

Thorsen, Breidinger & Novak, P.A.

2023 Income Tax Organizer

Taxpayer's Name				Social Security Number	
Spouse's Name				Social Security Number	
Taxpayer's Occupation			Date of Birth (D.O.B.)		Blind?
Spouse's Occupation			Date of Birth (D.O.B.)		Blind?
Address				e-mail address	
City	State	Zip	Home Phone		Work Phone

DEPENDENT CHILDREN (who lived with you more than 6 months)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

OTHER DEPENDENTS

1) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others

☒ THINGS TO BRING (if applicable)

- | | | |
|--|---|--|
| <input type="checkbox"/> Last Year's Tax Return (if new client) | <input type="checkbox"/> Business/Rental/Farm Income & Expenses | <input type="checkbox"/> Last Pay Stub of the Year |
| <input type="checkbox"/> W-2 Form(s) for Wages | <input type="checkbox"/> Records of Estimated Taxes Paid | <input type="checkbox"/> Charitable Contribution Details |
| <input type="checkbox"/> 1099 Form(s) for Interest, Dividends, Sales, Retirement, Social Security, Self-employment, Unemployment, Cancelled Debt, & Other Income/Distributions | <input type="checkbox"/> HSA forms (1099-SA & 5498-SA) | <input type="checkbox"/> Voided Check for Direct Deposit |
| <input type="checkbox"/> IRA Year-end Statements and Forms 5498 | <input type="checkbox"/> Childcare Provider Information | <input type="checkbox"/> Form(s) 1095-A – For health Insurance purchased on healthcare.gov (or your state's ACA marketplace) |
| <input type="checkbox"/> K-1s from Partnerships, Corporations, Estates or Trusts | <input type="checkbox"/> Property Tax Statements | <input type="checkbox"/> Copy of Driver's License for Taxpayer & Spouse |
| <input type="checkbox"/> Assets Held Outside the USA (bring statements) | <input type="checkbox"/> 1098 Form(s) - Mortgage Interest, Tuition, Student Loans, Vehicle/Boat Donations | <input type="checkbox"/> Copy of Social Security Card (for new clients and new family members) |
| <input type="checkbox"/> Cryptocurrency Sales and/or Earnings | <input type="checkbox"/> Closing Papers for Purchases & Sales (including purchase and sale dates & amounts) | <input type="checkbox"/> Employee Retention Credits (\$ amount and tax year) |
| | <input type="checkbox"/> All Other Statements Showing Income | |
| | <input type="checkbox"/> Undocumented Income (bring details) | |

RENTAL/SELF-EMPLOYMENT/FARM INCOME

(see reverse for expenses)

Landlords (rents received) \$ _____
 Self-employment (total received) \$ _____
 Farm income (total received) \$ _____

SALE OF STOCK OR OTHER PROPERTY

Item:	Cost:	Sale:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

OTHER INCOME

Wages (forms W2)..... \$ _____
 Interest (forms 1099-INT)..... \$ _____
 Dividends (forms 1099-DIV)..... \$ _____
 Tips..... \$ _____
 Child Care..... \$ _____
 Retirement (forms 1099-R)..... \$ _____
 Social Security (form SSA-1099). \$ _____
 Jury Duty..... \$ _____
 Election Judging..... \$ _____

OTHER INCOME (cont.)

Roth Conversions (form 1099-R)..... \$ _____
 Gambling Winnings (form W2-G)..... \$ _____
 Unemployment (1099-G)..... \$ _____
 Alimony Received..... \$ _____
 Prizes/Awards..... \$ _____
 Scholarships & Fellowships..... \$ _____
 Debt Cancellation..... \$ _____
 Partnerships & S-Corporations.... \$ _____
 Estates & Trusts..... \$ _____
 Social Security/RR Retirement..... \$ _____
 State Tax Refunds..... \$ _____
 Royalties (music/writing/other)..... \$ _____
 Sick Pay &/or Disability..... \$ _____
 Veteran's Payments..... \$ _____
 Withdrawals from HSA/MSA..... \$ _____
 Hobby Income..... \$ _____
 Odd Jobs/Side Jobs..... \$ _____
 Research/Survey/Online..... \$ _____
 Insurance Claims/Lawsuits..... \$ _____
 Public Assistance..... \$ _____
 Barter..... \$ _____
 Foreign Income..... \$ _____
 Cryptocurrency sales/earnings.... \$ _____
 All Other Income..... \$ _____

★ Bring statements if available. Double-check 'online' accounts that don't send paper statements (e.g. brokerage, HSA, tuition, etc.).

Potential Deductions and Credit Items

ADJUSTMENTS

Payments to an IRA Traditional ☐ Roth ☐
Taxpayer Amount \$ SEP ☐ SIMPLE ☐
Spouse Amount \$

Penalty for Early Withdrawal

Alimony Paid \$: SS#: - -

Self-Employed Health Insurance

Student Loan Interest

Payments to HSA/MSA: Taxpayer Spouse

Classroom Materials for Educators

MEDICAL EXPENSES

Insurance Premiums (not pretax)
Medicare Premiums
Prescriptions
Eyeglasses, Hearing Aids & Batteries
Doctors
Dentists
Hospital / Ambulance
Auto Mileage miles
Other Medical Expenses, Travel
Reimbursement
Long Term Care Insurance

TAXES

Real Estate Taxes
State taxes paid in '23 for '22 or earlier
Sales tax paid on vehicles, boats, planes
Sales tax paid (from receipts)

2023 State Tax Estimates

date pd. \$ date pd. \$
date pd. \$ date pd. \$

2023 Federal Tax Estimates

date pd. \$ date pd. \$
date pd. \$ date pd. \$

Vehicle License Tabs, Pers. Prop. Tax

INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (Form 1098)
First Mortgage/Refinance
Loan Origination Fee/Discount Fee
Second Mortgage
Home Equity
Equity loan used only to buy/build/improve home? Y ☐ N ☐
Mortgage Insurance
Second Home Interest Payments
Home Mortgage—Pd. to Individuals
(name, address, Social Security number)
Investment Interest: *Margin Account*
Other Investment Interest

OTHER MISCELLANEOUS EXPENSES

Gambling Losses
Impairment Related Work Expenses

HIGHER EDUCATION EXPENSES

Post Secondary Tuition/Req. Fees Paid
Date: Year in School

CONTRIBUTIONS

Churches (receipted)
Other Contributions of Money (receipted)
Charitable Auto Mileage
Volunteer Expenses (receipted)
Property Donated (for which you have receipts)
Fair market value (bring documentation if over \$500)
Auto, Boat Donations (Form 1098C)
Qualified Charitable Distribution from IRA? ☐ Y ☐ N (bring details)

CASUALTY & THEFT LOSSES

(BUSINESS RELATED OR FEDERAL DISASTER AREA)

Cost of Property Lost
Fair Market Value of Property
Insurance Reimbursement Received
Federally Declared Disaster Area? ☐ Y ☐ N (bring details)

AUTOMOBILE EXPENSE

Total Miles: Business Miles:
Commuting Miles: Personal Miles:
Jan. 1, 2023, Odometer Beginning:
Dec. 31, 2023, Odometer Ending:
Gas & Oil
Interest
Tolls & Local Transportation
Lease Payments
Parking
Other:

BUSINESS EXPENSES

Taxes
Utilities
Insurance
Repairs
Supplies
Business Meals
Business Travel
Advertising
Professional Dues/Memberships
Legal/Professional Fees
Wages (bring copies of W2s/941s if they have been filed)
Contract Labor
Equipment (bring a list with details)
Other:
Is your primary place of business in your home? If yes, bring all home related expenses, total square footage and square footage of space that is exclusively and regularly used for business.

CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.

Do you have a dependent care benefit plan at work?

ADOPTION EXPENSES

Amount Paid: Date Finalized: (bring papers)

ENERGY CREDITS / PLUG-IN VEHICLE

(BRING RECEIPTS AND DETAILS)

Furnace ☐ Central AC ☐ Heat Pump ☐ Doors/windows ☐
Solar ☐ Wind ☐ Geothermal ☐ Plug-in EV ☐ Other

Please sign here date