

**R.D. BOORSMA & ASSOCIATES INC**

**2023 TAX ORGANIZER**

**2920 FULLER AVE NE #101**

**GRAND RAPIDS MI 49505**

**Phone:616-361-0784 | Fax:616-361-6757**

[office@rdboorsma.com](mailto:office@rdboorsma.com)

**NAME** \_\_\_\_\_ **SSN** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**SPOUSE** \_\_\_\_\_ **SSN** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**FILLING STATUS** → Joint \_\_\_\_\_ Single \_\_\_\_\_ Head of Household \_\_\_\_\_ Married Filing Separate \_\_\_\_\_

**DIRECT DEPOSIT (MUST PROVIDE BANK ROUTING & ACCOUNT NUMBER)**

Bank Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

**DEPENDENTS**

| <b>NAME</b> | <b>SOCIAL SECURITY #</b> | <b>DOB</b>  | <b>RELATIONSHIP</b> |
|-------------|--------------------------|-------------|---------------------|
| _____       | _____                    | ___/___/___ | _____               |
| _____       | _____                    | ___/___/___ | _____               |
| _____       | _____                    | ___/___/___ | _____               |
| _____       | _____                    | ___/___/___ | _____               |

**IF YOU HAVE ANY OF THE FOLLOWING DOCUMENTATION PLEASE PROVIDE:**

**FORM(S)** → W2 Wages, Salaries, Tips and Other Compensation

**FORM(S)** → 1099R: Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRA's

**FORM(S)** → SSA 1099: Social Security, Railroad Benefits, Medicare B, C, or D Premiums

**FORM(S)** → 1099 MISC / 1099 NEC: Miscellaneous Income (If you are self-employed, please bring a separate list of expenses)

**FORM(S)** → 1099 INT: Interest Income / 1099 DIV: Dividend Income / 1099 B: Broker Statements

**FORM(S)** → 1098 T: Student Loan Interest Paid

**FORM(S)** → 1098 SA HAS: Distributions made from a HAS (Health savings account), Archer MSA (Archer Medical Savings Account), MA MSA (Medicare Advantage Medical Savings Account)

**FORM(S)** → 1099 G: Certain Government Payments (Unemployment)

**FORM(S)** → Schedule K1: Partnership, S- Corporation, Trust

**FORM(S)** → 2023 Property Tax bill for Primary residence, Second Home, Cottage, or Lots

**OTHER** → 2023 Vehicle registration fees / Energy Efficient Home Improvement Expenses / Donations: Church, Goodwill, Salvation army, etc.

2022 STATE OR CITY TAXES OWED: STATE \_\_\_\_\_ CITY \_\_\_\_\_

ALIMONEY PAID / RECIEVED \_\_\_\_\_ DATE OF DIVORCE \_\_\_\_\_

**COLLEGE TUITION PAID: PROVIDE THE 1098T FOR EACH STUDENT**

Student Name \_\_\_\_\_ Year 1 2 3 4

Student Name \_\_\_\_\_ Year 1 2 3 4

Cost of books or materials required for courses \$ \_\_\_\_\_

**DAYCARE EXPENSES:**

Provider Name \_\_\_\_\_

Provider Address \_\_\_\_\_

Provider ID# (Fed ID#) \_\_\_\_\_

Provider Name \_\_\_\_\_

Provider Address \_\_\_\_\_

Provider ID# (Fed ID#) \_\_\_\_\_

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**RENTAL PROPERTY INCOME & EXPENSES**

Rental Property Address \_\_\_\_\_

**LIST OF MAJOR IMPROVEMENTS:**

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| INCOME | MAINTENANCE | INSURANCE | TAXES | UTILITIES |
|--------|-------------|-----------|-------|-----------|
| _____  | _____       | _____     | _____ | _____     |
| _____  | _____       | _____     | _____ | _____     |
| _____  | _____       | _____     | _____ | _____     |

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**RENTERS CREDIT FOR TENTANT**

Landlord Name \_\_\_\_\_ Address \_\_\_\_\_

Months Rented \_\_\_\_\_ Rent amount per month \$ \_\_\_\_\_

Landlord Name \_\_\_\_\_ Address \_\_\_\_\_

Months Rented \_\_\_\_\_ Rent amount per Month \$ \_\_\_\_\_

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**PREPAID ESTIMATED TAXES 2023 (DO NOT INCLUDE W2 AND 1099)**

1<sup>ST</sup> QUARTER \_\_\_\_\_

2<sup>ND</sup> QUARTER \_\_\_\_\_

3<sup>RD</sup> QUARTER \_\_\_\_\_

4<sup>TH</sup> QUARTER \_\_\_\_\_

