

INCOME TAX ORGANIZER FOR TAX YEAR 2023

[Empty rectangular box for tax information]

We're providing this organizer to assist you in compiling your tax information for 2023. The enclosed pages include information from last year's tax return and spaces in which to write current year information and any questions or comments you have for us. We appreciate the opportunity to serve you.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:

[Empty rectangular box for contact information]

GENERAL INFORMATION

**2023
(MAIN INFO)**

Taxpayer's First Name _____	M.I. _____	Spouse's First Name _____	Spouse's M.I. _____
Taxpayer's Last Name _____	Suffix _____	Spouse's Last Name (if different) _____	
Taxpayer's Social Security Number _____		Spouse's Social Security Number _____	
Present Home Address _____		City, State, Zip Code _____	
E-Mail Address _____			

Filing Status: Please Check One

Single
 Married Filing Joint
 Married Filing Separately
 Head of Household
 Qualifying Widow(er)

If you selected head of household and have no dependents, list the name _____ and Social Security number _____ of your qualified child who lives with you and qualifies you for this status.

Dependents/Nondependents Qualifying for Child Care and/or EIC

Note: If any children listed below are nondependents then mark an 'X' in the column listed "Non Dep."

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months in home	Non Dep.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you are claiming as a dependent a child who did not live with you, check the documents that substantiate this claim:

Pre-1985 divorce or separation agreement
 Signed Form 8332
 Post-1984 divorce or separation agreement WITHOUT CONDITIONS

Taxpayer's Birth Date _____	Spouse's Birth Date _____
Taxpayer's Occupation _____	Spouse's Occupation _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
Cell/FAX Phone _____	Cell/FAX Phone _____

State of Residency:(2-Letter Abbreviation) _____ State of Part-year Residency _____ 2nd State of Part-year Residency _____

Please use the following space for any comments you wish to make to your preparer.

W-2 INCOME

2023
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

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City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

* Please include a W-2 from each of your 2023 employers.

PENSION AND RETIREMENT INCOME

2023
(1099R)

PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

* Please include any 1099's and other 2022 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

SOCIAL SECURITY BENEFITS

(1040 WKT)

2023 AMOUNTS

Taxpayer Amount \$ _____

Spouse Amount \$ _____

2022 TOTAL AMOUNT

CHILD AND DEPENDENT CARE EXPENSES

2023
(2441)

Please list all care providers and the amounts paid to them in 2023. Any information from the prior year is shown below.

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ 2022 AMOUNT \$ _____

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ 2022 AMOUNT \$ _____

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ 2022 AMOUNT \$ _____

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ 2022 AMOUNT \$ _____

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ 2022 AMOUNT \$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*You may change or delete any information that does not apply to the current year.

PARTNERSHIP AND S-CORPORATION INCOME

2023
(K-1 P/S)

Your 2022 K-1 information is shown below.

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
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Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

* Please attach all K-1 schedules received for 2023.

ITEMIZED DEDUCTIONS

**2023
(SCH A)**

	*T,S,J	2023	2022
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
Number of medical miles	---	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes	---	_____	_____
Personal property taxes	---	_____	_____
Other _____	---	_____	_____
INTEREST PAID			
Home mortgage interest	---	_____	_____
Points paid in purchasing new home	---	_____	_____
Investment interest expense	---	_____	_____
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
Non-cash	---	_____	_____
Number of charity miles	---	_____	_____

RENTAL REAL ESTATE AND ROYALTIES

2023
(SCH E)

KIND OF PROPERTY LOCATION OF PROPERTY CITY STATE ZIP	Property A		Property B		Property C	
INCOME	2023	2022	2023	2022	2023	2022
Rent received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2023						
Did you actively participate in this venture?						
Did you use this property for personal use?						

RENTAL REAL ESTATE AND ROYALTIES

2023
(SCH E-DUP)

KIND OF PROPERTY LOCATION OF PROPERTY CITY STATE ZIP	Property A		Property B		Property C	
	2023	2022	2023	2022	2023	2022
INCOME						
Rent received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2023						
Did you actively participate in this venture?						
Did you use this property for personal use?						