

2023 Client Tax Organizer

1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation	Cell Phone
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Home Phone
Email Address Taxpayer			Email Address Spouse		

<p style="text-align: center;"><u>Taxpayer</u></p> <p>Blind <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pres. Campaign Fund <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MN Nongame Wildlife Fund \$ _____ (Amount)</p>	<p style="text-align: center;"><u>Spouse</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;"><u>Marital Status</u></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Widow(er), Date of Spouse's Death _____</p> <p><input type="checkbox"/> Head of Household</p>
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Will file jointly Yes No

2. Dependents (Children & Others)

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

Please answer the following questions to determine maximum deductions.

- | | |
|--|---|
| <p>1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>2. At any time during 2023, did you receive, sell, exchange, or otherwise dispose of any financial interest in virtual currency? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>3. At any time during 2023, did you have a financial interest in or signature authority over a financial account (bank account, securities account, or brokerage account) located in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you own \$50,000 or more in foreign financial assets? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you receive rent from real estate or other property? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>6. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>7. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you receive any correspondence from the IRS or State Department of Taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>10. Did you give a gift of more than \$17,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you have any debts cancelled, forgiven, or refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you go through bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$2500? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number. _____ Taxpayer _____ Spouse</p> |
|--|---|

3. Direct Deposit / Auto Debit Bank Account Information

Check if you would like:

Direct Deposit of Refund Direct Debit Balance Due Direct Debit Estimates

ACCOUNT INFORMATION

Name of Financial Institution _____ Routing Number _____

Type of Account Checking Savings Account Number _____

4. Wage, Salary Income

Provide W-2s:

Employer	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

5. Interest Income

Provide 1099-INT, Form 1097-BTC & broker statements

Payer	Amount
_____	_____
_____	_____
_____	_____
_____	_____
Tax Exempt	_____
_____	_____

6. Dividend Income

From Mutual Funds & Stocks - Provide 1099-DIV

7. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Provide K-1

8. Property Sold

Provide 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*	_____	_____
Vacation Home	_____	_____
Land	_____	_____
Other	_____	_____

* Provide information on improvements, prior sales of home, and cost of a new residence.

9. I.R.A. (Individual Retirement Account)

Contributions for tax year income

	Amount	Date	Trad or Roth
Taxpayer	_____	_____	<input type="checkbox"/>
Spouse	_____	_____	<input type="checkbox"/>

Amounts withdrawn. Provide 1099-R & 5498

Amount	Reason for Withdrawal	Reinvested?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Pension, Annuity Income

Provide 1099-R Payer*	Reason for Withdrawal	Reinvested?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Did you receive:

	Taxpayer		Spouse
Social Security Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Provide SSA-1099, RRB-1099

11. Investments Sold

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

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

12. Other Income

List All Other Income (including non-taxable)

Alimony Received _____
 Child Support _____
 Scholarship (Grants) _____
 Unemployment Compensation (repaid) _____
 Prizes, Bonuses, Awards _____
 Gambling, Lottery (expenses _____) _____
 Unreported Tips _____
 Director / Executor's Fee _____
 Commissions _____
 Jury Duty _____
 Worker's Compensation _____
 Disability Income _____
 Veteran's Pension _____
 Payments from Prior Installment Sale _____
 State Income Tax Refund _____
 Other _____
 Other _____

13. Medical/Dental Expenses (Must exceed 7.5% of AGI)

Medical Insurance Premiums
 (paid by you) _____
 Prescription Drugs _____
 Insulin _____
 Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Braces _____
 Medical Equipment, Supplies _____
 Nursing Care _____
 Medical Therapy _____
 Hospital _____
 Doctor/Dental/Orthodontist _____
 Mileage (no. of miles) _____

14. Taxes Paid

Real Property Tax (provide bills) _____
 Personal Property Tax _____
 Other _____

15. Interest Expense

Mortgage interest paid (provide 1098) _____
 Interest paid to individual for your
 home (include amortization schedule) _____
 Paid to:
 Name _____
 Address _____
 Social Security No. _____
 Investment Interest _____
 Premiums paid or accrued for qualified
 mortgage insurance _____

16. HSA Contributions/Distributions

Did you have any HSA contributions/distributions? Yes No
 Please provide a copy of all 1099-SA and Form 5498s related to
 your HSA.

17. Charitable Contributions

Please provide a summary of all donations made from cash or check.
 *Any donations over \$250 must be substantiated by receipt from
 charity.
 *Noncash contributions in excess of \$5000 in value must have a
 written appraisal.

Other

 Non-Cash

 Volunteer (no. of miles) _____ @ .14 _____

18. 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.

19. Employment Related Expenses That You Paid (Not self-employed) SCH C/F

if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses.

- Dues - Union, Professional _____
- Books, Subscriptions, Supplies _____
- Licenses _____
- Tools, Equipment, Safety Equipment _____
- Uniforms (include cleaning) _____
- Sales Expense, Gifts _____
- Tuition, Books (work related) _____
- Entertainment _____
- Office in home:
- In Square a) Total home _____
- Feet b) Office _____
- c) Storage _____
- Rent _____
- Insurance _____
- Utilities _____
- Maintenance _____

20. Business Mileage SCH C/F

Do you have written records? Yes No

Did you sell or trade in a car used for business? Yes No

If yes, provide a copy of purchase agreement

- Make/Year Vehicle _____
- Date purchased _____
- Total miles (personal & business) _____
- Business miles (not to and from work) _____
- From first to second job _____
- Education (one way, work to school) _____
- Job Seeking _____
- Other Business _____
- Round Trip commuting distance _____
- Gas, Oil, Lubrication _____
- Batteries, Tires, etc. _____
- Repairs _____
- Wash _____
- Insurance _____
- Interest _____
- Lease payments _____
- Garage Rent _____

21. Business Travel SCH C/F

If you are not reimbursed for exact amount, give total expenses.

- Airfare, Train, etc. _____
- Lodging _____
- Meals (no. of days _____) _____
- Taxi, Car Rental _____
- Other _____
- Reimbursement Received _____

22. Estimated Tax Paid

Due Date	Date Paid	Federal	State

23. Education Expenses MN K-12

Student's Name	Type of Expense	Amount

24. College Related Information

Student loan interest paid \$ _____

1098-T – college tuition, provide copy \$ _____

25. Questions, Comments, & Other Information

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer _____ Date _____ Spouse _____ Date _____