

## 2023 Tax Organizer



## Personal Information

Name		SSN	Has IP PIN	Date of Birth
Taxpayer			<input type="checkbox"/>	
Spouse			<input type="checkbox"/>	
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 Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appointment Information

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

### Dependent and Other Information

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

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

#### Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	

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	_____	_____	_____	_____	_____	_____









Other Income and Adjustments

Name:

SSN:

Other Income

Table with 3 columns: Description, 2023 Taxpayer, 2023 Spouse. Rows include Social Security Benefits, Railroad Retirement Benefits, State income tax refund, Alimony received, Unemployment compensation, Gambling winnings, Alaska Permanent Fund, Jury duty pay, ABLE distributions, Scholarships or grants not reported on Form W-2, and Other income.

Adjustments

Table with 3 columns: Description, 2023 Taxpayer, 2023 Spouse. Rows include Educator expenses, Contributions made to a Health Savings Account (HSA), Payments made for Self-Employed Health Insurance, Alimony paid (with Name and SSN fields), 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, and Other adjustments.

### 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 . . . . .	_____	<input type="checkbox"/> There was a change in inventory method.



## 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**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> 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 \_\_\_\_\_

- |  |                          |                          |  |
|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> This property was placed in service during 2023.      | Yes                      | No                       | Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.<br>If "Yes," did you file Forms 1099 for the individuals? |
| <input type="checkbox"/> This property was disposed of during 2023.            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> This property is your main home or second home.       | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> This property was owned as a qualified joint venture. | <input type="checkbox"/> | <input type="checkbox"/> |  |

### Income

	<b>2023</b>		<b>2023</b>
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.

### 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 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 . . . . . \_\_\_\_\_ 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 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 & 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 . . . . . \_\_\_\_\_

### 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

**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 _____

**Other Information**

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

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

**Health Savings Account**

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**

T SJ \_\_\_\_\_

- 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 . . . . . \_\_\_\_\_