2023 Tax Year Client Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

1. Pe	ersonal Information								
	Name		So	oc. Sec. No.	Date of	Birth (Occupatio	on Wo	rk Phone
Taxpaye	er								
Spouse	9								
Street A	address			City		State	ZIP	Hor	ne Phone
Email A	ddress								
	Taxpayer	Spo	ouse	Marital St	tatus				
Blind	Yes N			Marr			Will file j	jointly Y	es No
Disable Pres. Ca	d Yes N ampaign Fund Yes N			Singl Wido		ate of Spou	se's Deat	h	
2 D	onerdente (Children 9 Oth	o wol							
	ependents (Children & Oth	ersj							
	Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN
- Las	rovide for your appointment st year's tax return (new clients o me and address label (from gove		or card)	- All statemen	ts (W-2s	, 1098s, 10	99s, etc)		
Please a	nswer the following questions to	determine maxir	num deduct	ions					
recei	ou self-employed or do you ve hobby income?	Yes*	No	9. Were ther marriages in your im	s, divorce	es or adopt	-		Yes No
-	ou receive income from ng animals or crops?	Yes*	No	10. Did you gi		•	n \$17 000		
•	ou receive rent from real e or other property?	Yes*	No	to one or r	nore peo	ple?			Yes No
4. Did y	ou receive income from el, timber, minerals, oil, gas,			11. Did you ha or refinanc	ed?			ven,	Yes No
_	rights, patents?	Yes*	No	12. Did you go proceeding		bankrupto	У		Yes No
-	ou withdraw or write ks from a mutual fund?	Yes	No	13. (a) If you p	oaid rent	, how much	n did you p	pay?	
-	ou have a foreign bank		Na	(b) Was he	eat includ	ded?			Yes No
7. Do yo	unt, trust, or business? ou provide a home for or support anyone not listed ction 2 above?	Yes Yes	No □ No	14. Did you pa yourself, yo during the	our spou			nt	Yes No
8. Did y	ou receive any correspondence the IRS or State Department xation?	Yes	No	15. Did you pa spouse, or classes be	your de	pendent to			Yes No

^{*} Contact us for further instructions

insurance) for you dependents durin	Ithcare coverage (health u, your spouse and g this tax season? If yes, 95-A, 1095-B, and 1095-C		es No		as solar water cells or tuch as extending the cells or th	ater heaters, energy efficient erior doors or pumps, furnaces,	□ v	es No
	pouse receive, sell, otherwise dispose of a financial interest in	Y	es No	central air condi 20. Did you own \$50 financial assets	0,000 or m			es No
19 or 19 to 23 year	children under the age of ar old students with of more than \$1,250?		es No	21. Have you or you an identity theft digit identity pro	protection	PIN by the IRS? I	-	_
3. Wage, Salar	y Income					Taxpayer		Spouse
Attach W-2s:				7. Property	Sold			
Employer		Taxpayer	Spouse	Attach 1099-S and	d closing s	tatements		
				Property	y	Date Acquired	Cost	& Imp.
				Personal Resider	nce*		1	
		\square	Н	Vacation Home				
				Land				
				Other				
				 Provide informa and cost of a ne (Job-Related Mo 	w residen	provements, prior ce. Also see Secti		me,
4. Interest Ince	ome			8. I.R.A. (Inc	dividual F	Retirement Acc	ct.)	
Attach 1000-INT For	m 1097-BTC & broker stat	tomonte					_	
Payer	iii 1007-D10 a broker star	Amo	ount	Contributions for	tax year in	come		✓ for
					Aı	mount	Date	Roth
				Taxpayer				
				Spouse				
Toy Evemnt				Amounts withdray	vn. Attach	1099-R & 5498		
Tax Exempt				_Plan		Reason for	D.:	
				Trustee		Withdrawal		vested?
							-	es No
5. Dividend Inc	come						-	es No
o. Dividend in	Joine						— I — I	es No es No
From Mutual Funds 8	Stocks - Attach 1099-DI	/					''	35 NO
Payer	Capi Ordinary Gair		Non- axable	9. Pension,	Annuity	Income		
				Attach 1099-R		Reason for		
				Payer*		Withdrawal	Rein	vested?
								es No
							\ \ \ \ \ Y'	es 🗌 No
							\ Y(es No
							\ Yo	es 🔲 No
				* Provide stateme			nce	
6. Partnership	, Trust, Estate Incom	ie		company with ir contributions to		on cost of or		
List powers of market	ohin limited northers have	S ocument	ion trust	Did you receive:		Taxpayer	S	pouse
or estate income - At	rship, limited partnership, tach K-1	5-corporat	ion, trust,	Social Security	v Renefits	Yes No	$ \Box \mathbf{v}_{i}^{-1} $	es No
5. Colute moonie - At				Railroad Retire	•	Yes No		es No
							· ·	
				Attach SSA 1099,	ND 1099			

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

11. Other Income	14. Interest Expense	
List All Other Income (including non-taxable)	Mortgage interest paid (attach 1098)	
	Interest paid to individual for your	
Alimony Received	home (include amortization schedule)	
Child Support	Paid to:	
Scholarship (Grants)	Name	
Unemployment Compensation (repaid)	Address	
Prizes, Bonuses, Awards	Social Security No.	
Gambling, Lottery (expenses)		
Unreported Tips	Premiums paid or accrued for qualified	
Director / Executor's Fee	mortgage insurance	
Commissions		
Jury Duty	15. Casualty/Theft Loss	
Worker's Compensation		
Disability Income	For property damaged by storm, water,	ire, accident, or stolen.
Veteran's Pension	Location of Property	
Payments from Prior Installment Sale State Income Tax Refund		
	Description of Property	
Other		
Other		Fadarally Daalarad
	Othe	Federally Declared Disaster Losses
12. Medical/Dental Expenses	Amount of Domogo	
	Amount of Damage Insurance Reimbursement	
Medical Insurance Premiums	Repair Costs	
(paid by you)	Federal Grants Received	
Prescription Drugs		
Insulin		
Glasses, Contacts	16. Charitable Contributions	
Hearing Aids, Batteries		
Braces	Othe	er
Medical Equipment, Supplies		
Nursing Care	Church	
Medical Therapy	United Way	
Hospital	Scouts	
Doctor/Dental/Orthodontist	Telethons	
Mileage (no. of miles)	University, Public TV/Radio	
	Heart, Lung, Cancer, etc.	
	Wildlife Fund	
	Salvation Army, Goodwill	
13. Taxes Paid	Other	
	Non-Cash	
Real Property Tax (attach bills)		
Personal Property Tax	Volunteer (no. of miles)	2 .14
Other		

17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

18. Job-Related Moving Expenses	21. Business Mileage	
if you are a member of the Armed Forces on active duty	Do you have written records?	Yes No
and moving due to a permanent change of station due to a military order.	Did you sell or trade in a car used	
•	for business?	Yes No
Date of move	If you attack a convert number of arrespond	
Move Household Goods	If yes, attach a copy of purchase agreement	
Lodging During Move Travel to New Home (no. of miles)	Make/Year Vehicle	
Travel to New Home (no. of filles)	Date purchased	
	Total miles (personal & business)	
19. Employment Related Expenses That You Paid	Business miles	
(Not self-employed)	From first to second job	
	Education (one way, to school)	
✓ if Armed Forces reservist, a qualified performing artist,	Job Seeking	
a fee-basis state or local government official, or an individual		
with a disability claiming impairment-related work expenses.		
Dues - Union, Professional	Other Business	
Books, Subscriptions, Supplies	Round Trip commuting distance	
Licenses	Gas, Oil, Lubrication	
Tools, Equipment, Safety Equipment	Batteries, Tires, etc.	
Uniforms (include cleaning)	Repairs	
Sales Expense, Gifts	Wash	
Tuition, Books (work related)	Insurance	
Entertainment	Interest	
Office in home:	Lease payments	
In Square a) Total home	Garage Rent	
Feet b) Office		
c) Storage	22. Business Travel	
Rent	ZZ. Business Havel	
Insurance	If you are not reimburged for exact amount give	total avnances
Utilities	If you are not reimbursed for exact amount, give	totai expenses.
Maintenance	Airfare, Train, etc.	
	Lodging	
20. Investment-Related Expenses State use only	Meals (no. of days)	
20. Investment-helated Expenses State use only	Taxi, Car Rental	
To Donath Francisco	Other	
Tax Preparation Fee	Reimbursement Received	
Safe Deposit Box Rental		
Mutual Fund Fee		
Investment Counselor		
Other		

23. Estimate	d Tax Paid		24. Other Deductions			
Due Date	Date Paid	Federal	State	Alimony Paid to Social Security No. Student Interest Paid Health Savings Account Co Archer Medical Savings Acc	\$ sontributions \$	
25. Educatio	n Expenses			26. Questions, Com	nments, & Other I	
Student's Name		Expense				
				Residence: Town Village City		
27. Direct De	eposit of Refund	I / or Saving	s Bond Purch	nases		
	ave your refund(s) o w you to deposit you ts. If so, please provi	ır federal tax rei	fund into up to thr	ee	「axpayer ☐ Spo	
Type of account	Checking Treasury Direct		nal Savings MSA Savings	Traditional IRA Coverdell Education Savings	Roth IRA	
Name of financial in	nstitution					
Financial Institution	n Routing Transit No	umber (if know	vn)			
Your account numb	oer					
ACCOUNT 2						
Owner of account				1	Гахрауеr Spo	
Type of account	Checking Treasury Direct		nal Savings MSA Savings	Traditional IRA Coverdell Education Savings	Roth IRA HSA Savings	
Name of financial i	nstitution					
Financial Institution	n Routing Transit No	umber (if know	vn)			
Your account numb	per					

ACCOUNT 3

Owner of account			Taxpayer	Spouse Joint
	aditional Savings cher MSA Savings	Traditional IRA Coverdell Education	H	th IRA A Savings SEP IRA
Name of financial institution				
Financial Institution Routing Transit Number (if	known)			
Your account number				
Would you like to purchase Series I Savings bo	nds with a portion of y	our refund? If so, please	answer the follow	ing:
Amount used for bond purchases for yourself (and spouse if filing joir	tly).		
Amount used to buy bonds for someone else (c	or yourself only or spou	se only if filing jointly).		
Owner's name		r Beneficiary's applicable	X if name is for a beneficiary	Bond purchase Amount
To the best of my knowledge the infor income, deductions, and other inform which I have adequate records.				
Taxpayer	Date	Spouse		Date