

MARTIAL STATUS:		SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>
New clients, how did you hear about us?		Who referred you?	

1. TAXPAYER INFORMATION				SPOUSE INFORMATION			
Name (First, Initial, Last Name)				Name (First, Initial, Last Name)			
SSN	Date of Birth			SSN	Date of Birth		
Driver License/State ID #	State	ISS Date	Exp Date	Driver License/State ID#	State	ISS Date	Exp Date
Occupation - Job Title <div style="text-align: right;">Disabled <input type="checkbox"/></div>				Occupation - Job Title <div style="text-align: right;">Disabled <input type="checkbox"/></div>			
Cell Phone	Alternate Phone			Cell Phone	Alternate Phone		
May we contact you by text message? Yes <input type="checkbox"/> No <input type="checkbox"/>				May we contact you by text message? Yes <input type="checkbox"/> No <input type="checkbox"/>			
E-Mail Address				E-Mail Address			
Mailing Address			Apt #	City		State	Zip
Did you live at this address all year?.....Yes No				2023 Move Date:		Indicate Previous Address Below:	
Mailing Address			Apt #	City		State	Zip

DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? (All that apply)		
<ul style="list-style-type: none"> Form 1095-A (Market Place Insurance) Sale of Virtual Currency or Crypto Wages - W2's Social Security Benefits Self-Employment (Complete SE Form) Pension & Annuities Distribution Interest Dividends Gambling Winnings Did you Convert or Contribute to IRA/SEP to Roth IRA (or rollover)? 	<ul style="list-style-type: none"> Unemployment Sale/Refinance of Real Estate Sale of Stocks Debt Cancellation Child Care Expenses Marital Status Change in 2023? College Tuition Student Loan Interest Worker's Compensation 	<ul style="list-style-type: none"> Medical Expenses. Where you Claimed as a Dependent? Mortgage Interest Real Estate Taxes Charitable Donations Energy Efficient Purchases Any foreign income/assets ? 1099-K (Personal or Business) Other Taxable or Non-Taxable Income

DEPENDENT INFORMATION						
First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Disabled <input type="checkbox"/>	College Student <input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>

2. INCOME INFORMATION

Type of Income	IRS Form (s) to Attach	# of Forms Attached	Comments or Notes (optional)
Wages or Salary Income	Form (s) W-2		
Interest Income	Forms (S) 1099-INT -Broker Statements		
Dividend Income	Forms(s) 1099-Div -Broker Statements		
State Refund from Prior Year	Form (s) 1099 G - Box 2		
Alimony If Divorced Prior to 2017	No Specific Form - Indicate Total		
Business Income/Loss	Schedule C, 1099-MISC, 1099-NEC		
Investment Sold - Stock/Crypto	Form (s) 1099-B -Broker Statements		
Pensions, Annuities, or IRA's	Form (s) 1099-R		
Rental Income	No Specific Form - Complete Page 4		
Partnership, Trust, Estate Income	Form (s) K-1		
Unemployment Compensation	Form (s) 1099-G Box 1		
Social Security/Railroad Benefits	Form (s) 1099-SSA, 1099-RRB		
Gambling Income/Prizes/Award	Form (s) W-2G		Gambling Losses/Expenses
Jury Duty Pay	Form (s) 1099 or Letter from the court		
Cancellation of Debt	Form (s) 1099-A or 1099-C		
Taxable Scholarships/Fellowships	No Specific Form or Form (s) 1099		
Foreign Income	Employer or Other Statement		
Disability Income	Form (s) W2 or Statement		
Health Savings Account HSA/MSA Withdrawal - Form 1099-SA			Went towards medical expenses? Yes NO
529 Education Plan Withdrawal - Form 1099-Q			Went towards education expenses? Yes NO

3. ADJUSTMENTS TO INCOME

	Taxpayer	Spouse
Educator Expenses - Out of Pocket Classroom Expenses Teachers Only up to \$300		
Out of Pocket Expenses for Reservists - To the extend over military allowance		
Health Savings Account Paid Out of Pocket - Not Included on W2		
Out of Pocket Moving Expenses for Military Personell - To the Extend over military allowance		
Self-Employed Health Insurance Payments - Only if Paid Out of Pocket		
Student Loan Interest Deduction Form 1098-E - Income Limits Apply		
Archer MSAs and Long-Term Care Insurance Contracts		
Traditional IRA Contribution- \$6,500 (\$7,500 for Individuals Over 50) - Income Limits Apply		
Roth IRA Contribution- Income Limits Apply		
Converted to Roth IRA - Form 1099R and Form 5498		
Self-Employed SEP, SIMPLE, or 401K Plan Contributions		

Alimony - Please Complete all information below, otherwise it cannot be deducted - Divorced Prior to 2017 Only

Alimony Paid (If Divorced prior 2017)- Divorce Date: _____ Paid to Name: _____

Alimony Amount Paid: _____ Social Security Number: _____

4. DEDUCTIONS

Please Do Not Upload Receipts (additional tax prep fees applicable for reconciling receipts) Enter Below

The Amount over 7.5 % of your adjusted Gross income can be claimed. If you made \$75K, you will need at least \$5,625 medical cost to qualify. etc.

Medical/Dental Expenses	Amount	Notes
Medical and Dental Insurance - not included in W2		
Amount Paid to Doctor, Dentists, Eye Dr., etc.		
Prescription Medicine, Drugs, or Insulin		
X-Ray, Lab Work, Insulin Treatment, etc.		
Nursing Help (not for healthy baby or house work)		
Hospital care including meals and lodging		
Medical Treatment for Drug/Alcohol Addiction		
Medical Aids (Crutches, Hearing Aids, Wheelchairs, etc.)		
Qualified Long-Term Care Insurance Contracts		
Other Medical Expenses		
Medical Miles Driven		

Taxes You Paid	Amount	Notes
2022 State Taxes Paid (prior year owed) in 2023-IRS Paid Not Applicable		
Real Estate Tax Paid-Primary Residence Only - Form 1098		
State/Local Property Tax (Car, Motorcycle, Boat, etc.)		

Interest You Paid	Amount	Notes
Mortgage Interest & Points - Primary Residence Form 1098		

Charitable Donations

Please Do Not Upload Receipts - List Below

Cash & Check Donations		
Total Amount Donated		Charitable Mileage
Non-Cash Donations		
Please Complete All fields, otherwise not deductible		
1. Organization Name	Organization Address	
Description	Date of Contribution	
Donation Value	Cost Basis	Date Acquired
2. Organization Name	Organization Address	
Description	Date of Contribution	
Donation Value	Cost Basis	Date Acquired
3. Organization Name	Organization Address	
Description	Date of Contribution	
Donation Value	Cost Basis	Date Acquired
4. Organization Name	Organization Address	
Description	Date of Contribution	
Donation Value	Cost Basis	Date Acquired

CHILD CARE EXPENSES**Child/Dependent Care Credit**

Please Complete All fields, otherwise not deductible

1. Child's Name

Daycare Name

Daycare Provider SSN/EIN

Daycare Address

Total Amount Paid

2. Child's Name

Daycare Name

Daycare Provider SSN/EIN

Daycare Address

Total Amount Paid

3. Child's Name

Daycare Name

Daycare Provider SSN/EIN

Daycare Address

Total Amount Paid

4. Child's Name

Daycare Name

Daycare Provider SSN/EIN

Daycare Address

Total Amount Paid

5. Child's Name

Daycare Name

Daycare Provider SSN/EIN

Daycare Address

Total Amount Paid

EDUCATION CREDITS**College Tuition & Expenses - Form 1098-T Needed**

Please Complete All fields, otherwise not deductible

1. Student Name

School Name

Cost of Books & Supplies purchased outside of Campus

Undergraduate

Graduate

Total Tuition Paid (Do Not include books/supplies cost above)

Did you receive financial aid not reported on a 1098-T Form? Yes No If Yes; Amount:

2. Student Name

School Name

Cost of Books & Supplies purchased outside of Campus

Undergraduate

Graduate

Total Tuition Paid (Do Not include books/supplies cost above)

Did you receive financial aid not reported on a 1098-T Form? Yes No If Yes; Amount:

3. Student Name

School Name

Cost of Books & Supplies purchased outside of Campus

Undergraduate

Graduate

Total Tuition Paid (Do Not include books/supplies cost above)

Did you receive financial aid not reported on a 1098-T Form? Yes No If Yes; Amount:

COLLEGE 529 PLAN CONTRIBUTIONS

1. Student Name

State

529 College Plan Contribution Amount

2. Student Name

State

529 College Plan Contribution Amount

SELF-EMPLOYMENT OR BUSINESS INCOME FORM - 1

GENERAL INFORMATION

Your Name <i>(First, Initial, Last Name)</i>	Taxpayer	Spouse	SSN/EIN	Entity Type
Business Name		Business Address		
Type of Business/Nature of Work				

BUSINESS INCOME

Business Gross Income/Revenue	\$ _____	1099-NEC	1099-MISC	1099-K
Cost of Goods Sold:				
Cost of Products or Purchases		Cost of Labor		
Cost of raw materials & supplies		Other costs		
Inventory value at beginning of year		Inventory value at end of year		

BUSINESS EXPENSES

Advertising	\$ _____	Equipment Rental	\$ _____
Worker Wages (NOT W2's)	\$ _____	Building Rental	\$ _____
Insurance	\$ _____	Repairs and Maintenance	\$ _____
Interest - Mortgage	\$ _____	Taxes and Licenses	\$ _____
Interest - Other	\$ _____	Travel Costs (NOT Mileage)	\$ _____
Internet	\$ _____	Meals	\$ _____
Legal/Professional Fees	\$ _____	Utilities	\$ _____
Office Expenses	\$ _____	Other Expenses	\$ _____
Supplies	\$ _____		\$ _____
			\$ _____
			\$ _____

VEHICLE Do you have written evidence to support the miles claimed? Yes No

Make and Model	Date placed in Service	Commuting	Personal
Mileage (business)	Before July 1st (58.5 cents per mile) After July 1st (62.5 cents per mile)	Mileage	Mileage
Gas	Repairs	Insurance	Interest Payments
Licenses	Parking and Tolls	Property Tax	Tires
			Oil
			Other

HOME OFFICE This is only deductible for Self Employed - Do Not Complete For Telework if Receiving a W2

Square Footage of Home Office	Square Footage of Entire Home	Rent
Mortgage Interest	Real Estate Taxes	Utilities
	Insurance	Repairs & Maintenance

EQUIPMENT

Did you purchase any equipment over \$500 for your business? Yes No If **Yes**, please list the item(s) below

Description of Equipment	Date Acquired	Cost of the Equipment	% the Equipment was used by the Business	New or Used when Purchased

SELF-EMPLOYMENT OR BUSINESS INCOME FORM - 2

GENERAL INFORMATION

Your Name (<i>First, Initial, Last Name</i>)	Taxpayer	Spouse	SSN/EIN	Entity Type
Business Name		Business Address		
Type of Business/Nature of Work				

BUSINESS INCOME

Business Gross Income/Revenue	\$ _____	1099-NEC	1099-MISC	1099-K
Cost of Goods Sold:				
Cost of Products or Purchases		Cost of Labor		
Cost of raw materials & supplies		Other costs		
Inventory value at beginning of year		Inventory value at end of year		

BUSINESS EXPENSES

Advertising	\$ _____	Equipment Rental	\$ _____
Worker Wages (NOT W2's)	\$ _____	Building Rental	\$ _____
Insurance	\$ _____	Repairs and Maintenance	\$ _____
Interest - Mortgage	\$ _____	Taxes and Licenses	\$ _____
Interest - Other	\$ _____	Travel Costs (NOT Mileage)	\$ _____
Internet	\$ _____	Meals	\$ _____
Legal/Professional Fees	\$ _____	Utilities	\$ _____
Office Expenses	\$ _____	Other Expenses	\$ _____
Supplies	\$ _____		\$ _____
			\$ _____
			\$ _____

VEHICLE Do you have written evidence to support the miles claimed? Yes No

Make and Model	Date placed in Service	Commuting	Personal
Mileage (business)	Before July 1st (58.5 cents per mile) After July 1st (62.5 cents per mile)	Mileage	Mileage
Gas	Repairs	Insurance	Interest Payments
Licenses	Parking and Tolls	Property Tax	Tires
			Oil
			Other

HOME OFFICE This is only deductible for Self Employed - Do Not Complete For Telework

Square Footage of Home Office	Square Footage of Entire Home	Rent
Mortgage Interest	Real Estate Taxes	Utilities
	Insurance	Repairs & Maintenance

EQUIPMENT

Did you purchase any equipment over \$500 for your business? Yes No If **Yes**, please list the item(s) below

Description of Equipment	Date Acquired	Cost of the Equipment	% the Equipment was used by the Business	New or Used when Purchased

RENTAL PROPERTY Please Do Not Upload Receipts (additional tax prep fees applicable for reconciling receipts) Enter Below

	Property 1	Property 2	Property 3
Ownership			
Property Address			
City/State/Zip			
Property Type			
Rental Days in 2023			
Ownership %			
Date Rented-New Rentals Only			

Rental Income

Rents Received			
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RENTAL EXPENSES **Property 1** **Property 2** **Property 3**

Advertising			
Mileage			
Travel			
Cleaning			
Realtor Commision			
Other Commision			
Hazard Insurance			
Liability Insurance			
Appliance Insurance			
Other Insurance			
Legal/Professional Fees			
Management Fees			
HOA Fees			
Association Fees			
Mortgage Interest			
Other Interest			
Repairs Less than \$1,500			
Supplies			
Taxes			
Utilities			
Cell Phone			

Other Expenses - List **Property 1** **Property 2** **Property 3**

RENTAL PROPERTY CONTINUED

OTHER EXPENSES <small>CONTINUED</small>	Property 1	Property 2	Property 3

PURCHASES (For purchases greater than \$1,500) Kitchen/Roof/Bathroom Repairs, Etc. - Major Repairs			
	Date of Purchase	Description	Purchase Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Other Information/Notes: For Rental Property's: Pls. include any other information not reported in other sections above.

SALE OF HOME

Did you Sell a Home or Rental Property? Yes No If Yes, select property type:

Original Purchase Date: Sale Date: Did you Live in this house during the last two years?

Original Purchase Price Selling Price

Purchase Closing Costs Selling Closing Costs

Improvements & Repairs Selling Expenses/Improvements
(not included in rental schedule above) (not included in rental schedule above)

Important: If a rental home, do not include expenses already provided in the rental schedule (do not duplicate the expense).

Provide any additional notes regarding the sale of the property below: Was this property owned with another individual?

Energy Efficient Credits**Home Energy Credits**

Exterior Doors	Exterior Windows	Metal/Asphalt Roof
Insulation	Building Property	Furnace Fan
Furnace/Water Boiler	Solar Heating	Wind Energy Property
Heat Pump	Fuel Cell Property	Fuel Cell Capacity
Vehicle Charging Station		

ELECTRIC VEHICLE PURCHASE

Purchase Price	Year of Vehicle	Make of Vehicle
Model of Vehicle	VIN Number	Purchase Date

ESTIMATED TAX PAID

	Federal Amount Paid	Federal Paid Date	State Amount Paid	State Paid Date
1st Quarter Payment (Apr. 2023)				
2nd Quarter Payment (Jun. 2023)				
3rd Quarter Payment (Sep. 2023)				
4nd Quarter Payment (Jan. 2024)				

FOREIGN ACCOUNTS**Account #1**

Name of Foreign Bank				
Address	City	Country	Zip	
Account Number	Account Type			
Maximum Value (US Currency)	End Year Balance (US Currency)			
Date Account Opened (if in 2023)	Date Account Closed (If in 2023)			
Is this Account Jointly?				

Please provide comments or notes not included in any other section above

Identity Protection Pin	Taxpayer	Spouse
Do you grant IRS permission to discuss your tax return with our firm?	Yes	No
If entitled to a refund, would tax payer like to receive it as a direct deposit?	Yes	No
Routing Number	Account Number	

I (We, if filing Jointly) acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge and belief, they are true, correct, and complete. I/we guarantee payment of the preparation fee and any related charges once the quoted price has been acknowledged.