

2023 GENERAL TAX ORGANIZER

Name _____

ALL CLIENTS COMPLETE AND RETURN BOTH SIDES OF THIS SHEET ALONG WITH YOUR W-2 FORMS AND OTHER TAX INFORMATION. BE SURE TO FILL IN SECTIONS MARKED REQUIRED. ALSO BE SURE TO SIGN, DATE, AND RETURN THE GENERAL ENGAGEMENT LETTER.

ADDRESS _____ (GIVE DATE OF MOVE IF DIFFERENT FROM LAST YEAR'S TAX RETURN)

CELL PHONE _____

HOME PHONE _____ WORK PHONE _____

FAX NUMBER _____ OTHER NUMBER _____ (TYPE _____)

EMAIL ADDRESS IS NOW REQUIRED FOR FILING, IF AVAILABLE EMAIL ADDRESS _____

IF YOU GOT MARRIED DURING 2023: MARRIAGE DATE _____ BIRTH DATE _____ SSN _____ - _____ - _____

SPOUSE'S NAME EXACTLY AS SHOWN ON SOCIAL SECURITY CARD _____

IF YOU HAVE A NEW DEPENDENT FOR 2023: RELATIONSHIP (SON, ETC.) _____

DEPENDENT'S NAME EXACTLY AS SHOWN ON SOCIAL SECURITY CARD _____

DATE OF BIRTH _____ SSN _____ - _____ - _____

WERE THERE ANY CHILDREN LISTED LAST YEAR THAT CANNOT BE CLAIMED IN 2023? CIRCLE ONE YES NO IF YES, SEND DETAILS

ARE YOU CLAIMING DEPENDENTS OVER THE AGE OF 16 (not spouse)? CIRCLE ONE YES NO IF YES, SEND INFO SHOWING THEIR INCOME

QUARTERLY ESTIMATED PAYMENTS MADE TO PRE-PAY YOUR 2023 TAXES. BE SURE TO INCLUDE ANY PAYMENTS MADE IN 2024. DO NOT INCLUDE ANY PAYMENTS FOR 2022 TAXES NOR AMOUNTS PAID FOR EMPLOYEES THROUGH YOUR BUSINESS PAYROLL.

DATE	US TREASURY	STATE	SCHOOL DISTRICT	VILLAGE/CITY
APPLIED TO '23 FROM '22	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

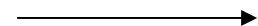
REQUIRED INFORMATION—WE MUST HAVE THIS INFORMATION FOR EACH TAXPAYER AND SPOUSE

TAXPAYER CIRCLE ONE DRIVER LICENSE STATE ID CARD	SPOUSE CIRCLE ONE DRIVER LICENSE STATE ID CARD
ISSUING STATE _____ HAVE NONE	ISSUING STATE _____ HAVE NONE
LICENSE OR ID NUMBER _____	LICENSE OR ID NUMBER _____
ISSUE DATE _____	ISSUE DATE _____
EXPIRATION DATE _____	EXPIRATION DATE _____

IMPORTANT: ENCLOSE A VOID CHECK FROM THE BANK ACCOUNT YOU WANT TO BE USED FOR DEPOSIT OF REFUNDS OR DEBIT OF BALANCES OWED. IF THERE ARE BALANCES OWED, WE WILL NOTIFY YOU OF THE DATE THE AMOUNT WILL BE DEBITED. YOU MAY CHANGE THE DATE OR CANCEL THE PAYMENT IF INECESSARY. **IF THE ACCOUNT NUMBERS HAVE NOT CHANGED** FROM LAST YEAR, MAKE A NOTE HERE INDICATING THAT INSTEAD OF ENCLOSING A CHECK. **X**

NOTE HERE CONCERNING BANK ACCT

PLEASE **COMPLETE OTHER SIDE**. SIX ITEMS ON REVERSE MARKED **REQUIRED** ARE NEEDED FROM **ALL** CLIENTS



REQUIRED FOR EVERYONE: COUNTY _____ TOWNSHIP _____ PUBLIC SCHOOL DISTRICT _____

REQUIRED FOR EVERYONE: MAIL ORDER PURCHASES: 2023 OUT-OF-STATE OR OTHER PURCHASES ON WHICH YOU DID NOT PAY SALES TAX (EXAMPLE: CATALOG, MAIL ORDER, OR INTERNET). IF BUSINESS EXPENSE, REPORT BOTH HERE AND ON BUS. ORGANIZER.

\$ _____ OR CHECK HERE TO CERTIFY THAT YOU MADE **NO** UNTAXED PURCHASES _____

REQUIRED: DID YOU BUY OR SELL ANY PROPERTY DURING 2023? **CIRCLE ONE:** YES NO
(ENCLOSE COPY OF SETTLEMENT STATEMENT YOU RECEIVED AT CLOSING OF PURCHASE OR SALE)

REQUIRED: DO YOU OWN OR HAVE SIGNING AUTHORITY ON ANY BANK ACCOUNTS OR OWN PROPERTY **LOCATED OUTSIDE THE U.S.?**
_____ YES _____ NO IF YES, PROVIDE FULL DETAILS ON A SEPARATE SHEET OF PAPER.

REQUIRED: DURING 2023, DID YOU OWN, OR HAVE ANY TRANSACTIONS INVOLVING, **VIRTUAL (CRYPTO) CURRENCY OR OTHER DIGITAL ASSETS?**

_____ YES _____ NO IF YES, PROVIDE FULL DETAILS ON SEPARATE PAPER.

FYI: EXAMPLES OF VIRTUAL (CRYPTO) CURRENCY OR OTHER DIGITAL ASSETS ARE BITCOIN AND NFT'S. THEY ARE INTERNET-BASED MONEY OR PROPERTY THAT EXISTS ONLY IN ELECTRONIC FORM.

NEW--REQUIRED: DURING 2023, DID YOU HAVE ANY OWNERSHIP INTEREST IN ANY LLC'S OR CORPORATIONS, INCLUDING S CORPORATIONS? **CIRCLE ONE.**

YES NO IF YES, HOW MANY? _____ IF YES, PROVIDE NAME OF LLC'S OR CORPORATIONS HERE, ALONG WITH YOUR PERCENTAGE OF OWNERSHIP.

\$ _____ **CONTRIBUTIONS** TO CHURCHES & IRS-RECOGNIZED CHARITABLE ORGANIZATIONS-NOT INDIVIDUALS. IN ORDER TO CLAIM THIS DEDUCTION **YOU MUST HAVE AN IRS-APPROVED RECEIPT IN YOUR POSSESSION.**

MEDICAL EXPENSES

\$ _____ **HEALTH INSURANCE COST.** (CHANGE: HEALTHCARE SHARING MINISTRY COST IS REPORTABLE). IF YOU ARE SELF-EMPLOYED, DON'T REPORT HERE—REPORT ON BUSINESS OR FARM.

\$ _____ **MEDICAL EXPENSE.** REPORT THE AMOUNT YOU ACTUALLY PAID DURING CALENDAR YEAR 2023. INCLUDE PRESCRIPTION MEDICINES, INSULIN, DOCTOR, DENTIST, CHIROPRACTOR, HOSPITAL, ETC. (MUST BE STATE-LICENSED), EYEGLASSES, CONTACT LENSES, EYE EXAMINATIONS, HEARING AIDS. DO NOT INCLUDE HERBS, VITAMINS, SUPPLEMENTS, ETC. UNLESS PRESCRIBED BY STATE-LICENSED DOCTORS.

\$ _____ **TRANSPORTATION** AND LODGING (_____ MILES DRIVEN FOR MEDICAL CARE IN YOUR OWN VEHICLE)

OTHER DEDUCTIONS

ENCLOSE FORM 1098 HOME MORTGAGE INTEREST

\$ _____ SALES TAX ON MAJOR PURCHASE SUCH AS VEHICLE FOR PERSONAL USE. DESCRIBE: _____

\$ _____ REAL ESTATE & MOBILE HOME TAX (INCLUDE ONLY AMOUNT OF BILLS YOU PAID DURING 2023)

\$ _____ FOOD, CLOTHING, ETC. TO CHURCHES & IRS-RECOGNIZED CHARITABLE ORGANIZATIONS (NOT INDIVIDUALS)

\$ _____ VOLUNTEER EXPENSES INCURRED FOR CHURCHES & IRS-RECOGNIZED CHARITABLE ORGANIZATIONS

_____ miles UNREIMBURSED MILES DRIVEN FOR CHURCHES & IRS-RECOGNIZED CHARITABLE ORGANIZATIONS