

2023 Form 1040 Client Organizer

Your Name: _____ E-mail: _____

TAXPAYER INFORMATION

First Name: _____ Initial: _____
 Last Name: _____
 Social Security #: _____
 Occupation: _____
 Date of Birth: _____
 Street Address: _____
 City: _____
 State, Zip: _____
 Home Telephone: _____
 Work Telephone: _____
 Fax Number: _____

SPOUSE INFORMATION

First Name: _____ Initial: _____
 Last Name: _____
 Social Security #: _____
 Occupation: _____
 Date of Birth: _____
 Street Address: _____
 City: _____
 State, Zip: _____
 Home Telephone: _____
 Work Telephone: _____
 Fax Number: _____

FILING STATUS

Single: _____ Married: _____ Head of Household: _____ Married Filing Separate: _____

SALARIES AND WAGES (Please attach all W-2 forms)

W-2	Gr. Income	Fed WH.	FICA	Medicare		
1	_____	_____	_____	_____		
2	_____	_____	_____	_____		
3	_____	_____	_____	_____		
4	_____	_____	_____	_____		

DEPENDENTS

Name: _____
 Date of birth: _____
 Social Security #: _____
 Relationship: _____
 Months Lived at Home: _____

Name: _____
 Date of birth: _____
 Social Security #: _____
 Relationship: _____
 Months Lived at Home: _____

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Name: _____
 Date of birth: _____
 Social Security #: _____
 Relationship: _____
 Months Lived at Home: _____

DEDUCTIONS

Medical And Dental Expenses:

Insurance Premiums (Net): _____
Doctors, Dentists, etc.: _____
Long Term Care: _____
Prescriptions: _____
Auto Miles: _____

Taxes Paid:

State Sales Tax: - Large Items: _____
State Sales Tax – Autos: _____
Real Estate Taxes - Residence: _____
Other Taxes: _____

Interest Paid:

Home Mortgage Int. Pd. (1st): _____
Home Mortgage Int. Pd. (2nd): _____
Home Mortgage (Equity Line): _____

Contributions:

By Cash Or Check: _____
By Other Than Cash : _____

Miscellaneous Deductions:

Unreimbursed Employee Business: Expenses: Description: _____
Union /Professional Dues: _____
Investment Expense: _____
Tax Return Preparation Fees: _____
Safe Deposit Box Rental: _____

ADJUSTMENTS TO INCOME

Student Loan Interest: _____
Educator Expenses: _____
College Tuition & Fees: _____

IRA Deduction: _____
Keogh/SEP Deduction: _____
SIMPLE Plan: _____

Roth IRA Contribution: _____
Penalty on early withdrawal of savings: _____

BUSINESS INCOME

General Information:

____ First Year ____ Taxpayer ____ Spouse
Business/Profession: _____
Bus. Name: _____
Bus. Address: _____
City: _____
State, Zip: _____

Expenses:

Advertising: _____
Car and Truck Expenses: _____
Commissions: _____
Employee Benefit Programs: _____
Insurance (other than health): _____
Health Ins. Premiums for Self: _____
Mortgage Int. (paid to banks, etc.): _____
Other Interest: _____
Legal and Professional: _____

<p>Income: Gross Receipts or Sales: _____</p> <p>Other Income: _____</p> <p>Cost of Goods Sold: If Applicable</p> <p>Inventory at Start of the Year: _____</p> <p>Inventory at End of the Year: _____</p> <p>Purchases: _____</p> <p>Cost of Items for Personal Use: _____</p> <p>Cost of Labor: _____</p> <p>Materials and Supplies: _____</p> <p>Other Costs: _____</p>	<p>Office Expense: _____</p> <p>Pension & Profit Sharing Plans: _____</p> <p>Rent-Vehicles, Machinery, & Equipment: _____</p> <p>Rent - Other Business Property: _____</p> <p>Repairs: _____</p> <p>Supplies: _____</p> <p>Taxes - Real Estate: _____</p> <p>Taxes - Other: _____</p> <p>Travel: _____</p> <p>Total Meals and Entertainment: _____</p> <p>Utilities: _____</p> <p>Wages: _____</p>
<p>Did you acquire or dispose of any business assets (including real estate) during the year? _____ Yes _____ No</p> <p>Business Auto:</p> <p>Total Miles: _____</p> <p>Business Miles: _____</p>	<p>Did you have a home office during the year? _____ Yes _____ No</p> <p>Rent: _____</p> <p>Utilities: _____</p> <p>Insurance: _____</p> <p>Janitorial: _____</p> <p>Misc: _____</p> <p>% of exclusive business use : _____</p>

ESTIMATED TAX PAYMENTS

Federal:	Date Paid	Amt. Paid	
Overpayment-Prior Year	_____	_____	
1st Quarter	_____	_____	
2nd Quarter	_____	_____	
3rd Quarter	_____	_____	
4th Quarter	_____	_____	

RENTAL INCOME & EXPENSES

Was property purchased/converted to rental during this tax year? _____ Yes _____ No Property /Address

1: _____

2: _____

3: _____

Property	1	2	3
Income: Rents Received	_____	_____	_____
Expenses: Advertising	_____	_____	_____
Association Dues	_____	_____	_____
Auto and Travel	_____	_____	_____
Cleaning / Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Gardening	_____	_____	_____
Insurance	_____	_____	_____
Labor	_____	_____	_____
Professional Fees	_____	_____	_____
Miscellaneous	_____	_____	_____
Mortgage Interest	_____	_____	_____
Other Interest	_____	_____	_____
Repairs and Maintenance Supplies	_____	_____	_____
Taxes	_____	_____	_____
Telephone	_____	_____	_____
Utilities	_____	_____	_____
Improvements	_____	_____	_____
Other	_____	_____	_____

MISCELLANEOUS QUESTIONS

If any of the following items pertain to you or your spouse for this tax year, please check the appropriate box and include all pertinent details.

Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?

____Y ____N

Did you receive any K-1s from S corporations, partnerships, estates, trusts, or LLCs?

____Y ____N

Do you have any children under age 14 with interest, dividend, and/or capital gain income in excess of \$650?

____Y ____N

Can you be claimed as a dependent on another person's tax return?

____Y ____N

Did you or your spouse "roll over" a retirement plan distribution into another plan?

____Y ____N

Did you or your spouse receive any disability income during the year?

____Y ____N

Did you purchase, sell, or refinance your principal home or your second home, or obtain a home equity loan during the year? If yes, please send information.

____Y ____N

Did you sell any stocks, bonds, or other investment property during the year? If yes, please list the description, date acquired, date sold, sales price, cost or basis, and expenses of sale. ____Y ____N