

## 2023 Tax Organizer

### Personal Information

#### Personal Information

|   | Name       | SSN           | Has<br>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 after December 31, 2021, 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

##### Taxpayer's type of photo ID

☐ Driver's license   ☐ State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

##### Spouse's type of photo ID

☐ Driver's license   ☐ 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<br>Routing Number | Bank<br>Account Number | Type of Account |         | Use this Account for |             |
|--------------|------------------------|------------------------|-----------------|---------|----------------------|-------------|
|              |                        |                        | Checking        | Savings | Deposits             | Withdrawals |
|              |                        |                        |                 |         |                      |             |
|              |                        |                        |                 |         |                      |             |

#### Appointment Information

Your 2023 appointment is scheduled for \_\_\_\_\_

Dependent and Other Information

Name:

SSN:

Dependent Information

| First and Last Name<br>SSN | Has<br>IP PIN | Relationship | Months<br>in<br>Home | Date of Birth | Disabled | Full-<br>time<br>Student | Childcare<br>Expenses |
|----------------------------|---------------|--------------|----------------------|---------------|----------|--------------------------|-----------------------|
|                            |               |              |                      |               |          |                          |                       |
|                            |               |              |                      |               |          |                          |                       |
|                            |               |              |                      |               |          |                          |                       |
|                            |               |              |                      |               |          |                          |                       |
|                            |               |              |                      |               |          |                          |                       |

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

Child and Other Dependent Care Expenses

| 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           |           |        |                |        |               |        |

## Checklist

Name:

SSN:

### Checklist

This checklist is provided to help you gather necessary information for us to prepare your 2023 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2022 tax year.

#### General Information and Prior Year Documentation

- ☐ Proof of identity for those claimed on the return (driver's license or state issued ID, Social Security card, birth certificates for children. etc.)
- ☐ Income tax returns from the prior two years  
If there were losses from business activities in prior years, include prior five years of returns instead of two
- ☐ Depreciation schedules from prior years for businesses, rentals, etc.

#### Current Year Income Documentation

- ☐ Wage and tax statements (Form W-2)
- ☐ Gambling income (Form W2-G)
- ☐ IRA distributions, pensions, and annuities (Form 1099-R)
- ☐ Dividend income (Form 1099-DIV)
- ☐ Interest income (Form 1099-INT)
- ☐ Miscellaneous income (Form 1099-MISC)
- ☐ Nonemployee compensation (Form 1099-NEC)
- ☐ Unemployment compensation and other government payments (Form 1099-G)
- ☐ Credit card, debit card, and third-party network transactions (Form 1099-K)
- ☐ Reportable payment transactions
- ☐ Social Security benefits (Form SSA-1099)
- ☐ Railroad retirement benefits (Form RRB-1099)
- ☐ Income from partnerships, S corporations, estates, and trusts (Schedule K-1)
  - ☐ Basis information for any partnerships and S corporations
- ☐ Documentation of brokerage transactions and disposition of capital assets (Form 1099-B)
- ☐ Proceeds from real estate transactions (Form 1099-S)
- ☐ Self-employed business income (Schedule C)
- ☐ Farm income (Schedule F)
- ☐ Farm rental income (Form 4835)
- ☐ Income from rental real estates and royalties (Schedule E)

#### Other Income (provide supporting documentation for income received for the following items)

- ☐ Sale of assets or property
- ☐ Cancellation of debt
- ☐ Other income \_\_\_\_\_

#### Payments (provide supporting documentation for payments made for the following items)

- ☐ Educator classroom expenses
- ☐ Employee business expenses
- ☐ Contributions to a Health Savings Account
- ☐ Expenses related to work relocation with the military
- ☐ Alimony
- ☐ Student loan interest
- ☐ Refunded student loan interest payments
- ☐ Student loan forgiveness
- ☐ Tuition and fees for higher education
- ☐ Expenses related to child or dependent care
- ☐ Contributions to a Retirement Savings Account
- ☐ Medical and dental expenses
- ☐ Real estate taxes
- ☐ Other state and local taxes

Checklist

Name:

SSN:

Checklist

- [ ] Mortgage interest
- [ ] Investment interest
- [ ] Cash contributions
- [ ] Noncash contributions (provide organization name)
- [ ] Unreimbursed employee expenses
- [ ] Investment expenses
- [ ] Gambling losses
- [ ] Other payments \_\_\_\_\_

## Schedule A - Itemized Deductions

Name:

SSN:

## Medical and Dental Expenses

Health insurance premiums  
(paid by you, not through work) . . . . . \_\_\_\_\_

Amount above 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 \_\_\_\_\_

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 &amp; 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 . . . . . \_\_\_\_\_

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?

☐ ☐ Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?

☐ ☐ If "Yes," was any portion of the loan forgiven in 2023?

Income

2023

2023

Gross receipts or sales . . . . . \_\_\_\_\_ Other income . . . . . \_\_\_\_\_

Returns & allowances . . . . . \_\_\_\_\_ \_\_\_\_\_

Expenses

2023

2023

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

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.

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 Yes No

☐ ☐ Was this vehicle available for use during off-duty hours? ☐ ☐ Do you have evidence to support your deduction?

☐ ☐ Was another vehicle available for personal use? ☐ ☐ If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2023

Business . . . . . Other . . . . .

Commuting . . . . .

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

☐ Multi-family residence

☐ Vacation / short-term rental

☐ Commercial

☐ Land

☐ Royalties

☐ Self-rental

☐ 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.

☐ This property was disposed of during 2023.

☐ This property is your main home or second home.

☐ This property was owned as a qualified joint venture.

Yes

No

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

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

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.

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N\_E.LD

## Name:

SSN:

## Schedule K-1 from Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]

Household Employment

Name:

SSN:

TSJ

Employer Identification Number

Yes

No

Did you pay any one household employee cash wages of \$2,600 or more in 2023?

Did you withhold federal income tax during 2023 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2023 by April 15, 2024?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2023

Total cash wages subject to Social Security tax

Total cash wages subject to Medicare tax

Total cash wages subject to Additional Medicare tax withholding

Federal income tax withheld

Qualified sick leave wages

Qualified family leave wages

Qualified health plan expenses

TSJ

Employer Identification Number

Yes

No

Did you pay any one household employee cash wages of \$2,600 or more in 2023?

Did you withhold federal income tax during 2023 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2023 by April 15, 2024?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2023

Total cash wages subject to Social Security tax

Total cash wages subject to Medicare tax

Total cash wages subject to Additional Medicare tax withholding

Federal income tax withheld

Qualified sick leave wages

Qualified family leave wages

Qualified health plan expenses