

TAX ORGANIZER

TAX YEAR 2023

Completion of this form is required.

If this is your first year with us please include a copy of last year's tax return.

Taxpayer & Spouse Information:

Name	Date of Birth	Social Security #	Occupation

Refund Delivery: On file, last 4 digits of acct # _____ New bank acct (voided check required)
 Paper check mailed

Filing Status:

Single Married Filing Joint Married Filing Separate Qualifying Surviving Spouse
 Head of Household (utility bill and rental/ mortgage agreement required by law) Dependent

Life Change:

New Address Change in Filing Status No Longer Dependent Change in Dependents
 Became Self-employed Retired in 2023 Renewed License: Issue and Expiration Dates _____

Contact Information:

Home Address			
Communication	Cell:	Work:	Email:

Qualified Dependents for the Purpose of Tax Credits:

Name	Date of Birth	Social Security #	Relationship	Months lived at home in 2023

Income:

(Please provide documentation for the following forms of income that apply to you.)

Salary, Wages (W-2) Foreign Assets over \$10,000 Retirement distributions (1099-R)
 Unemployment Compensation Interest (1099-INT) Trust/ Estate/ Partnership (K-1) Combat Pay
 Dividends (1099-DIV) Social Security Benefits Lottery Winnings Cryptocurrency
 Self-employed, Non-Employee- (1099-NEC) **Profit & Loss Statement or our Sch. C Organizer REQUIRED**
 Rental Property, Landlord- **Profit & Loss Statement or our Sch. E Organizer REQUIRED**
Bookkeeping will be an additional charge and we must have documentation by the end of January.
 Merchant Card, Third Party Network Payments (1099-K) Type of sales: Personal Business

Other Income:

(Please provide documentation for the following forms of income that apply to you.)

State Tax Refund Cancellation of Debt (1099-C, 1099-A) **Misc. Income** Alimony Rcvd (pre-2019)
 Investment/ Property Sale (1099-B, 1099-S) Tips Education Account (1099-Q) Hobby Income

Adjustments to Income:

Trad. Roth IRA Contributions \$ _____ Full-time Teacher Supplies \$ _____ Legally Blind

Misc. Credits:

*Residential Energy Credit: Item _____ Date Replaced _____ Purchase Price _____
 *Previously Owned Clean Vehicles Credit: Car Model & Year _____ Date Purchased _____
 *Replacement of Failed Septic System Credit (MA)
 Circuit Breaker Credit (MA) In a trust? Yes- Type of Trust _____ No
 Educational Credit (1098-T & detailed receipt) Full-Time Student First 4 years Post-Grad Degree
* Additional documentation will be required with necessary information to qualify.

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TAX YEAR 2023 (continued)

Estimated Quarterly Income Payments Paid:

	1 st QTR (4/15/2023)	2 nd QTR (6/15/2023)	3 rd QTR (9/15/2023)	4 th QTR (1/15/2024)
Federal Amount	\$	\$	\$	\$
State Amount	\$	\$	\$	\$

Medical & Dental:

Must exceed 7.5% of your adjusted gross income. Please have amounts totaled & receipts available.

Post-tax Health Ins	Long Term Care Insurance	Prescription	Dr/ Dental	Hospital	Med Miles Driven	Tolls/ Parking	Other
\$	\$	\$	\$	\$		\$	\$

Taxes Paid:

Subject to \$10,000 limit, please list all.

Real Estate Tax	Excise Tax	(65 yrs+) Water & Sewer	(65 yrs+) Value of Home:
\$	\$	\$	\$

Interest Paid:

Documentation required if you have refinanced, purchased, or sold a home.

Home Mortgage*	Home Equity/ 2 nd Mortgage*
\$	\$

*only used in the purchase & improvement of home

Out of State Purchases:

(with no sales tax paid)

2023 Total
\$

Contributions for Itemizing/ MA Deduction:

Receipts are required (If you contributed more than \$500 to one organization, please include: Name, Address & Date)

Cash or Check	Value of Clothing or Items (less than \$500)	Miles Driven for Charity
\$	\$	

Childcare Expenses:

ALL information is required.

Dependent's Name	Provider's Name	Childcare Address	ID#	Amount
				\$
				\$

Cryptocurrency:

"At any time during 2023, did you receive (as a reward, award, or payment for property or services); or sell, exchange, gift, or otherwise dispose of a digital asset (or financial interest in a digital asset)?" Yes No

MA Deductions:

Rent Paid in 2023	Fast Lane & Public Transportation	529 Plan Contributions
\$	\$	Amount \$
\$	\$	Quantity of Accts

Health Insurance:

1099-HC	
Medicare (No form of proof will be mailed)	
Marketplace/ Health Connector (1095-A IS REQUIRED FOR YOUR RETURN TO BE E-FILED)	
Partial Year Coverage (Provide exact months)	
No Health Ins. for any month in 2023	

Additional information or questions for the completion of your tax return:
