

2023 TAX ORGANIZER

SECTION 1—PERSONAL INFORMATION

Name: _____ Spouse: _____
 Phone: _____ Spouse Phone: _____
 Email: _____ Spouse Email: _____
 Occupation: _____ Spouse Occupation: _____
 DOB: _____ Spouse DOB: _____
 SSN: _____ Spouse SSN: _____
 Address: _____
 Children/Dependents: _____

NAME	SSN	DOB
NAME	SSN	DOB
NAME	SSN	DOB
NAME	SSN	DOB

How many dependent children attended a private school or were homeschooled (*not public remote learning*)? _____
 If a tax refund is issued, would you like direct deposit? (*please provide a voided check.*) Yes____ No____
 Would you prefer a paper copy or an electronic copy of your return? (*Additional copies available for a fee*) _____
 Would you prefer electronic signing (*DocuSign*) for your returns? Yes___ No___

SECTION 2—STATEMENTS AND FORMS (*Attach those that apply*)

- Wages (*W-2, 1099-NEC, 1099-MISC*)
- Interests & Dividends (*Bank or brokerage statements from payers.*)
- Gain or loss from sales of stock or other assets (*Statements from brokers, property closings for real estate.*)
- 1099-K
- Income from Pensions, IRA's or Social Security (*1099-R and SSA-1099*)
- Income from Partnerships, S Corporations, Estates & Trusts (*Schedule(s) K-1 from each business*)
- Educational Expenses (*1098-T*)
- Marketplace Health Insurance (Form 1095-A)

SECTION 3—OTHER INCOME

Unemployment Compensation/State Income Tax Refund (*Form 1099-G*): \$ _____
 Miscellaneous Income (*Jury Duty, Prizes*): \$ _____
 Gambling Winnings: \$ _____ Gambling Losses: \$ _____

SECTION 4— ESTIMATED TAXES PAID (NOT the payment paid with your last return)

FEDERAL	DATE PAID	AMOUNT
	DATE PAID	AMOUNT
	DATE PAID	AMOUNT
	DATE PAID	AMOUNT

STATE	DATE PAID	AMOUNT
	DATE PAID	AMOUNT
	DATE PAID	AMOUNT
	DATE PAID	AMOUNT

At any time during 2023, did you receive (as a reward, award, or payment), sell, send, exchange, gift, or otherwise dispose of any financial interest in virtual currency? Yes____ No____

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SECTION 5—DEDUCTIBLE EXPENSES

MEDICAL EXPENSES

Deductible—Portion that exceeds 7.5% of your adjusted gross income. OUT OF POCKET ONLY

Insurance (Health or Long-Term Care): \$ _____

Doctors Fees: \$ _____

Hospital Fees: \$ _____

Lab Fees: \$ _____

Eyeglasses: \$ _____

Prescription Drugs: \$ _____

Mileage : *Mileage log now required _____

Other Medical _____

TAXES (Estimated Taxes—See Below)

Real Estate Taxes—Personal Residence: \$ _____

Real Estate Taxes—Other: \$ _____

Excise Tax From Auto Registrations

(Include Copy of Registration Form): \$ _____

Sales Tax Paid on Large Item Purchases

(Car, Boat, Etc.) : \$ _____

INTEREST

Home Mortgage Interest

(Attach Form 1098 from bank) : \$ _____

Student Loan Interest

(Attach Form 1098-E): \$ _____

CHARITABLE CONTRIBUTIONS

Church or Other Non-Profit Organizations**

** (No Cash, Must have copy of check or receipt)

\$ _____

State Educational Institution (Include Name):

\$ _____

Non-Cash (Goodwill—Itemize list if over \$250 detail and amount.)

\$ _____

Mileage for Volunteering (14 cents/mile)

*Mileage log now required.

\$ _____

HOME RENT EXPENSE PAID (Indiana Residents Only)

Total Expense: \$ _____ Number of Months: _____

Same as Current Address? Yes No *If no, what is the new address?*

STREET CITY STATE ZIP CODE

Landlord Name: _____

Landlord Address: STREET CITY STATE ZIP CODE

SECTION 6- MISC. DEDUCTIONS & EXPENSES

IRA/SEP/SIMPLE Contributions: \$ _____ Spouse: \$ _____

HSA Contributions: \$ _____ Spouse: \$ _____

Did you contribute to a 529 Plan during the year? Yes No *If yes, how much?* _____

Child Care Expenses: \$ _____

Name of Caregiver: _____

Address of Caregiver: STREET CITY STATE ZIP CODE

Tax ID of Caregiver: _____

Name of Dependents: _____

Moving Expenses (MILITARY ONLY 17 cents/mile): \$ _____

Casualty & Theft Losses (Presidentially Declared Disaster Area/ Ponzi Schemes only): \$ _____

Adoption Expenses: \$ _____



2023 TAX ORGANIZER—BUSINESS

To share QuickBooks files, please contact our office for a Client Portal log in.

SECTION 7—SCHEDULE C—BUSINESS INCOME AND EXPENSES

Business Name: _____	Interest—Mortgage: \$ _____
Income: \$ _____	Interest—Other: \$ _____
Inventory—End of Year: \$ _____	Legal & Professional: \$ _____
Expenses: \$ _____	Office Expense: \$ _____
Materials/Inventory:\$ _____	Rent—Equipment Rental: \$ _____
Advertising: \$ _____	Repairs—Maintenance: \$ _____
Bank Charges: \$ _____	Misc. Supplies: \$ _____
Auto—Business Mileage*: _____	Subcontractors: \$ _____
<i>* Mileage Log Required</i>	Taxes: \$ _____
Total Mileage for Year (Business & Personal): _____	Travel: \$ _____
Year Vehicle Purchased: _____	Telephone—Utilities: \$ _____
Dues & Publications: \$ _____	Wages to Employees: \$ _____
Meals: \$ _____	Insurance (Excluding Health): : \$ _____
Equipment & Date Purchased: \$ _____	
Type of Business: _____	

SECTION 8—SCHEDULE E—RENTAL INCOME AND EXPENSES *Please complete 1 'Schedule E' per property.*

Property Address: _____	Interest—Other: \$ _____
	Legal & Professional: \$ _____
Income: \$ _____	Management Fees: \$ _____
Expenses: \$ _____	Office Expense: \$ _____
Advertising: \$ _____	Repairs: \$ _____
Auto—Business Mileage*: _____	Misc. Supplies: \$ _____
<i>* Mileage Log Required</i>	Taxes: \$ _____
Total Mileage for Year (Business & Personal): _____	Telephone: \$ _____
Year Vehicle Purchased: _____	Utilities: \$ _____
Cleaning—Maintenance: \$ _____	Furnishings (list) \$: _____
Commissions: \$ _____	
Insurance: \$ _____	Other (attach list): \$ _____
Interest—Mortgage: \$ _____	

SECTION 9—SCHEDULE F—FARM INCOME AND EXPENSES

Type of Business: _____	Insurance: \$ _____
Income: \$ _____	Interest—Mortgage: \$ _____
Sales: \$ _____	Interest—Other: \$ _____
Government Payments: \$ _____	Rent—Equipment Rental: \$ _____
Expenses: \$ _____	Repairs—Maintenance: \$ _____
Auto—Business Mileage*: _____	Seeds & Plants: \$ _____
<i>Mileage Log Required</i>	Storage: \$ _____
Total Mileage for Year (Business & Personal): _____	Misc. Supplies: \$ _____
Year Vehicle Purchased: _____	Taxes: \$ _____
Chemicals: \$ _____	Telephone—Utilities: \$ _____
Custom Hire—Subcontract: \$ _____	Equipment & Date Purchased (list): \$ _____
Feed: \$ _____	
Fertilizer:\$ _____	Gasoline: \$ _____