



SABELLA & GRAHAM, P.C.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

2023 Client Organizer

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter for filing returns in 2023.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Information		
Did you receive State and Local Fiscal Recovery Funds (SLFR) under a program to support those negatively impacted by the COVID-19 pandemic for helping you with your mortgage insurance and/or home purchases, such as funds to pay some or all of the down payment and closing costs associated with your purchase of a home?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,500?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter for use during 2023	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>

- Did you have ownership interest in any type of business?
- Did you sell, exchange, or purchase any assets used in your trade or business?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you purchase or sell a principal residence during the year?
- Did you foreclose or abandon a principal residence or real property during the year?
- Did you acquire or dispose of any stock during the year?
- Did you take out a home equity loan this year?
- Did you refinance a principal residence or second home this year?
- Did you sell an existing business, rental, or other property this year?
- Did you lend money with the understanding of repayment and this year it became totally uncollectable?
- Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?
- Did you purchase a new or previously owned Clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer.

Income Information

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive any Medicaid waiver payments as difficulty of care during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Did you receive any income considered to be nonemployee compensation?
- Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?
- Do you expect a large fluctuation in income, deductions, or withholding next year?
- Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services)?

Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If yes, were any withdrawals due to a Federally declared disaster?
- If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2023?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- Did you make any qualified charitable distributions (QCD) during the year?

Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?

- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?
- If you are a business owner, did you pay health insurance premiums for your employees this year?

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year?
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan?
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$17,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?

- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2024?
- Do you plan to become an owner or control at least 25% of a company's ownership interests for a company registered with a secretary of state or similar office for the first time after January 1, 2024?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: _____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2023 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

NOTES/QUESTIONS:

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description
___	_____
___	_____
___	_____
___	_____
___	_____

Retirement: 1099-R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description
___	_____
___	_____
___	_____
___	_____

Income: K1, KLT **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description
___	_____
___	_____
___	_____
___	_____

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description
___	_____
___	_____

Educate: 1099-Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description
___	_____
___	_____

NOTES/QUESTIONS:

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2023 _____

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

2023 Information

State and local income tax refunds _____

T/S Agreement Date 2023 Information

Alimony received _____

Taxpayer Spouse

Unemployment compensation _____

Unemployment compensation repaid _____

Social security benefits _____

Medicare premiums to be reported on Schedule A _____

Railroad retirement benefits _____

2023 Information

T/S/J

Other Income: _____

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Traditional IRA Contributions for 2023 -

If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2023

Roth IRA Contributions for 2023 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2023

Taxpayer Spouse

Educate: Educate2 **Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2023 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2023 Information
_____	_____	_____
_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2023. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction. The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2023 Information
_____	_____	_____	_____	_____

Street address
City, State and Zip code

*Enter the divorce/separation agreement date

Taxpayer Spouse

Educator expenses:

_____	_____	_____
_____	_____	_____

Other adjustments:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J	2023 Information
— Medical and dental expenses	_____
— Medical insurance premiums you paid***	_____
— Long-term care premiums you paid***	_____
— Prescription medicines and drugs	_____
— Miles driven for medical items (22 cents)	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

T/S/J	2023 Information
— State/local income taxes paid	_____
— 2022 state and local income taxes paid in 2023	_____
— Sales tax paid on actual expenses	_____
— Real estate taxes paid	_____
— Personal property taxes	_____
— Other taxes	_____

Itemized: A2 **Interest Expenses**

T/S/J	2023 Information
— Home mortgage interest From Form 1098	_____
— Other home mortgage interest paid to individuals:	
T/S/J Payee's Name SSN or EIN 2023 Information	
— _____	_____
Address City State Zip Code	
— _____	_____
T/S/J	2023 Information
— Investment interest expense, other than on Sch K-1s:	_____
Refinancing Information: Refinance #1 Refinance #2	
T/S/J	_____
Recipient/Lender name _____	_____
Total points paid at time of refinance _____	_____
Date of refinance _____	_____
Term of new loan (in months) _____	_____
Reported on Form 1098 in 2023 _____	_____

Itemized: A3 **Charitable Contributions**

T/S/J	2023 Information
— Contributions made by cash or check	_____
— Volunteer miles driven	_____
— Noncash items, such as: Goodwill, Salvation Army	_____

Itemized: A3, A-51 **Miscellaneous Deductions**

T/S/J	2023 Information
— Other expenses _____	_____
— Gambling losses (enter only if you have gambling income)	_____

Preparer use only

2023 Information

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Business name _____ [5]
 Principal business/profession _____ [6]
 Business code _____ [12]
 Business address, if different from home address on Organizer Form ID: 1040
 Address _____ [15]
 City/State/Zip _____ [16] _____ [17] _____ [18]
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____ [19]
 If other: _____ [21]
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____ [22]
 If other enter explanation: _____ [24]

Enter an explanation if there was a change in determining your inventory: _____ [25]

Did you "materially participate" in this business? (Y, N) _____ [26]
 If not, number of hours you did significantly participate _____ [28]
 Mark if you began or acquired this business in 2023 _____ [30]
 Did you make any payments in 2023 that require you to file Form(s) 1099? (Y, N) _____ [31]
 If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [33]
 Mark if this business is considered related to qualified services as a minister or religious worker _____ [35]
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____ [37]
 Medical insurance premiums paid by this activity + _____ [40]
 Long-term care premiums paid by this activity + _____ [44]
 Amount of wages received as a statutory employee + _____ [47]

Business Income

2023 Information

Gross receipts and sales + _____ [52]
 _____ + _____
 _____ + _____
 _____ + _____
 Returns and allowances + _____ [55]
 Other income: + _____ [57]
 _____ + _____
 _____ + _____
 _____ + _____

Cost of Goods Sold

2023 Information

Beginning inventory + _____ [59]
 Purchases + _____ [61]
 Labor: + _____ [63]
 _____ + _____
 Materials + _____ [65]
 Other costs: + _____ [67]
 _____ + _____
 _____ + _____
 _____ + _____
 Ending inventory + _____ [69]

Control Totals +

BUSINESS

Preparer use only

2023 Information

Description _____ [2]
 Taxpayer/Spouse/Joint (T, S, J) ___ [3] State postal code _____ [5]
 Physical address: Street _____ [6]
 City, state, zip code _____ [7] _____ [8] _____ [9]
 Foreign country _____ [11]
 Foreign province/county _____ [12]
 Foreign postal code _____ [13]
 Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) ___ [14]
 Description of other type (Type code #8) _____ [15]
 Did you make any payments in 2023 that require you to file Form(s) 1099? (Y,N) _____ [16]
 If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [18]
 Fair rental days (if not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____ [20]
 Percentage of ownership if not 100% _____ [22]
 Business use percentage, if not 100% (Not vacation home percentage) _____ [24]

Rent and Royalty Income

Rents and royalties

2023 Information

_____ + _____ [33]

Rent and Royalty Expenses

2023 Information

Percent if not 100%

Advertising	+ _____ [35]	_____ [36]
Auto	+ _____ [38]	_____ [39]
Travel	+ _____ [41]	_____ [42]
Cleaning and maintenance	+ _____ [44]	_____ [45]
Commissions:		
_____	+ _____ [47]	_____ [49]
_____	+ _____	_____
Insurance:		
_____	+ _____ [50]	_____ [52]
_____	+ _____	_____
Legal and professional fees	+ _____ [54]	_____ [55]
Management fees:		
_____	+ _____ [57]	_____ [59]
_____	+ _____	_____
Mortgage interest paid to banks, etc (Form 1098)		
_____	+ _____ [60]	_____ [62]
_____	+ _____	_____
Other mortgage interest	+ _____ [63]	_____ [65]
Qualified mortgage insurance premiums	+ _____ [66]	_____ [67]
Other interest:		
_____	+ _____ [69]	_____ [71]
_____	+ _____	_____
Repairs	+ _____ [72]	_____ [73]
Supplies	+ _____ [75]	_____ [76]
Taxes:		
_____	+ _____ [78]	_____ [80]
_____	+ _____	_____
Utilities	+ _____ [81]	_____ [82]
Depreciation	+ _____ [84]	_____ [85]
Depletion	+ _____ [87]	_____ [88]
Other expenses:		
_____	+ _____ [90]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Control Totals +

RENT & ROYALTY

Form ID: Rent

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct.

Primary account:

Financial institution routing transit number
Name of financial institution
Your account number
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)
Enter the maximum dollar amount, or percentage of total refund Dollar or Percent (xxx.xx)

Secondary account #1:

Financial institution routing transit number
Name of financial institution
Your account number
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)
Enter the maximum dollar amount, or percentage of total refund Dollar or Percent (xxx.xx)

Secondary account #2:

Financial institution routing transit number
Name of financial institution
Your account number
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)
Enter the maximum dollar amount, or percentage of total refund Dollar or Percent (xxx.xx)

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)
Identification number
Issue date
Expiration date
Location of issuance
Document number (New York only)

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)
Identification number
Issue date
Expiration date
Location of issuance
Document number (New York only)

Form ID: ELF

Electronic Filing

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing

Form ID: Est **Estimated Taxes** 8

If you have an overpayment of 2023 taxes, do you want the excess:
 Refunded _____ [52]
 Applied to 2024 estimated tax liability _____ [53]
 Do you expect a considerable change in your 2024 income? (Y, N) _____ [54]
 If yes, please explain any differences:

_____ [55]
 _____ [56]
 _____ [57]
 _____ [58]

Do you expect a considerable change in your deductions for 2024? (Y, N) _____ [59]
 If yes, please explain any differences:
 _____ [60]
 _____ [61]
 _____ [62]
 _____ [63]

Do you expect a considerable change in the amount of your 2024 withholding? (Y, N) _____ [64]
 If yes, please explain any differences:
 _____ [65]
 _____ [66]
 _____ [67]
 _____ [68]

Do you expect a change in the number of dependents claimed for 2024? (Y, N) _____ [69]
 If yes, please explain any differences:
 _____ [70]
 _____ [71]
 _____ [72]
 _____ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) _____ [74]

2023 Federal Estimated Tax Payments

2022 overpayment applied to 2023 estimates + _____ [1]
 Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid
1st quarter payment	04/18/23	_____ [6]	+ _____ [7]
2nd quarter payment	06/15/23	_____ [8]	+ _____ [9]
3rd quarter payment	09/15/23	_____ [10]	+ _____ [11]
4th quarter payment	01/16/24	_____ [12]	+ _____ [13]
Additional payment		_____ [14]	+ _____ [15]

Form ID: St Pmt **2023 State Estimated Tax Payments** 9

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
State postal code _____ [2]
 Amount paid with 2022 return + _____ [3]
 2022 overpayment applied to '23 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

	Date Paid	Amount Paid
1st quarter payment	_____ [9]	+ _____ [10]
2nd quarter payment	_____ [11]	+ _____ [12]
3rd quarter payment	_____ [13]	+ _____ [14]
4th quarter payment	_____ [15]	+ _____ [16]
Additional payment	_____ [17]	+ _____ [18]

Form ID: IL

Illinois General Information

Use Tax

General merchandise purchases _____ [1]
 Qualifying food, non-prescription drugs and medical appliances purchases _____ [2]
 Sales tax already paid to another state _____ [3]

Contributions

Amount of contributions you wish to make to:

Wildlife Preservation _____ [4]
 Alzheimer's Disease Research _____ [5]
 Assistance to the Homeless _____ [6]
 Diabetes Research Fund _____ [7]
 Hunger Relief Fund _____ [8]
 Ronald McDonald House Charities Fund _____ [9]
 100 Club of Illinois Fund _____ [10]

Credits

Qualified Education Expenses

Child's Name	Grade	School Name	School City	School Type	Total Tuition, Books, Lab fees
_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]
_____ [17]	_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]
_____ [23]	_____ [24]	_____ [25]	_____ [26]	_____ [27]	_____ [28]
_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]	_____ [34]
_____ [35]	_____ [36]	_____ [37]	_____ [38]	_____ [39]	_____ [40]
_____ [41]	_____ [42]	_____ [43]	_____ [44]	_____ [45]	_____ [46]
_____ [47]	_____ [48]	_____ [49]	_____ [50]	_____ [51]	_____ [52]
_____ [53]	_____ [54]	_____ [55]	_____ [56]	_____ [57]	_____ [58]

Property Taxes

Description	Property Index Number
_____	_____ [59]
_____	_____
_____	_____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Illinois

Part-year residency dates:	Taxpayer	Spouse
From _____	_____ [60]	_____ [61]
To _____	_____ [62]	_____ [63]

Mark if you were a resident of any of the following states during the tax year: IA ___ [64] KY ___ [65] MI ___ [66] WI ___ [67]

In what states other than above did you reside and/or file a tax return during the tax year? [68]

State postal code	State postal code	State postal code
State postal code	State postal code	State postal code
State postal code	State postal code	State postal code
State postal code	State postal code	State postal code

NOTES/QUESTIONS: