

## New Client 2023 Tax Organizer Personal Information

### Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

### Filing status at the end of 2023

- Single   
  Married   
  Widowed - If widowed and your spouse died in 2023, enter the date of death \_\_\_\_\_  
 Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2023? \_\_\_\_\_

**Yes    No**

- Are you or your spouse blind?  
  Are you or your spouse disabled?  
  Are you or your spouse a full-time student?  
  Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?  
  At any time during 2023 did you:  
     (a) receive (as a reward, award, or payment for property or service) a digital asset  
     (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)

### Identification Information

**PLEASE BRING YOUR IDENTIFICATION CARD WITH YOU**

<b>Taxpayer's type of photo ID</b> <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID Photo ID number _____ State photo ID was issued _____ Date photo ID was issued _____ Date photo ID expires _____	<b>Spouse's type of photo ID</b> <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID Photo ID number _____ State photo ID was issued _____ Date photo ID was issued _____ Date photo ID expires _____
---	---

### Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

### Appointment information

To schedule your appointment, please call 623-583-0113

**PLEASE PROVIDE US WITH A COMPLETE COPY OF YOUR PRIOR YEAR TAX RETURN BOTH FEDERAL AND STATE.**

2023

**Dependent and Other Information**

Name:

SSN:

**Dependent Information PLEASE PROVIDE COPIES OF THE DEPENDENT SOCIAL SECURITY CARD**

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

**Child and Other Dependent Care Expenses SOCIAL SECURITY OR EIN NUMBER IS REQUIRED**

Name of care provider	Address	SSN or EIN	Amount Paid

**Estimates**

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2022	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

2023 federal wages

TS

Employer name

PLEASE PROVIDE ALL PAGES OF YOUR W2 STATEMENT

Retirement

Provide all copies of Form 1099-R

2023 distribution

TS

Payer name

- Yes  No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
- Yes  No Did you use any of the distributions for disaster relief?

2023

**Income**

Name:

SSN:

**Dividend Income**

Provide all copies of Form 1099-DIV and other statements that report dividend income.

Account number		2023	2023
TSJ	Payer name	ordinary dividends	qualified dividends

PLEASE PROVIDE ALL PAGES OF YOUR 1099 STATEMENT

**Interest Income**

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

TSJ	Account number Payer name	2023 interest

PLEASE PROVIDE ALL PAGES OF YOUR 1099 STATEMENT

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Other Income and Adjustments

Name:

SSN:

Other Income

2023 Taxpayer

2023 Spouse

Social Security Benefits (attach Forms 1099-SSA) . . . . .

Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .

State income tax refund (attach Forms 1099-G) . . . . .

Alimony received  
 Divorce or separation date \_\_\_\_\_ Amount \_\_\_\_\_

Unemployment compensation (attach Forms 1099-G) . . . . .

Unemployment compensation repaid in 2023 . . . . .

Gambling winnings (attach Forms W2-G) . . . . .

Alaska Permanent Fund . . . . .

Jury duty pay . . . . .

ABLE distributions . . . . .

Scholarships or grants not reported on Form W-2 . . . . .

Other income: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE PROVIDE ALL PAGES OF YOUR 1099 STATEMENT

Adjustments

2023 Taxpayer

2023 Spouse

Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .

Contributions made to a Health Savings Account (HSA) . . . . .

Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .

Alimony paid  
 Name \_\_\_\_\_  
 SSN \_\_\_\_\_ Divorce or separation date \_\_\_\_\_

Name \_\_\_\_\_  
 SSN \_\_\_\_\_ Divorce or separation date \_\_\_\_\_

Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K . . . . .

Contributions made to an Individual Retirement Account (IRA) . . . . .

Contributions made to a Roth IRA . . . . .

Interest paid on a student loan . . . . .

Other adjustments: \_\_\_\_\_



Other Information

Name:

SSN:

Health Savings Account

PLEASE PROVIDE COMPLETE COPY OF 1099-SA

TS \_\_\_\_\_

The taxpayer's coverage is under a high-deductible health plan for:

- Taxpayer only
- Family

2023

HSA contributions made for 2023 . . . . . \_\_\_\_\_

Total distributions from all HSAs during 2023 . . . . . \_\_\_\_\_

Distributions included above that were rolled over into another account . . . . . \_\_\_\_\_

Qualified medical expenses paid using HSA distributions . . . . . \_\_\_\_\_

Education Expenses Provide all copies of Form 1098-T

Student name \_\_\_\_\_

Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_

Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Job-related Moving Expenses

Military Only

TSJ \_\_\_\_\_

- Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2023

Number of miles from old home to old workplace . . . . . \_\_\_\_\_

Number of miles from old home to new workplace . . . . . \_\_\_\_\_

Expenses to transport and store household goods and personal effects . . . . . \_\_\_\_\_

Travel and lodging expenses while traveling to your new home . . . . . \_\_\_\_\_

Other Information

Name:

SSN:

Mortgage Interest

Provide all copies of Form 1098

TSJ	Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid

PLEASE PROVIDE ALL PAGES OF YOUR 1098 STATEMENT

Employee Business Expenses

TS \_\_\_\_\_

Select if you are:

- A qualified performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed Forces reservist
- You are a member of the clergy

Select if you:

- Used your personal vehicle for your job during 2023

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation . . . . .	_____	_____
Meals . . . . .	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____
Other business expenses . . . . .	_____	_____

Casualties and Thefts

TSJ \_\_\_\_\_ FEMA code \_\_\_\_\_

TSJ \_\_\_\_\_ FEMA code \_\_\_\_\_

Property description \_\_\_\_\_

Property description \_\_\_\_\_

Property location \_\_\_\_\_

Property location \_\_\_\_\_

Date property was acquired \_\_\_\_\_

Date property was acquired \_\_\_\_\_

Date property was damaged or stolen \_\_\_\_\_

Date property was damaged or stolen \_\_\_\_\_

Cost of property damaged or stolen \_\_\_\_\_

Cost of property damaged or stolen \_\_\_\_\_

Fair market value before incident \_\_\_\_\_

Fair market value before incident \_\_\_\_\_

Fair market value after incident \_\_\_\_\_

Fair market value after incident \_\_\_\_\_

Insurance reimbursement \_\_\_\_\_

Insurance reimbursement \_\_\_\_\_



2023

**Schedule A - Itemized Deductions**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Medical and Dental Expenses**

Health insurance premiums (paid by you, not through work) \_\_\_\_\_  
 Amount that is for Medicare premiums \_\_\_\_\_  
 Long-term care premiums (you) \_\_\_\_\_  
 Long-term care premiums (your spouse) \_\_\_\_\_  
 Long-term care premiums (dependents) \_\_\_\_\_  
 Mileage driven for medical purposes \_\_\_\_\_  
 Out of pocket medical & dental expenses  
 Doctor, dental, etc \_\_\_\_\_  
 Prescription medicines \_\_\_\_\_  
 Glasses & contacts \_\_\_\_\_  
 Hearing aids \_\_\_\_\_  
 Medical equipment & supplies \_\_\_\_\_  
 Hospital services \_\_\_\_\_  
 Laboratory services \_\_\_\_\_  
 Nursing services \_\_\_\_\_  
 Other \_\_\_\_\_

**Taxes Paid**

State and local income taxes \_\_\_\_\_  
 General sales tax (vehicle, boat, home, etc.) \_\_\_\_\_  
 Real estate taxes \_\_\_\_\_  
 Personal property taxes \_\_\_\_\_  
 Auto registration taxes not deductible for state \_\_\_\_\_  
 Other taxes (list) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Interest Paid**

Home mortgage interest paid (attach Form 1098) \_\_\_\_\_  
 Some of your home mortgage loan was not used to buy, build, or improve your home.  
 Home mortgage interest paid to an individual \_\_\_\_\_  
 Paid to:  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 SSN or EIN \_\_\_\_\_  
 Points not reported on Form 1098 \_\_\_\_\_  
 Investment interest \_\_\_\_\_

**Charitable Contributions**

Donations to charity	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes \_\_\_\_\_

**Other Miscellaneous Deductions**

Amortizable bond premiums \_\_\_\_\_  
 Federal estate tax \_\_\_\_\_  
 Gambling losses \_\_\_\_\_  
 Impairment-related work expenses \_\_\_\_\_  
 Claim repayments \_\_\_\_\_  
 Unrecovered pension investments \_\_\_\_\_  
 Loss from other activities from Schedule K-1 \_\_\_\_\_  
 Ordinary loss debt instrument \_\_\_\_\_  
 Excess deduction on termination \_\_\_\_\_

**Job Expenses & Certain Miscellaneous Deductions**

Necessary job expenses you paid that were not reimbursed by your employer  
 Safety equipment, tools, & supplies \_\_\_\_\_  
 Uniforms \_\_\_\_\_  
 Protective clothing (shoes, hardhats, glasses, etc.) \_\_\_\_\_  
 Dues to professional organizations \_\_\_\_\_  
 Books & subscriptions \_\_\_\_\_  
 Other \_\_\_\_\_  
 Union dues \_\_\_\_\_  
 Tax preparation fees \_\_\_\_\_  
 Other nonpersonal expenses related to taxable income  
 Safe deposit box fees \_\_\_\_\_  
 Investment expenses not entered elsewhere \_\_\_\_\_  
 Other \_\_\_\_\_  
 Home equity interest \_\_\_\_\_

2023

**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Professional product or service \_\_\_\_\_ Employer ID number \_\_\_\_\_

Business name \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

Accounting Method:  Cash  Accrual  Other (specify) \_\_\_\_\_

This business started or was acquired during 2023.

This business was disposed of during 2023.

Select if this business is for:

Professional gambler

Newspaper delivery and you are under 18 years of age

Exempt Notary income

A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.

If "Yes," did you file Forms 1099 for the individuals?

You received a Employer Retention Credit payment in 2023?

If "Yes," how much for 2020 \$ \_\_\_\_\_ for 2021 \$ \_\_\_\_\_

**Income**

	<b>2023</b>		<b>2023</b>
Gross receipts or sales . . . . .	_____	Other income . . . . .	_____

Returns & allowances . . . . .	_____		_____
--------------------------------	-------	--	-------

**Expenses**

	<b>2023</b>		<b>2023</b>
Advertising . . . . .	_____	Repairs & maintenance . . . . .	_____

Car & truck expenses . . . . .	_____	Supplies . . . . .	_____
--------------------------------	-------	--------------------	-------

Commissions & fees . . . . .	_____	Taxes & licenses . . . . .	_____
------------------------------	-------	----------------------------	-------

Contract labor . . . . .	_____	Travel . . . . .	_____
--------------------------	-------	------------------	-------

Depletion . . . . .	_____	Total meals . . . . .	_____
---------------------	-------	-----------------------	-------

Employee benefit programs . . . . .	_____	Utilities . . . . .	_____
-------------------------------------	-------	---------------------	-------

Insurance (other than health) . . . . .	_____	Wages . . . . .	_____
---	-------	-----------------	-------

Interest - mortgage . . . . .	_____	Family health coverage payments for taxpayer, spouse or dependents . . . . .	_____
-------------------------------	-------	---	-------

Interest - other . . . . .	_____	Other expenses (list) . . . . .	_____
----------------------------	-------	---------------------------------	-------

Legal & professional services . . . . .	_____		_____
---	-------	--	-------

Office expenses . . . . .	_____		_____
---------------------------	-------	--	-------

Pension & profit sharing plans . . . . .	_____		_____
--	-------	--	-------

Rent or lease (vehicles, machinery, & equipment) . . . . .	_____		_____
---	-------	--	-------

Rent (other business property) . . . . .	_____		_____
--	-------	--	-------

**Cost of Goods Sold**

	<b>2023</b>		<b>2023</b>
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . .	_____

Purchases . . . . .	_____	Other costs . . . . .	_____
---------------------	-------	-----------------------	-------

Cost of personal use items . . . . .	_____	Inventory at end of year . . . . .	_____
--------------------------------------	-------	------------------------------------	-------

Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method.	
-------------------------	-------	--	--

**Expenses Related to Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Auto Expense**

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes No  
  Was this vehicle available for use during off-duty hours?  
  Was another vehicle is available for personal use?

Yes No  
  Do you have evidence to support your deduction?  
  If "Yes," is the evidence written?

**Mileage**

Number of miles the vehicle was driven during 2023

Business: \_\_\_\_\_ Commuting \_\_\_\_\_  
 Other \_\_\_\_\_

**Expenses**

Garage rent	_____	Repairs	_____
Gas	_____	Tires	_____
Insurance	_____	Tolls	_____
Licenses	_____	Lease addback	_____
Oil	_____	Other expenses	_____
Parking fees	_____		_____
Rental fees	_____		_____
Interest	_____		_____
Property tax	_____		_____

**Business Use of Home**

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest	_____	_____
Real estate taxes	_____	_____
Excess mortgage interest	_____	_____
Excess real estate taxes	_____	_____
Insurance	_____	_____
Rent	_____	_____
Repairs & maintenance	_____	_____
Utilities	_____	_____
Other expenses	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name:

SSN:

General Property Information

TSJ \_\_\_\_\_

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

Select the property type

Single family residence

Vacation / short-term rental

Land

Self-rental

Multi-family residence

Commercial

Royalties

Other \_\_\_\_\_

Number of days property was rented \_\_\_\_\_

Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

This property was placed in service during 2023.

Yes No

This property was disposed of during 2023.

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.

This property is your main home or second home.

If "Yes," did you file Forms 1099NEC for the individuals?

This property was owned as a qualified joint venture.

Income

2023

2023

Rent income . . . . . \_\_\_\_\_

Royalties from oil, gas, mineral, copyright or patent . . . . . \_\_\_\_\_

Expenses

Rental unit expenses

Rental and homeowner expenses

Advertising . . . . . \_\_\_\_\_

Auto & travel . . . . . \_\_\_\_\_

Cleaning & maintenance . . . . . \_\_\_\_\_

Commissions . . . . . \_\_\_\_\_

Insurance . . . . . \_\_\_\_\_

Legal & professional fees . . . . . \_\_\_\_\_

Management fees . . . . . \_\_\_\_\_

Mortgage interest . . . . . \_\_\_\_\_

Other interest . . . . . \_\_\_\_\_

Repairs . . . . . \_\_\_\_\_

Supplies . . . . . \_\_\_\_\_

Taxes . . . . . \_\_\_\_\_

Utilities . . . . . \_\_\_\_\_

Depletion . . . . . \_\_\_\_\_

Other expenses \_\_\_\_\_

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

**Sale of Capital Assets**

Name:

SSN:

**Sale of Capital Assets (not reported on Form 1099-B)**

Provide all brokerage statements

TSJ	Description of property	Date purchased	Date sold	Sales price	Cost

PLEASE PROVIDE ALL PAGES OF YOUR 1099 STATEMENT

**Installment Sale Income**

Description of property: \_\_\_\_\_

Date acquired _____	Date sold _____	2023	Prior years
Selling price .....		_____	_____
Mortgages assumed .....		_____	_____
Cost of property sold .....		_____	_____
Depreciation allowed .....		_____	_____
Commissions and expense of sale .....		_____	_____
Gross profit percentage .....		_____	_____
Interest received .....		_____	_____
Principal payments received .....		_____	_____
Property was sold to a related party <input type="checkbox"/>			

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

TSJ \_\_\_\_\_ Employer ID Number \_\_\_\_\_

Description \_\_\_\_\_

This farm was disposed of during 2023

Income

	2023		2023
Income from production of livestock, produce, grains, & other crops . . . . .	_____	Crop insurance proceeds:	
Total cooperative distributions . . . . .	_____	Amount received in 2023 . . . . .	_____
Total agricultural payments . . . . .	_____	<input type="checkbox"/> You elect to defer to 2024	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2022 . . . . .	_____
CCC loans reported . . . . .	_____	Other income . . . . .	_____
CCC loans forfeited . . . . .	_____		

Expenses

	2023		2023
Car & truck expenses . . . . .	_____	Seeds & plants purchased . . . . .	_____
Chemicals . . . . .	_____	Storage & warehousing . . . . .	_____
Conservation expenses . . . . .	_____	Supplies purchased . . . . .	_____
Custom hire (machine work) . . . . .	_____	Taxes . . . . .	_____
Employee benefit programs . . . . .	_____	Utilities . . . . .	_____
Feed purchased . . . . .	_____	Veterinary, breeding, & medicine . . . . .	_____
Fertilizers & lime . . . . .	_____	Other expenses	
Freight & trucking . . . . .	_____		
Gasoline, fuel, & oil . . . . .	_____		
Insurance (other than health) . . . . .	_____		
Interest - mortgage (paid to banks, etc.)	_____		
Interest - other . . . . .	_____		
Labor hired (less jobs credit) . . . . .	_____		
Pension & profit-sharing plans . . . . .	_____		
Rent - vehicles, machinery & equipment . . . . .	_____		
Rent - other (land, animals, etc.) . . . . .	_____		
Repairs & maintenance . . . . .	_____		

Schedule F - Profit or Loss from Farming

Name:

SSN:

General Information

TS \_\_\_\_\_ Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

Accounting method, if not cash:  Accrual

This farm was disposed of during 2023.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

You received a Employer Retention Credit payment in 2023?

If "Yes," how much for 2020 \$ \_\_\_\_\_ for 2021 \$ \_\_\_\_\_

Income

Table with 3 columns: Description, 2023, 2023. Rows include: Sale of livestock / other items, Cost of items bought for resale, Sale of products you raised, Total cooperative distributions (Provide 1099-PATR), Total agricultural payments, Commodity Credit Corporation (CCC) loans: CCC loans reported, CCC loans forfeited, Crop insurance proceeds: Amount received in 2023, Amount deferred from 2022, Custom hire income, Beginning inventory for accrual, Ending inventory for accrual, Other income.

Expenses

Table with 3 columns: Description, 2023, 2023. Rows include: Car & truck expenses, Chemicals, Conservation expenses, Custom hire (machine work), Employee benefit programs, Feed purchased, Fertilizers & lime, Freight & trucking, Gasoline, fuel, & oil, Insurance (other than health), Interest - mortgage (paid to banks, etc.), Interest - other, Non-W-2 labor hired, W-2 wages paid, Pension & profit-sharing plans, Rent - vehicles, machinery, & equipment, Rent - other (land, animals, etc.), Repairs & maintenance, Seeds & plants purchased, Storage & warehousing, Supplies purchased, Taxes, Utilities, Veterinary, breeding, & medicine, Family health coverage payments for taxpayer, spouse or dependents, Other expenses.