2023 Tax Organizer Personal Information

Personal Information								
Name				SN I	Has P PIN	ate of Birth		
Taxpayer	1							
Spouse								
Name of person to whom all information should be addressed, if not the taxpayer								
Street address, city, state, and ZIP								
Occupation Daytime Phone Evening Phone Cell Phone								
Takpayer								
Spouse			<u> </u>		<u> </u>			
Taxpayer email								
Spouse email								
Filing status at the end of 2023 I Single Married Widowed - If widowed and	vour enques died :	offer December 31, 2021	enter the date	of death				
<u> </u>								
	iy, did you live apan	thom your spouse for the	iast six monu	S UI 2023 !	-			
Yes No Are you or your spouse blind? Are you or your spouse disabled? Are you or your spouse a full-time student? Do you or your spouse want to designate \$3 to At any time during 2023 did you:								
Are you or your spouse disabled? Are you or your spouse a full-time student?								
Do you or your spouse want to designate \$3 to	go to the Presiden	tial Election Campaign Fu	nd?					
(a) receive (as a reward, award, or payment (b) sell, exchange, gift, or otherwise dispose			igital asset)?					
(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?								
Taxpayer's type of photo ID Spouse's type of photo ID								
Driver's license State-issued photo ID		Driver's license	_	ite-issued p	ohoto ID			
Photo ID number								
State photo ID was issued	d							
Date photo ID was issued Date photo ID was issued								
Date photo ID expires								
Account Information for Deposits and Withdra	Account Information for Deposits and Withdrawals							
Name of Bank	Bank	Bank	Type of A		1	Account for		
Tana di Dan	Routing Number	Account Number	Checking	Savings	Deposits	Withdrawals		
Appointment Information								
Your 2023 appointment is scheduled for								
1								

Dependent and Other Information								
Name: SSN:								
Dependent Information								
First and Last Name SSN		Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses
<u> </u>								
						1		
ist dependents required to file a re				<u> </u>			<u>)</u>	
Child and Other Dependen		ses.						
Name of Care Provider		<u> </u>	Address			SSN or E	:IN	Amount Paid
Name of Care Provider			Auditoss			33,13,12		Sittodite Land
Estimates		. Ži-z 1900	A	Jt 7 ,	* 1	**		Part of the second
	Fede Date Pald	eral Amount	Resi Date Paid	ident State بر	Amount	F Date Paid	Resident	City Amount
Dverpayment applied rom 2022								
irst quarter								
Second quarter			_					
hird quarter		-	_					
outh quarter						<u>, </u>		
Additional payments		<u></u>						

2023.

Income	
Name: SSN	<u>:</u>
Wages & Salaries Provide all copies of Form W-2	
4	2023 Federal
TS Employer Name	Wages
	
<u> </u>	
1	 _
<u> </u>	
1	
1	
Retirement	
Retirement Provide all copies of Form 1099-R	2023
TS Payer Name	Distribution
	·
<u> </u>	
Yes No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contribution. Yes No Did you use any of the distributions for disaster relief?	ons?

Schedule A - Itemized Deductions SSN: Name: Medical and Dental Expenses Charitable Contributions Donations to charity Noncash Amount Cash Health insurance premiums (paid by you, not through work) Church Amount above that is for Medicare premiums Boy or Girl Scouts Long-term care premiums (you) Goodwill . . Long-term care premiums (your spouse) Long-term care premiums (dependents) Salvation Army Mileage driven for medical purposes United Way Out of pocket medical & dental expenses Veterans Doctor, dental, etc Hospital Prescription medicines University Glasses & contacts Hearing aids Miles driven for charitable purposes Medical equipment & supplies Other Miscellaneous Deductions Hospital services . . Amortizable bond premiums Laboratory services Federal estate tax Nursing services . . Gambling losses . . . Impairment-related work expenses Other Claim repayments Taxes Paid Unrecovered pension investments State and local income taxes Loss from other activities from Schedule K-1 General sales tax (vehicle, boat, home, etc.) Ordinary loss debt instrument Real estate taxes Excess deduction on termination Personal property taxes Job Expenses & Certain Miscellaneous Deductions uto registration taxes not Necessary job expenses you paid that were not reimbursed by your deductible for state • • • • employer Other taxes (list) Safety equipment, tools, & supplies Uniforms Protective clothing (shoes, hardhats, glasses, etc.) Interest Paid Dues to professional organizations Home mortgage interest paid (attach Form 1098) Books & subscriptions Some of your home mortgage loan was not used to buy, build, or improve your home. Other Home mortgage interest paid to an individual Union dues Paid to: Name Tax preparation fees Other nonpersonal expenses related to taxable income Address City, State, ZIP Investment expenses not entered elsewhere SSN or EIN Points not reported on Form 1098

Healthcare Coverage Questionnaire									
Name:									
Heal	lthcar	e Information			12. 10. 1				
		Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All				
YES	NO	Did anyone athershop you are governous any for hardthours	neverage for anyone listed shove?	,					
:1	Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?								
4	Did you pay for healthcare coverage for anyone not listed above? If you had coverage for any part of the year:								
	Where was the policy obtained?								
		_ <u> </u>	tplace (Exchange)						
If you didn't have coverage part or all of the year: Answer YES if the following applies to any member of the household									
	1 -								
1									
-	Are you a member of a federally recognized Indian tribe?								
	Are you eligible for services through an Indian healthcare provider?								
ı İ	Are you a member of a healthcare sharing ministry?								
Î	Did you live in the United States the entire year?								
	Are you enrolled in TRICARE?								
		Did you apply for CHIP coverage?							
Ġ		Do any of the following apply to you? Do NOT indicate which	one.						
		Became homeless							
1		Evicted in the past six months, or facing eviction or foreclo	sure						
		Received a shut-off notice from a utility company							
		Recently experienced domestic violence							
1	Recently experienced the death of a close family member								
2	 Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property 								
Married Control	Filed for bankruptcy in the last six months								
	 Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt 								
	Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family memeber								