining to you.

1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Home Phone
Email Address					

	Taxpayer	Spouse	Marital Status _____	
Blind	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married <input type="checkbox"/> Will file jointly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single	
Pres. Campaign Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Widow(er) date of spouse's death: _____	

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN

Please provide with your packet of information

- Last year's tax return (**new clients only**)
- Name and address label (from government booklet or card)

Copies of All statements (W- 2s, 1098s, 1099s, etc)

Please answer the following questions to determine maximum deductions.¹

- | | |
|---|---|
| <p>1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>2. Did you receive income from raising animals or crops? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>3. Did you receive rent from real estate or other property? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>5. Did you withdraw or write checks from a mutual fund? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have a foreign bank account, trust, or business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you receive any correspondence from the IRS or State Department of Taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you give a gift of more than \$17,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you have any debts cancelled, forgiven, or refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you go through bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. (a) If you paid rent, how much did you pay? _____
 (b) Was heat included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips.

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

11. Other Income

List All Other Income (including non-taxable) Alimony

Received _____
 Child Support Scholarship _____
 (Grants) _____
 Unemployment Compensation (repaid) _____
 Prizes, Bonuses, Awards _____
 Gambling, Lottery (expenses _____) _____
 Unreported Tips _____
 Director / Executor's Fee _____
 Commissions _____
 Jury Duty _____
 Worker's Compensation _____
 Disability Income _____
 Veteran's Pension _____
 Payments from Prior Installment Sale _____
 State Income Tax Refund _____
 Other _____
 Other _____

12. Medical/Dental Expenses

Medical Insurance Premiums _____
 (paid by you)
 Prescription Drugs _____
 Insulin _____
 Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Braces _____
 Medical Equipment, Supplies _____
 Nursing Care _____
 Medical Therapy _____
 Hospital _____
 Doctor/Dental/Orthodontist _____
 Mileage (no. of miles): x \$.22/mile _____

13. Taxes Paid

Real Property Tax (attach bills) _____
 Personal Property Tax _____
 Other _____

14. Interest Expense

Mortgage interest paid (attach 1098) _____
 Interest paid to individual for your
 home (include amortization schedule) _____
 Paid to:
 Name _____
 Address _____
 Social Security No. _____
 Investment Interest _____
 Premiums paid or accrued for qualified mortgage
 insurance. _____

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.
 Location of Property _____

 Description of Property _____

	Amount	Federally Declared Disaster Losses
Amount of Damage	_____	_____
Insurance Reimbursement	_____	_____
Repair Costs	_____	_____
Federal Grants Received	_____	_____

16. Charitable Contributions

	Amount
Church	_____
United Way	_____
Scouts	_____
Telethons	_____
University, Public TV/Radio	_____
Heart, Lung, Cancer, etc.	_____
Wildlife Fund	_____
Salvation Army, Goodwill	_____
Other	_____
Non-Cash	_____
Volunteer (no. of miles) _____ @ .14	\$ _____

17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

18. Job-Related Moving Expenses

If you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to a military or order

Date of move _____

Move Household Goods _____

Lodging During Move _____

Travel to New Home (no. of miles) _____

19. Employment Related Expenses That You Paid (Not self-employed)

If Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses. _____

Dues - Union, Professional _____

Books, Subscriptions, Supplies _____

Licenses _____

Tools, Equipment, Safety Equipment _____

Uniforms (include cleaning) _____

Sales Expense, Gifts _____

Tuition, Books (work related) _____

Entertainment _____

Office in home: _____

In Square a) Total home _____

Feet b) Office _____

c) Storage _____

Rent _____

Insurance _____

Utilities _____

Maintenance _____

20. Investment-Related Expenses State use only

Tax Preparation Fee _____

Safe Deposit Box Rental _____

Mutual Fund Fee _____

Investment Counselor _____

Other _____

21. Business Mileage

Do you have written records? Yes No

Did you sell or trade in a car used for business? Yes No

If yes, attach a copy of purchase agreement

Make/Year Vehicle _____

Date purchased _____

Total miles (personal & business) X \$.655 _____

Business miles (not to and from work) _____

From first to second job _____

Education (one way, work to school) _____

Job Seeking _____

Other Business _____

Round Trip commuting distance _____

Gas, Oil, Lubrication _____

Batteries, Tires, etc. _____

Repairs _____

Wash _____

Insurance _____

Interest _____

Lease payments _____

Garage Rent _____

22. Business Travel

If you are not reimbursed for exact amount, give total expenses. Airfare, _____

Train, etc. _____

Lodging _____

Meals (no. of days _____) _____

Taxi, Car Rental _____

Other _____

Reimbursement Received _____

23. Estimated Tax Paid

24. Other Deductions

Alimony Paid to

Due Date	Date Paid	Federal	State

Social Security No. _____ \$ _____
 Student Interest Paid \$ _____
 Health Savings Account Contributions \$ _____
 Archer Medical Savings Acct. Contributions \$ _____

25. Education Expenses

26. Questions, Comments, & Other Information

Student's Name	Type of Expense	Amount

Residence:

Town _____ County _____
 Village _____ School District _____
 City _____

27. Direct Deposit of Refund / or Savings Bond Purchases

Would you like to have your refund(s) directly deposited into your account? Yes No
(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)

ACCOUNT 1

Owner of account _____ Taxpayer Spouse Joint

Type of account Checking Traditional Savings Traditional IRA Roth IRA
 Treasury Direct Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

ACCOUNT 2

Owner of account _____ Taxpayer Spouse Joint

Type of account Checking Traditional Savings Traditional IRA Roth IRA
 Treasury Direct Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

ACCOUNT 3

Owner of account _____

Taxpayer Spouse Joint

Type of account Checking Traditional Savings Traditional IRA Roth IRA
 Treasury Direct Archer MSA Savings Coverdell Education Savings HSA Savings SEP

Name of financial institution _____

Financial Institution Routing Transit Number (_____

Your account number _____

Please enter all pertinent amounts. Make copies if needed for other entities.

Schedule C - Profit or Loss from Business

Name:

SSN/ITIN:

General Business Information

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?	Yes	No
This business was disposed of during 2023	Yes	No	You filed Forms 1099 for the individuals?	Yes	No
First Schedule C filing for this business	Yes	No	Subject to self-employment tax?	Yes	No
Did not "materially participate"	Yes	No	Investment?	Yes	No
Spouse owned, _____	Jointly owned	_____	Accounting Method: Cash _____	Accrual	_____

Income

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

Expenses

	2023	2023
Accounting	_____	Miscellaneous
Advertising	_____	Office Expense
Answering Service	_____	Outside services
Bad debts from sales or service	_____	Parking & Tolls
Bank Charges	_____	Pension, profit share contrib.
Car & truck expense (not entered elsewhere)	_____	Postage
Commissions	_____	Printing
Contract labor	_____	Rent
Delivery & freight	_____	Repairs
Dues & Subscriptions	_____	Security
Employee Benefit programs	_____	Supplies
Insurance (other than health)	_____	Taxes: property, payroll, sales, other
Mortgage interest	_____	Tools
Other interest	_____	Travel
Janitorial	_____	Total meals & entertainment (50%)
Laundry, cleaning, uniforms	_____	Utilities
Legal & Professional	_____	Wages

Cost of Goods Sold

	2023	2023
Inventory at beginning of year	_____	Materials & supplies
Purchases	_____	Other costs
Cost of personal use items	_____	Inventory at end of year
Cost of labor	_____	There was a change in inventory method
Inventory at the end of the year	_____	_____

Rental Property Tax Organizer

Rental Income and Expenses

Indicate type of property as 1 - Single Family Residence, 2 - Multi-Family Residence, 3 - Vacation/Short-Term Rental, 4 - Commercial, 5 - Land, 6 - Self-Rental, or 7 - Other (describe).

	<i>Property A</i>		<i>Property B</i>		<i>Property C</i>	
	Location of property:		Location of property:		Location of property:	
	Type		Type		Type	
	Any personal use? Yes No		Any personal use? Yes No		Any personal use? Yes No	
	<i>Fair Rental Days</i>	<i>Personal Use Days</i>	<i>Fair Rental Days</i>	<i>Personal Use Days</i>	<i>Fair Rental Days</i>	<i>Personal Use Days</i>
Date placed in service						
Rents received	\$			\$		
Expenses						
Advertising	\$			\$		
Cleaning and maintenance	\$			\$		
Commissions	\$			\$		
Insurance property/liability	\$			\$		
Legal and professional fees	\$			\$		
Management fees	\$			\$		
Mortgage interest paid to banks	\$			\$		
Other interest	\$			\$		
Repairs & maintenance	\$			\$		
Supplies	\$			\$		
Taxes property	\$			\$		
Utilities	\$			\$		
Lawn care	\$			\$		
Printing	\$			\$		
Travel, hotels, airfare, car rental	\$			\$		
Office expense	\$			\$		
Other ...	\$			\$		
	\$			\$		
	\$			\$		
	\$			\$		

Property Information

If this is your first year with our firm, please provide a depreciation schedule for all property placed in service before 2023.

Property Purchased. Treat the cost of improvements made to real property as the purchase of a new asset.

Asset	Date purchased	Cost	Date placed in service
		\$	
		\$	

Property Sold or Taken Out of Service

Asset	Date sold or taken out of service	Selling price	Trade in?
		\$	
		\$	

Please enter all pertinent 2023 amounts.

GENERAL INFORMATION

Principal product	
Employer ID number	

Agricultural activity code		
Accounting method: 1=cash, 2=accrual		
1=spouse, 2=joint		
1=farm rental (Form 4835)		
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other		
1=crop insurance proceeds election	If	
required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..	1=did not	
"materially participate" (Schedule F only)		
1=did not actively participate (Farm rental only)		
1=real estate professional (farm rental only)		
1=single member limited liability company		
% of ownership if not 100% (.xxxx) (Farm rental only)		

FARM INCOME

	2023 Amount
Cash method:	
Sales of livestock and other resale items	
Cost or basis of livestock or other resale items	
Sales of products raised	
Accrual method:	
Sales of livestock, produce, etc.	
Beginning inventory of livestock, etc.	
Cost of livestock, etc. purchased	
Ending inventory of livestock, etc.	
Other farm income:	
Total cooperative distributions	
Taxable cooperative distributions	
Total agricultural program payments (other than CRP)	
Taxable agricultural program payments (other than CRP)	
Total conservation reserve program payments	
Taxable conservation reserve program payments	
Commodity credit loans reported under election	
Total commodity credit loans forfeited or repaid	
Taxable commodity credit loans forfeited or repaid	
Total crop insurance proceeds received in 2023	
Taxable crop insurance proceeds received in 2023	
Taxable crop insurance proceeds deferred from 2019	
Custom hire (machine work) income not included above	

Adjustments to Schedule F Income

Gifts of grain or livestock to charity	\$ _____
Gifts of grain or livestock to others	\$ _____
Other and/or Payment in Kind	\$ _____
Breeding Livestock gross sales	\$ _____

Please enter all pertinent 2023 amounts.

FARM INCOME (continued)

Other income: 2023 Amount

FARM EXPENSES

- Car and truck expenses (not entered elsewhere)
- Chemicals
- Conservation expenses
- Custom hire (machine work)
- Employee benefit programs
- Feed purchased
- Fertilizers and lime
- Freight and trucking
- Gasoline, fuel, and oil
- Insurance (other than health)
- Mortgage interest (paid to banks, etc.)
- Other interest (not entered elsewhere)
- Labor hired
- Pension and profit sharing - contributions
- Pension and profit sharing plans - admin. and education costs
- Rent - vehicles, machinery, and equipment (not entered elsewhere)
- Rent - other (land, animals, etc.)
- Repairs and maintenance
- Seeds and plants purchased
- Storage and warehousing
- Supplies purchased
- Taxes (not entered elsewhere)
- Utilities
- Veterinary, breeding, and medicine
- Other expenses:

Adjustments to Schedule F Expenses

- Breeding livestock purchased \$ _____
- Cash wages and/or Payment in Kind paid to spouse \$ _____
- Rent paid to spouse \$ _____
- Health benefits paid to spouse \$ _____

NOTE: If you purchased or disposed of any business assets, please complete Page 3.

Please enter all pertinent 2023 amounts.

GENERAL INFORMATION

2023 Amount

Description of vehicle	
1=no evidence to support your deduction	
1=no written evidence to support your deduction	
1=vehicle is available for off-duty personal use	
1=no other vehicle is available for personal use	
1=vehicle used primarily by more than 5% owner	
Number of months of business use if changed from 100% personal use	

AUTOMOBILE MILEAGE

Total mileage (for the tax year)	
Business mileage	
Commuting mileage (for the tax year)	
Average daily round-trip commute	

ACTUAL EXPENSES

Parking fees and tolls (business portion only)	
Gasoline, lube, oil	
Repairs	
Tires	
Insurance	
Miscellaneous	
Auto license (other than personal property taxes)	
Interest (car loan) (for Schedule C, E & F)	
Vehicle rent or lease payments	

Please enter 2023 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

2023 Amount

- Form
Number of form (e.g., enter 2 for Schedule C number 2)
Business use area (square footage)
Total area of home (square footage)
Total hours facility used (for daycare facilities only)
Total hours available (if not 8,760)
Area of home included above used exclusively for daycare business, if any (sq ft)
% (.xx) or amount of gross income from home if not 100% (-1 if none)
% (.xx) or amount of expenses from home if not 100% (-1 if none)

Table with 2 columns for 2023 Amount, corresponding to the list items above.

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

- Mortgage interest
Real estate taxes
Casualty losses
Insurance
Miscellaneous
Rent
Repairs and maintenance
Utilities
Excess mortgage interest
Excess real estate taxes
Other indirect expenses:

Table with 2 columns for 2023 Amount, corresponding to the list items above.

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

- Mortgage interest
Real estate taxes
Casualty losses
Insurance
Miscellaneous
Rent
Repairs and maintenance
Utilities
Excess mortgage interest
Excess real estate taxes
Excess casualty losses
Allowable casualty losses
Other direct expenses:

Table with 2 columns for 2023 Amount, corresponding to the list items above.

