The section to enter your Personal Information and the General Tax Return Questions are now located in the "CLIENT QUESTIONNAIRE". Please complete that document in addition to this Organizer.

COMPLETING THIS ORGANIZER IS OPTIONAL AND MAY ASSIST YOU IN GATHERING YOUR TAX RETURN INFORMATION & DOCUMENTS

INCOME

Indicat	te if you received any of the following and supply the required documentation:
\square W	/ages – provide Form W-2 for each job
\square So	ocial Security Income – provide Form 1099-SSA
\square U	nemployment Income - provide Form 1099-G
□н	ISA Distributions – provide Form 1099-SA
□ Pe	ension or Annuity Income – provide Form 1099-R for each account
	RA Income – provide Form 1099-R for each account & year-end IRA statement(s) howing the fair market value on December 31, 2022
\square R	etirement Plan Transfer or Rollover - provide Form 1099-Rs
\square R	oth IRA Conversion - provide details and Form 1099Rs
□In	nterest Income – provide Form 1099-INT for each account
\square D	vividend Income – provide Form 1099-DIV for each account
	tock Sale, Digital Assets, or other Investment Property Sales- provide Form 1099-B or each account
□In	nvestment/Brokerage Account - provide <i>entire copy</i> of Form 1099 for each account
□о	wnership in Partnership, LLC's, Estate or S-Corporation – provide all Schedule K-1s
\square R	oyalty Income - provide statement or information received
	ent Income – provide completed <u>Rental Property Organizer</u> or your own schedule/list of income & expense details
	arm Income - provide completed <u>Farm Organizer</u> or your own schedule/list of income & expense details
	usiness Income – provide completed <u>Business Organizer</u> or your own schedule/list of income & expense details

Did you receive any income that you did not receive a tax document for?
□ Yes □ No
If yes, please specify and supply additional information, if applicable
☐ Alimony Income
☐ Jury Duty Pay
□ Other, please list:
Source:Amount:
Source:Amount:
Source:Amount:
EDUCATION EXPENSES AND CREDITS
College Expenses: Please provide Form 1098-T from the educational institution to claim any education credits.
Student Loan Interest Paid: Please provide form 1098
If you or your dependent received distributions from a Section 529 (Edvest) Program, please provide the Form 1099-Q Were all distributions used to pay for either tuition & fees, room & board or books & other required material? □ Yes □ No If no, please explain:
Section 529 Program (Edvest): If you contributed to a Section 529 Program for yourself or anyone else in 2023, please complete the following:
Beneficiary Name: Amount Contributed:
Are you the owner of the Edvest or College Savings Account: ☐ Yes ☐ No If no, provide name & address of account owner:
Amount Contributed by <i>Others</i> for 2023:
Beneficiary Name: Amount Contributed:
Are you the owner of the Edvest or College Savings Account: \square Yes \square No If no, provide name & address of account owner:
Amount Contributed by <i>Others</i> for 2023:

RETIREMENT

Important: If you are waiting to decide on a retirement plan contribution based upon your tax return, be sure you let us know when you submit your tax information, so we can discuss your options before we finalize your return.

<i>Have you</i> contributed or <i>do you plan</i>	n to contribute to any of the following for 2023?			
\square Yes \square No (if you did not make the	contribution yet, please do not list a date contributed)			
☐ Traditional IRA				
☐ Taxpayer: Amount:	Date Contributed:			
☐ Spouse: Amount:	Date Contributed:			
\square Non-Deductible Traditional IRA				
☐ Taxpayer: Amount:	Date Contributed:			
☐ Spouse: Amount:	Date Contributed:			
□ Roth IRA				
☐ Taxpayer: Amount:	Date Contributed:			
☐ Spouse: Amount:	Date Contributed:			
\square Self-Employed (SEP) IRA				
☐ Taxpayer: Amount:	Date Contributed:			
☐ Spouse: Amount:	Date Contributed:			
DEDUCTIONS/CREDITS/EXPENSES				
DEDUCTIONS/ CREDITS/ EAT ENSES				
Have you contributed or do you plan	to contribute to a Health Savings Account for 2023?			
	contribution yet, please do not list a date contributed)			
_ 100 _ 110 (12) 011 110 110 110 110 110 110 110 110 1	y et, premee de riet a date correspondent			
□ Taxnaver: Amount:	_ Date Contributed:			
	Date Contributed:			
in opouse. I miount.				
Did you pay for Dependent Care Exp	oenses in 2023? □ Yes □ No			
	com the provider or list details below:			
,, p	P- 0 - 100 -			
Child Name:	Amount Paid:			
Provider Name: Provider ID:				
Provider Address:				
Child Name:	Amount Paid:			
Provider Name: Provider ID:				
Provider Address:				

Medical/Vision/Dental			
	not list pre-tax premiums, Marketpla	ce premiums	
	om your Social Security income) □ Prescription:		
	□ Vision:		
☐ LT Care (taxpayer):			
☐ LT Care (spouse):			
Other:			
☐ Out of Pocket Expenses	_		
	🗆 Dental:		
	🗆 Prescriptions:		
	sing Home:		
□ Miles:	□ Other:		
_			
Taxes	1		
☐ Real Estate (list taxes <u>pai</u>	_		
☐ Home:			
☐ Cottage:			
☐ Vacation Home:			
□ Other:			
\square Sales Taxes on major pur	chases		
□ Item:	☐ Item: Tax Paid:		
□ Item:	Tax Paid:		
Mortgage interest	1000		
☐ Residence - provide Form			
9 .	nd Home – provide Forms 1098		
☐ Home Equity Line of Cred build or improve home)	lit (can only be deducted if funds we - provide Forms 1098	re used to buy,	

Charity					
-	paid by cash or check) - provid	le receipts or list below if			
·	you have receipts to substantiate				
☐ Charity:	Amount Given:				
☐ Charity:	Amount Given:				
☐ Charity:	Amount Given:				
☐ Charity:	Amount Given:				
expenses, charitable otherwise it will not l		eipts, you must list a value -			
	Description:				
☐ Charity:	Description:	Value:			
☐ Charity:	Description:	Value:			
☐ Charity:	Description:	Value:			
	Date of Di SSN:				
review or something you wis	se let us know if there is anything to discuss before or while we hen we start working on your to	are working on your			

WISCONSIN SPECIFIC ITEMS

Rent paid for personal residence in 2023	
Amount \$ Was heat in	cluded in the rent? \square Yes \square No
Total amount of purchases you made (eit not pay Wisconsin sales tax on - Amou	her online or out of state) in which you did nt \$
located in Wisconsin Name & Address of School:	
School Tax ID Number:	
	Grade Attended: Grade Attended:
	Grade Attended:
If you would you like to donate to any of Tax Return, please list the donation an	0 0.
Wisconsin Endangered Resources \$	
Cancer Research \$ Veteran's Trust Fund \$ Multiple Sclerosis \$	
Military Family Relief \$	
Second Harvest/Feeding America \$	
Red Cross Disaster Relief \$	
Special Olympics - WI \$	