

## 2023 Tax Organizer

### Personal Information

#### Personal Information

Name		SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
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

#### 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

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						

Income

Name:SSN:

Wages & Salaries

Provide all copies of Form W-2

TS	Employer Name	2023 Federal Wages

Retirement

Provide all copies of Form 1099-R

TS	Payer Name	2023 Distribution

☐ Yes☐ No

☐ Yes☐ No

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

Did you use any of the distributions for disaster relief?

## Other Income and Adjustments

Name:

SSN:

## Other Income

	2023 Taxpayer	2023 Spouse
Social Security Benefits (attach Forms 1099-SSA) . . . . .		
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .		
State income tax refund (attach Forms 1099-G) . . . . .		
Alimony received		
Divorce or separation date _____ Amount _____		
Unemployment compensation (attach Forms 1099-G) . . . . .		
Unemployment compensation repaid in 2023 . . . . .		
Gambling winnings (attach Forms W2-G) . . . . .		
Alaska Permanent Fund . . . . .		
Jury duty pay . . . . .		
ABLE distributions . . . . .		
Scholarships or grants not reported on Form W-2 . . . . .		
Other income: _____		
_____		
_____		

## Adjustments

	2023 Taxpayer	2023 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .		
Contributions made to a Health Savings Account (HSA) . . . . .		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .		
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____		
Name _____		
SSN _____ Divorce or separation date _____		
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 . . . . .		
Other adjustments: _____		





## Healthcare Coverage Questionnaire

Name:

SSN:

### Healthcare Information

Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All

**YES      NO**

- ☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- ☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

- ☐ Employer    ☐ Medicare    ☐ Medicaid    ☐ Marketplace (Exchange)    ☐ Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

- ☐ ☐ Was your previous insurance policy canceled in 2023?
- ☐ ☐ Was coverage offered by your employer or your spouse's employer?
- ☐ ☐ Are you a member of a federally recognized Indian tribe?
- ☐ ☐ Are you eligible for services through an Indian healthcare provider?
- ☐ ☐ Are you a member of a healthcare sharing ministry?
- ☐ ☐ Did you live in the United States the entire year?
- ☐ ☐ Are you enrolled in TRICARE?
- ☐ ☐ Did you apply for CHIP coverage?
- ☐ ☐ Do any of the following apply to you? Do NOT indicate which one.
- Became homeless
  - Evicted in the past six months, or facing eviction or foreclosure
  - Received a shut-off notice from a utility company
  - Recently experienced domestic violence
  - Recently experienced the death of a close family member
  - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

## 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 &amp; dental expenses

Doctor, dental, etc . . . . . \_\_\_\_\_

Prescription medicines . . . . . \_\_\_\_\_

Glasses &amp; contacts . . . . . \_\_\_\_\_

Hearing aids . . . . . \_\_\_\_\_

Medical equipment &amp; 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 . . . . . ☐ ☐ \_\_\_\_\_Boy or Girl Scouts . . . . . ☐ ☐ \_\_\_\_\_Goodwill . . . . . ☐ ☐ \_\_\_\_\_Red Cross . . . . . ☐ ☐ \_\_\_\_\_Salvation Army . . . . . ☐ ☐ \_\_\_\_\_United Way . . . . . ☐ ☐ \_\_\_\_\_Veterans . . . . . ☐ ☐ \_\_\_\_\_Hospital . . . . . ☐ ☐ \_\_\_\_\_University . . . . . ☐ ☐ \_\_\_\_\_Other \_\_\_\_\_ ☐ ☐ \_\_\_\_\_

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, &amp; supplies . . . . . \_\_\_\_\_

Uniforms . . . . . \_\_\_\_\_

Protective clothing (shoes, hardhats, glasses, etc.) \_\_\_\_\_

Dues to professional organizations . . . . . \_\_\_\_\_

Books &amp; 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:

**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**

TSJ \_\_\_\_\_

☐ 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 . . . . . \_\_\_\_\_