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Personal Organizer

This checklist will serve as a guide in assembling your tax data and help you take advantage of all allowable deductions for tax preparation.

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TAX YEAR ENDED 2023

TAXPAYER BACKGROUND INFORMATION (FOR NEW CLIENTS AND CHANGES FOR CURRENT CLIENTS)

(T) Taxpayer's Full Name
(S) Spouse's Full Name
Address Apt. #
City State Zip
Same address as last year: Yes No
T Social Security # S Social Security #
T Date of Birth S Date of Birth
T Occupation S Occupation
Home Phone # Work Phone #
Work Phone # Fax #(s)
E-mail address E-mail address

DEPENDENTS

Table with 4 columns: Name, Birth Date, Social Security #, Relationship

INDIVIDUAL ESTIMATED TAX PAID (please provide us documentation of payments)
DO NOT INCLUDE WITHHOLDING FROM SALARIES

Table with 6 columns: Qtr pymt, IRS, State, Date paid, IRS, State

WAGES FROM W-2'S

(Please enclose all copies of W-2 Forms received.)

PENSION, ANNUITY, INTEREST & DIVIDEND INCOME, & IRS DISTRIBUTIONS

(Please enclose all 1099 Forms received.)

UNEMPLOYMENT & SOCIAL SECURITY INCOME

(Please enclose government forms received.)

CAPITAL GAIN(S)/LOSS(ES)

(Please enclose 1099B Forms received and purchase details.)

OTHER INCOME

Table with 3 columns: T/S/J, Sources, \$
Prizes and awards
Royalties
Honorariums
Alimony received (No Child Support)
Other: Please Itemize
Do you have any expenses to offset other income Yes No

Name: _____

Tax Year: 2023

ADJUSTMENTS

<u>T/S/J</u>	Source	
_____	Regular IRA Contributions (not included on W-2)	\$ _____
_____	Educator Expense	\$ _____
_____	Medical Savings Accounts or Health Savings Contributions	\$ _____
_____	Moving Expense (Military) (provide detail)	\$ _____
_____	*Alimony Paid to: _____	\$ _____
	Recipient's Social Security #: _____	

***NOTE: Does not apply to alimony initiated after 1/1/19**

Note: A contribution to an IRA by April 15th may apply for the previous year.

**ITEMIZED DEDUCTIONS
MEDICAL EXPENSES**

Medical Insurance Premium (including Medicare supplement, if retired) not paid by employer or not withheld from your paycheck	\$ _____
Prescriptions and eyeglasses not reimbursed by your medical insurance	\$ _____
Doctors and hospitals not reimbursed by your medical insurance	\$ _____
Auto mileage for medical purposes	_____
Other (please explain)	\$ _____

TAXES

Sales Tax (If you bought any type of vehicle, please include invoices/documentation)	\$ _____
Real Estate (enclose Form 1098 from mortgage company) or tax payment receipt	\$ _____
Other taxes (please explain) personal property, etc.	\$ _____

INTEREST

Personal home interest - principal home (enclose Form 1098)	\$ _____
Equity Line Interest or Second Mortgage	\$ _____
Personal home interest - 2nd home (enclose Form 1098) (includes certain boats)	\$ _____
Personal investment interest expense	\$ _____

Note: If you sold or purchased your home during the year, please provide copies of the settlement statements.

CONTRIBUTIONS-If over \$500 please provide detailed list of each contribution

By cash or check: Church(es) <u>Taxpayer must have receipts or cancelled checks</u>	\$ _____
By cash or check: Charities <u>please provide statements for all contributions listed here</u>	\$ _____
Non-cash - volunteer travel expenses	\$ _____
Non-cash - supplies for church or charity	\$ _____
Non-cash mileage for volunteer work	\$ _____
Non-cash - fair market value of clothing, furniture, real estate, etc.	\$ _____

EDUCATION CREDITS

Name of Student: _____ (Provide Form 1098T)

Year of College: (Circle one) FR SO JR SR Training Program Post-Graduate

Tuition and fees \$ _____ Date paid: _____

Student loan interest paid \$ _____

Payee _____

Educational Expense **Please separate expense by each student**

Tuition and fees	\$ _____	Transportation	\$ _____
Books and supplies	\$ _____	Lodging	\$ _____
Auto travel (miles)	\$ _____	Meals	\$ _____

Courses taken: _____

CHILD CARE CREDIT

Name of Dependent	Age	Relationship	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Information on Child Care Provider is required:

Provider's name: _____

Address: _____

Federal ID or Social Security #: _____

HOME OFFICE INFORMATION

**Please use a separate page for each business activity
one separate page for self-employed business expenses).**

Home Office Expenses (if applicable)

Do you rent your home? (Circle one) Yes No

If you own your own home, date of purchase _____

Purchase price \$ _____

Total square footage of home _____

Square footage of office and product area _____

Is office space used exclusively for business? Yes _____ No _____ (if no stop

Is home office for convenience of employer? Yes _____ No _____ (if no stop

Do you received any rents from your employer for your office in home? Yes _____ No _____

Type of Expense - Indirect (Please provide total amounts paid for the entire house)

Rent paid \$ _____ Interest \$ _____

Insurance \$ _____ Taxes \$ _____

Utilities (gas, electric, etc.) \$ _____

Repairs and Upkeep \$ _____ **Building**

Building Improvements \$ _____

Type of Expense - Direct

R & M on Office Area \$ _____

Supplies for Office Area \$ _____

Furnishing for Office Area \$ _____

Auto Expenses -- See Business Organizer (for Schedule C clients)

Name: _____

Tax Year: 2023

RENTAL PROPERTY INFORMATION

(Use separate sheet for each property.)

Type and location of rental property:

How many rental days: _____

What services do you provide (such as breakfast, daily room cleaning, laundry etc) _____

How many rooms have you dedicated in your home solely for use of paying customers and never lived in those rooms personally. _____

Was property used for personal purposes more than 14 days or 10% of total days rented in tax year? Yes No

Number of days used personally (Not including days spent working on the property) _____

Rent received, including sales tax, if applicable \$ _____

Date of purchase _____

Purchase price \$ _____

If property was purchased or sold in 2023, please provide settlement statement

Cost of improvements made this tax year:

Type	Date	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(If additional space needed, please use separate sheet.)

RENTAL INCOME \$ _____

Expenses:

Association Fees	\$ _____	Office supplies/postage	\$ _____
Advertising	\$ _____	Pest control	\$ _____
Auto mileage (# OF MILES)	\$ _____	Repairs	\$ _____
Cleaning and maintenance	\$ _____	Sales tax	\$ _____
Commissions	\$ _____	Supplies	\$ _____
Decorating/painting	\$ _____	Special Assessments	\$ _____
Insurance	\$ _____	Taxes (real estate)	\$ _____
Lawn care	\$ _____	Trash Disposal	\$ _____
Legal/professional fees	\$ _____	Travel away from home	\$ _____
Licenses	\$ _____	Utilities	\$ _____
Management fees	\$ _____	Other: Provide Description	_____
Mortgage interest paid to banks, etc.	\$ _____		

Do you actively participate in this activity?

Yes _____ No _____ More than 100 hrs

Yes _____ No _____ More than 500 hrs

Yes _____ No _____ More than 750 hrs