

Tax Associates

Income Tax Organizer

Filing Status

☐ Single☐ Married Filing Jointly☐ Widow(er)☐ Head of Household☐ Married Filing Separately

Primary Taxpayer

Name: _____

Social Security Number/TIN: _____

Date of Birth: _____

Email Address: _____

Phone Number: _____

Occupation: _____

Spouse

Name: _____

Social Security Number/TIN: _____

Date of Birth: _____

Email Address: _____

Phone Number: _____

Occupation: _____

Address – Please provide your current mailing address:

_____	_____	_____
Street Address	City, State	Zip Code

Dependents - Please list your dependents and their relation to you.

Full Name	Social Security Number	Date of Birth	Relation (son, daughter, etc.)
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Banking Info – Please provide banking info for federal and state refunds.

☐ I prefer a check

Routing Number: _____

Account Number: _____

Childcare

If you paid for childcare last year, you can deduct childcare payments to childcare providers. Please enter the amounts paid and information about the provider(s) below.

If you paid for multiple children to be cared for by the same provider, divide the amount paid by the number of children and use 1 entry for each child (for example, if you paid \$15,000 last year for 2 children, use 2 entries with \$7,500 each).

Provider Name

Provider Address

Provider SSN or Tax ID (if business)

Which Child?

\$

 Amount

Provider Name

Provider Address

Provider SSN or Tax ID (if business)

Which Child?

\$

 Amount

Provider Name

Provider Address

Provider SSN or Tax ID (if business)

Which Child?

\$

 Amount

Provider Name

Provider Address

Provider SSN or Tax ID (if business)

Which Child?

\$

 Amount

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Itemized Deductions

If you know that you do not itemize your deductions, you do not need to provide the following info.

Did you have any of the following? If so, how much?

	Amount
Medical Insurance premiums	\$ _____
Co-pays and Co-insurance	\$ _____
Prescriptions	\$ _____
Medical mileage	_____
Durable medical equipment	\$ _____
Eyeglasses, contacts, eye care	\$ _____
Dental insurance and care	\$ _____

Did you...

- ☐ I made a big-ticket purchase (such as a car, boat, motor home, etc.) in 2023 and paid sales tax on it.

Charitable Contributions

Cash/Check Contributions

_____	\$ _____
Charity name	Amount
_____	\$ _____
Charity name	Amount
_____	\$ _____
Charity name	Amount
_____	\$ _____
Charity name	Amount

Non-Cash/non-Check contributions

- ☐ I made non-cash/non-check contributions of less than \$500 in total
- ☐ I made non-cash/non-check contributions of \$500 or more in total and will provide documentation of each contribution

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Additional Deductions/Credits

In 2023...

- ☐ I paid tuition for myself/spouse/dependent
- ☐ I paid student loan interest
- ☐ I have contributions to/distributions from an IRA to report
- ☐ I purchased a new electric vehicle
- ☐ I purchased solar panels on my primary residence
- ☐ I made energy efficiency upgrades to my house (such as new insulation)
- ☐ I am an educator and have unreimbursed teaching expenses
- ☐ I have gambling earnings/losses to report
- ☐ I sold my primary home

Estimated Payments

If you made estimated payments in 2023, please list the amounts and dates below and whether they were to the IRS (federal) or to your state tax agency (state)

_____	\$ _____	<input type="checkbox"/> To IRS	<input type="checkbox"/> To State tax agency
Date	Amount		
_____	\$ _____	<input type="checkbox"/> To IRS	<input type="checkbox"/> To State tax agency
Date	Amount		
_____	\$ _____	<input type="checkbox"/> To IRS	<input type="checkbox"/> To State tax agency
Date	Amount		
_____	\$ _____	<input type="checkbox"/> To IRS	<input type="checkbox"/> To State tax agency
Date	Amount		
_____	\$ _____	<input type="checkbox"/> To IRS	<input type="checkbox"/> To State tax agency
Date	Amount		
_____	\$ _____	<input type="checkbox"/> To IRS	<input type="checkbox"/> To State tax agency
Date	Amount		

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Additional Questions

- ☐ Everyone in my family had qualifying health care for all 12 months of 2023
- ☐ Me or someone in my family received health care through the Health Care Marketplace
- ☐ I bought or sold cryptocurrency (Bitcoin, Ethereum, etc.) in 2023
- ☐ Someone else can claim me as a dependent
- ☐ I moved in 2023
- ☐ My marital status changed in 2023
- ☐ I have gambling winnings to report
- ☐ I started/ceased operating a business in 2023
- ☐ I paid tuition for myself/spouse/a dependent

Documents to Furnish

Provide the following documentation to your tax preparer if you have received any for 2023

- 1099-G Government payments
- 1099-B Proceeds from broker transactions
- 1099-R Retirement and pension distributions
- 1099-INT Interest statements
- 1099-MISC Miscellaneous income
- 1099-DIV Dividend income
- 1099-NEC Non-employee compensation
- SSA-1099 Social Security distribution
- 1099-SA HAS/Archer MSA/Medicare MSA distributions
- 1098-T Tuition statement
- 1098-E Student loan interest
- 1098 Mortgage interest
- 1095-A Health insurance marketplace statement
- W2 Wage income statement
- W2G Certain gambling winnings

2023 Price Schedule

- Basic Return - **\$150** – Includes basic Form 1040 Individual Tax Return and
 - 1 state return
 - Standard deduction
 - Basic credits (child/dependent, energy efficiency, electric vehicle, tuition, etc.)
 - Student loan deduction
 - Childcare deductions
- Itemized Deductions: **+\$50** (if applicable)
- Capital Gains: **+\$50** per form 1099-B
- Rental Properties: **+\$50/property**
- Independent Contractor/Small Business: **+\$75/business**
- Bookkeeper services: **\$60/hour** (billed in 15min increments)