

Dear Valued Client,

This Tax Organizer is designed to help you gather the tax information needed for Anderson to prepare your tax return for 2023. Please fill the tax organizer to the best of your ability. Enter all 2023 information for which you do not have official documentation.

Note: To ensure your privacy, please do not submit your Tax Organizer or supporting documents via email.

Complete the Tax Organizer

- Enter all 2023 information. If any information does not apply to you or is incorrect, please draw a line through it or make necessary changes.

Gather your supporting documents and make copies

- See the list below for examples.
- Send the copies with your completed organizer and keep the originals.

Submit the Tax Organizer and any supporting documentation:

- Step 1: Upload to the viewable client docs folder in your Box account <https://andersonadvisors.app.box.com/>
- Step 2: Email taxcoordinators@andersonadvisors.com to let us know you have uploaded the organizer.

The following are examples of supporting documentation:

- Form(s) W-2 for wages, salaries, tips, and gambling winnings. Including any Form W-2C.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, social security, state or local refunds, etc.
- Brokerage statements showing investment transactions for stocks, bonds, options, etc.
- Include ALL pages of the consolidated brokerage forms(s) 1099.
- Schedule K-1 (federal & State) from partnerships, S-corporations, estates, and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage for the Premium Tax Credit.
- Statements supporting deductions for medical expenses, mortgage interest, taxes, and charitable contributions, including any Form 1098-C.
- Copies of closing statements regarding the sale or purchase of real property or refinance of a real estate.
- Provide virtual, cryptocurrency, and any other digital assets trading tax information, if applicable.
- Provide the IP PIN (Identity Protection Personal Identification Number) letter from the IRS, if one was issued to you or any person on your return.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by Anderson.

FEE SCHEDULE FOR TAX RETURNS PREPARED IN 2023

Tax returns are billed by the hour for their preparation and review. Billable rates are:

- Tax Preparer \$275/hour
- Tax Reviewer \$475/hour

The minimum fee for a tax return is \$900. Starting in 2023, you must be a Tax Advantage Program client or on an annual flat rate fee to have the Anderson tax department prepare your return(s). Since our preparation fees are based upon the amount of time required to prepare your tax return, your fee may exceed the minimums. This does not apply to clients who have established flat rates for tax preparation. Anderson prepares tax returns on a first-in, first-out basis. That is, they are prepared in the order they are received. We do work with affiliated CPA firms to complete returns and reviews, so if you are facing an urgent timeline, we may be able to expedite return preparation and review through an affiliate.

Flat Rate and Tax Advantage clients will be able to submit their tax organizers starting January 1.

In order to make the filing deadline for your 2023 income tax return, your completed organizer and backup documents should be received by our office no later than the Anderson deadline to receive materials date listed on the Due Date Calendar attached to avoid any expedite fees. Any information received after that date may require an extension to be filed for your return. Based on the complexity of your return, an extension may still need to be filed. Anderson will file your extension when necessary. An extension provides additional time to file but does not provide additional time to pay any tax that may be due. You are responsible for paying any tax due to the IRS by the due date in order to avoid certain late penalties and interest even if an extension has been or will be filed.

Your Client Tax Coordinator is available to assist should you have any questions regarding the Tax Organizer, uploading information to Box, or the preparation process.

Contact us at 702-628-5236 or via email: taxcoordinators@andersonadvisors.com for more assistance.

Sincerely,

Anderson Advisors Tax Team

The IRS does not send out unsolicited e-mails nor make unsolicited phone calls requesting or demanding personal information or immediate payment. Such authentic looking e-mails are called "phishing" emails and responding may expose you to identity theft. If you receive such emails, forward a copy to the IRS at phishing@irs.gov. Please do not respond to the email. You may also contact our office regarding any written or electronic correspondence or phone calls that you receive from the IRS.

ENTITY TYPE	TAX YEAR END	TAX RETURN DUE	EXTENDED FILING DUE DATE (Extension must be filed prior to Tax Return Due Date listed in column to the left)	ANDERSON DEADLINE TO RECEIVE MATERIALS (Tax Organizers sent to Anderson after this date will incur an expedite fee)
Personal	December 31	April 15	October 15	Feb 15 / Aug 1 for Extension Deadline
Partnership	December 31	March 15	September 16	Feb 1 / July 1 for Extension Deadline
S-Corp	December 31	March 15	September 16	Feb 1 / July 1 for Extension Deadline
C-Corp	December 31	April 15	October 15	Feb 1 / Aug 1 for Extension Deadline
C-Corp	March 31	July 15	January 15	May 1 / Nov 1 for Extension Deadline
C-Corp	June 30	September 16	April 15	July 1 / Feb 1 for Extension Deadline
C-Corp	September 30	January 15	July 15	Nov 1 / May 1 for Extension Deadline

2023 Tax Organizer for Individual Tax Returns 1040 Returns

Nevada

3225 McLeod Drive
Las Vegas, NV 89121
Fax: 702.664.0545

Washington

732 Broadway, Suite 201
Tacoma, WA 98402
Fax: 253.238.0003

Wyoming

1718 Capitol Avenue
Cheyenne, WY, 82001

800.706.4741

www.AndersonAdvisors.com

USE THIS ORGANIZER FOR INDIVIDUAL (OR MARRIED FILING JOINT) RETURNS

IMPORTANT

We are not able to complete your tax return until we have received the completed Tax Organizer and all required documentation, including but not limited to the Client Statement, and payment information.

Anderson Business Advisors

3225 McLeod Drive, Suite 100

Las Vegas, NV 89121

Toll Free: 800.706.4741

or Call our Tax Department direct: 702-628-5236

Fax: 702.664.0547

E-mail: taxcoordinators@andersonadvisors.com

Secure Online Upload Page: <https://andersonadvisors.com/upload-documents/>

Fax Cover Page

ATTENTION: TAX PREPARATION DEPARTMENT

To: Anderson Business Advisors: 702.664.0545

Attention:

From:

Date:

Total Number of Pages: (including cover page)

THIS FAX INCLUDES THE FOLLOWING (CHECK ALL THAT APPLY)

- Client Statement
- Engagement Objectives and Scope
- Organizer for (Entity Name:)
- Supporting Documents
- Other

You may also upload all documents securely online at: andersonadvisors.com/upload-documents/

CLIENT STATEMENT

Anderson Business Advisors' Tax Department will start accepting Tax Organizers to prepare 2023 tax returns starting January 15th, 2024. Please complete the Tax Organizer to the best of your ability.

Tax returns are prepared in the order received. In order to make the IRS filing deadline for your 2023 income tax return, your completed tax organizer and backup documents must be received by Anderson no later than the Anderson Deadline to Receive Materials date listed on the Tax Return Due Date Calendar provided with this organizer.

Returns with organizers and documents submitted after Anderson's deadline to receive materials and filed by the IRS deadline may be subject to expedite fee of \$300.

Anderson Business Advisors reserves the right to complete work domestically and globally through Anderson Global Group, affiliated CPA firms such as H&CO, LLP as well as other qualified professionals in order to timely complete tax preparation and review services.

If your Tax Organizer and documents are received 10 weeks prior to the tax deadline, we cannot guarantee the return will be timely filed. This may result in the need to file an extension, when possible.

An extension provides an additional time to file but does NOT provide an additional time to pay any tax that may be due. You are responsible for paying any tax liabilities due to the IRS and other taxing authorities (if applicable) BY the original due date of the return in order to avoid certain late penalties and interest even if an extension has been filed or will be filed.

The scope of work in connection with the preparation of your ("the Client") federal and state tax returns is intended to be in compliance with the requirements issued by the various taxing authorities. Because tax laws are not always clear, honest differences of opinion may arise between our interpretation of laws and that of the various taxing authorities. We will assist you in resolving these differences in your favor whenever possible.

You and/or your duly appointed representative agree not to hold Anderson Business Advisors ("Anderson"), its representative, or its affiliated firms liable for interpretations made with regard to any of the information supplied by Client and used in the preparation of the tax returns.

Unless compelled to do so by law, Anderson does not disclose any irregularities or provide statements as to the validity of the information supplied by Client to any taxing authority.

All tax returns are subject to review and acceptance by the various taxing authorities. In the event of an examination by the IRS or other taxing authority, contact Anderson. We can respond or represent your position to the taxing authority; however, there may be a fee for this service. You may appeal any adjustments proposed by a taxing authority.

Please review your completed tax returns carefully. As preparers, we have a responsibility both to the various taxing authorities with whom we file tax returns as well as to our Clients. You remain liable for the contents of your tax returns prepared by Anderson from the data you provide.

All tax return preparation fees must be paid before the tax return can be electronically submitted to the taxing authority. Once payment is received and the proper forms are signed authorizing Anderson to electronically file the tax return, Anderson will then electronically file the tax return.

By signing this document I acknowledge this statement and the dates below.

Signature:

Name on Credit Card:

Last 4 digits of Credit Card being used (if Tax Package is not used):

If you wish to use a credit card that is not on file with Anderson, please contact your Client Tax Coordinator.

By submitting this form, you are authorizing Anderson Business Advisors to send you an invoice electronically upon completion (via email or Box.com) and to charge the credit card provided above five (5) days after the invoice has been submitted to you.

ENGAGEMENT OBJECTIVES AND SCOPE

Dear Valued Client,

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2023 federal and requested state income tax returns from information that you furnish us. We do not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms assists in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. We want to express our appreciation for this opportunity to work with you.

Sincerely,

Anderson Business Advisors Tax Team

Accepted By (Print Name):

Signature:

Date:

CONSENT FORM FOR INDIVIDUAL TAX PREPARATION VIA OUR INTERNATIONAL SUBSIDIARIES

To provide you with the best service and value possible, Anderson and its affiliated CPA firms including the global firm, H&CO, LLP, continuously evaluate opportunities to streamline the preparation of your return. Some services that we provide to you may be performed by H&CO, LLP employees outside the United States. In order for Anderson, H&CO, LLP and our international subsidiaries to provide these services, we may need to disclose certain tax return information to them in order to complete your tax preparation and review services.

Your privacy is important to us. The tax return information is disclosed and protected through data protection safeguards as defined and required by the IRS which are maintained by both the Service Provider, Anderson, and H&CO, LLP. The IRS generally requires consent to disclose any information to persons located outside of the United States and requires that the below language be included in any consent form of this type.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return and, in certain limited circumstances, for purposes involving tax return preparation without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to give consent. Because our ability to disclose your tax return information to another tax return preparer affects the tax return preparation services that we provide to you and their cost, we may decline to provide you with tax preparation services or change the terms (including the cost) of the tax preparation services that we provide to you if you do not sign this form. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, including your personally identifiable information such as your Social Security Number ("SSN"). Both the tax return preparer in the United States that will disclose your SSN and the tax return preparer located outside the United States that will receive your SSN maintain an adequate data protection safeguard (as required by the regulations under 26 U.S.C. Section 7216) to protect privacy and prevent unauthorized access of tax return information. If you consent to the disclosure of your tax return information, Federal agencies may not be able to enforce U.S. laws that protect the privacy of your tax return information against a tax return preparer located outside of the U.S. to which the information is disclosed. If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.

If you agree to allow Anderson and its affiliated CPA firm, H&CO, LLP (U.S. based firm), to disclose your tax return information, including your SSN, to H&CO, LLP employees outside the United States and H&CO, LLP subsidiaries for purposes of providing assistance in the preparation of your 2022 individual income tax return(s), please check the box below, provide the information requested, and sign and date your consent to the disclosure of your tax return information.

I give my consent to get my personal return completed as rapidly and efficiently as possible I authorize Anderson, its affiliates and H&CO, LLP to disclose to H&CO, LLP employees outside the United States as well as H&CO, LLP subsidiaries to assist in the preparation of my 2022 individual income tax return(s).

I DO NOT give my consent to get my personal return completed as rapidly and efficiently as possible I request that personnel residing solely in the United States work on my personal tax return and acknowledge that this may cause a delay in the completion of my return.

Sincerely,

Anderson Business Advisors
Tax Team

Tax Payer Signature:

Date:

Spouse Signature:

Date:

PRIVACY POLICY

Certified Public Accountants (CPAs), like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, our affiliated CPA firms we utilize to assist in the completion and/or review of tax returns and, in limited circumstances, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

QUESTIONS PAGE 1 OF 3

The following questions pertain to the 2023 tax year. For any question answered Yes, include supporting detail or documents.

PERSONAL INFORMATION:

Did your marital status change? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Are you married? _____

<input type="checkbox"/>	<input type="checkbox"/>
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If Yes, do you and your spouse want to file separate returns?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If No, are you in a domestic partnership, civil union, or other state-defined relationship?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Can you or your spouse be claimed as a dependent by another taxpayer? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Did you or your spouse serve in the military or were you or your spouse on active duty? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? _____

<input type="checkbox"/>	<input type="checkbox"/>
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DEPENDENTS:

Were there any changes in dependents from the prior year? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Note: Include non-child dependents for whom you provided more than half the support.

Did you or your spouse pay for child care while you or your spouse worked or looked for work? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Do you have any children age 18, or student children aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,100? _____

<input type="checkbox"/>	<input type="checkbox"/>
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HEALTHCARE:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B, or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.

EDUCATION:

Did you or your spouse pay any student loan interest? Include all forms 1098-E _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children, or grandchildren? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan? _____

<input type="checkbox"/>	<input type="checkbox"/>
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If Yes, include all Forms 1099-Q. If yes, were the amounts withdrawn used for qualified tuition expenses?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? _____

<input type="checkbox"/>	<input type="checkbox"/>
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QUESTIONS PAGE 2 OF 3

DEDUCTIONS AND CREDITS:

Did you or your spouse contribute property (other than cash) with a fair market value _____ of more than \$5,000 to a charitable organization? *If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.*

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Did you or your spouse make any large purchases, such as motor vehicles and boats? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic), or fuel cells? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse install any alternative energy improvement or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? _____

<input type="checkbox"/>	<input type="checkbox"/>
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INVESTMENTS:

Did you or your spouse sell, acquire, or exchange Bitcoin or other virtual currencies or engage in any sales or exchanges denominated in Bitcoin or other virtual currencies? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Did you or your spouse have any debts canceled, forgiven, or refinanced? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse sell any securities not reported on Form 1099-B? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S-corporation? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse sell, exchange, or purchase any real estate? _____
If Yes, include closing statements.

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse, or dispose of any stock acquired under a qualified employee stock purchase plan? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse engage in any put or call transactions? _____
If Yes, provide the transaction details.

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse close any open short sales? _____

<input type="checkbox"/>	<input type="checkbox"/>
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RETIREMENT OR SEVERANCE:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Did you or your spouse make a qualified charitable distribution (QCD) directly from an IRA? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity, or deferred compensation plan? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse turn age 72 and have money in an IRA or other retirement account without taking any distribution? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse retire or change jobs? _____

<input type="checkbox"/>	<input type="checkbox"/>
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PERSONAL RESIDENCE:

Did your address change? _____
If Yes, provide the new address.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Did you move to another State? _____

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, what was the date you established residency in your new State? _____

<input type="checkbox"/>	<input type="checkbox"/>
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If Yes, did you move to a different home because of a change in the location of your job? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse claim a homebuyer credit for a home purchased in 2008? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Are you claiming a deduction for mortgage interest paid to a financial institution and **someone else** received the Form 1098? _____

<input type="checkbox"/>	<input type="checkbox"/>
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SALE OF YOUR HOME:

Did you sell your home? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five year period prior to the sale? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse ever rent out the property? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse ever use any portion of the home for business purposes? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Have you or your spouse sold a principal residence within the last two years? _____

<input type="checkbox"/>	<input type="checkbox"/>
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At the time of the sale, the residence was owned by the:

Taxpayer	Spouse	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GIFTS:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$17,000 to any individual? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

FOREIGN MATTERS:

Did you or your spouse own any foreign financial assets? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, are the foreign financial assets valued at over \$10,000? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse create or transfer money or property to a foreign trust? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or spouse own interest in a limited liability entity organized in a foreign country? _____

<input type="checkbox"/>	<input type="checkbox"/>
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PERSONAL INFORMATION REQUIRED

TAXPAYER

First Name and Initial:	Last Name:	Social Security Number:	
Occupation:	Date of Birth (Mo/Da/Yr):	Date of Death (Mo/Da/Yr):	
Driver License or State-Issued ID Number:	Issue Date (Mo/Da/Yr):	Expiration Date (Mo/Da/Yr):	State:

Drivers License
 State-Issued ID
 No Identification

Were you issued IP PIN for Identity Protection by the IRS/State for the 2023 tax year? (Attach Letter)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Provide a copy of the front and back of your driver's license.

SPOUSE

First Name and Initial:	Last Name:	Social Security Number:	
Occupation:	Date of Birth (Mo/Da/Yr):	Date of Death (Mo/Da/Yr):	
Driver License or State-Issued ID Number:	Issue Date (Mo/Da/Yr):	Expiration Date (Mo/Da/Yr):	State:

Drivers License
 State-Issued ID
 No Identification

Were your spouse issued IP PIN for Identity Protection by the IRS/State for the 2023 tax year? (Attach Letter)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Provide a copy of the front and back of your driver's license.

CONTACT INFORMATION

Address:		Apartment Number:
Occupation:	State:	Zip or Postal Code:
Foreign County:	Taxpayer Daytime/Work Phone:	Taxpayer Daytime/Evening Phone:
Taxpayer Foreign Phone:	Spouse Cell Phone:	Spouse Fax Number :
Taxpayer Email Address:	Spouse Email Address:	

May the IRS or other taxing authority discuss the return with the preparer? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Is the taxpayer claimed as a dependent on someone else's tax return? _____

<input type="checkbox"/>	<input type="checkbox"/>
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Are you considered legally blind per IRS regulations? _____

Taxpayer	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Spouse	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Do you want to contribute to the Presidential Election Campaign Fund? _____

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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Are you a U.S. Citizen or Green Card holder? _____

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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Was your dependant issued IP PIN for Identity Protection by the IRS/State for the 2023 tax year? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

(Attach Letter)

	First name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						

	Months lived in your home	Disabled	Did your qualifying relative have more than \$4,700 in gross income during the year?
A		<input type="checkbox"/>	<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>
D		<input type="checkbox"/>	<input type="checkbox"/>
E		<input type="checkbox"/>	<input type="checkbox"/>
F		<input type="checkbox"/>	<input type="checkbox"/>
G		<input type="checkbox"/>	<input type="checkbox"/>

Did any of your dependents file their own 2023 return? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If yes, provide name: _____

If yes, did they indicate on their return that they can be claimed as a dependent on another return? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

**If you received IRS Letter 6419 for Advance Child Tax Credit Payments and/or IRS Letter 6475 reporting the third Economic Impact Payment, please provide a copy of these letters to us along with your tax organizer..*

Provide the name of any dependent who is not a U.S. citizen or Green Card holder:

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return:

List the years that a release of claim to exemption is given for a dependent child not living with you:

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL ACCOUNT INFORMATION:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information.

Would you like any refunds owed to you directly deposited? _____

YES	NO

Would you like to pay any amount due on your federal return using electronic withdrawal? _____

--	--

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____

Name of bank or financial institution:	Routing Transit Number (RTN):	Account Number:
----------------------------------------	-------------------------------	-----------------

TYPE OF ACCOUNT

Checking
 Archer MSA Savings
 Traditional Savings
 Coverdell Ed. Savings
 IRA Savings
 HSA Savings
 myRA

Is this a business account? _____

YES	NO

ACCOUNT OWNER

Taxpayer
 Spouse
 Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

WAGES & SALARIES INCLUDE ALL COPIES OF YOUR CURRENT YEAR FORMS W-2

Did you receive any W2's with taxable wages _____

YES	NO

If yes, how many W2's did you receive?

TAXPAYER	SPOUSE

2023 INTEREST AND DIVIDEND INCOME INFORMATION

INTEREST INCOME:

Include all Forms 1099-INT or other documents for interest received
(List all items sold during the year on Form 7.)

Special Interest Code: 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest
1 - Qualified Educational Series EE Bonds 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

	TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A						
B						
C						
D						
E						

	Social Security of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax Exempt Interest
A				
B				
C				
D				
E				

	Federal Withholding	State Withholding	Investment Expenses
A			
B			
C			
D			
E			

Tax-Exempt Interest Code:
1 - 1099-DIV
2 - Private Activity Bonds
3 - Both

1099-INT	Payor Name	Last 4 Digits of Account Number	1099-DIV	Payor Name	Last 4 Digits of Account Number

DIVIDEND INCOME:

TSJ	Source	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest

Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Non Taxable Distributions	Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding

Tax-Exempt Interest Code:
1 - 1099-DIV
2 - Private Activity Bonds
3 - Both

2023

BUSINESS INCOME AND COST OF GOODS SOLD

Do not include information pertaining to separate reportable business entity - C-corps, S-corps, Partnerships.

Were you involved in the operations of this business on a regular, continuous and substantial basis? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Do you operate multiple trades or business? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If yes, provide business income and expense information for each trade or business separately.

Name of Business:	Principal Business or Profession:
-------------------	-----------------------------------

Owned By:	Taxpayer	Spouse	Joint	Employer ID Number:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Street Address: _____

City:	State:	Zip or Postal Code:
-------	--------	---------------------

Country:	Method of Inventory:	FIFO	LIFO	N/A	OTHER	Method of Accounting:	CASH	ACCRUAL	OTHER
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUSINESS QUESTIONS 2023:

Did you dispose of this business? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, what was the disposition date? (Mo/Da/Yr): _____

Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you make any payments in 2023 that would require you to file Form(s) 1099? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, did you or will you file required Form(s) 1099?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Health insurance premiums paid for yourself and your dependents _____

2023 Amount
<input type="text"/>

INCOME:

Payment card and third party transactions:

Include all Forms 1099-K

Description	2023 Amount

Include all Forms 1099-MISC

Miscellaneous Income	2023 Amount

Other Income	2023 Amount

Other gross receipts or sales _____

<input type="text"/>

Total of Refunds, Returns, and Allowances provided _____

<input type="text"/>

COST OF GOODS SOLD:

Beginning inventory _____

2023 Amount
<input type="text"/>

Purchases less cost of items withdrawn for personal use _____

<input type="text"/>

+ Cost of labor (do not include amounts paid to yourself) _____

<input type="text"/>

Materials and supplies _____

<input type="text"/>

Other Costs of Goods Sold:	Description	2023 Amount

Ending Inventory _____

<input type="text"/>

<input type="text"/>

<input type="text"/>

<input type="text"/>

<input type="text"/>

Name of Business:

Principal Business or Profession:

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business

%

BUSINESS EXPENSES:

Enter All Expenses at 100 Percent

	2023 Amount
Advertising:	
Car and truck expenses	
Parking fees and tolls	
Commissions and fees	
Contract labor	
Employee benefit programs and health insurance (other than pension and profit-sharing plans)	
Interest - mortgage (paid to banks, etc.)	
Interest - other	
Legal and professional fees	
Office expense	
Pension and profit-sharing plans	
Rent or lease - vehicles, machinery and equipment	
Rent or lease - other business property	
Repairs and maintenance	
Supplies (not included in Cost of Goods Sold)	
Taxes and licenses	
Travel	
Meals	
Entertainment (deductible only on some state returns)	
Utilities	
Salaries & Wages (Attach payroll reports including W2, W3, 941, Payroll Detail Summaries)	
Dependent care benefit	

OTHER EXPENSES:

Description	2023 Amount

VEHICLE:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business %

Description of Vehicle:	Date Vehicle was placed in service (Mo/Da/Yr):
-------------------------	------------------------------------------------

Do you (or your spouse) have another vehicle available for personal purposes? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Was your vehicle available for personal use during off-duty hours? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

	2023 Amount
Total business miles for the year	
Total commuting miles for the year	
Gasoline and oil	
Repairs	
Insurance	
Interest	
Taxes	
Value of employer provided vehicle	
Fair market value of leased vehicle	
Vehicle leases	
Other Vehicle Expenses	

OTHER VEHICLE EXPENSES:

Description	2023 Amount

**SALES OF STOCKS, SECURITIES,
CAPITAL ASSETS & INSTALLMENT SALES**

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

INCLUDE ALL FORMS 1099-A, 1099-B, 1099-S AND COPIES OF MUTUAL FUND STATEMENTS FOR THE YEAR

Brokerage Name	Last 4 of Account Number

Please complete the following table for sales without supporting documentation, otherwise include copies of original supporting documents.

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)	Cost or Other Basis
A					
B					
C					
D					
E					
F					
G					
H					

INSTALLMENT SALE INCOME (OWNER-FINANCED SALES)

DO NOT INCLUDE INTEREST RECEIVED IN PRINCIPAL AMOUNT

TSJ	Property Description	Date Sold (Mo/Da/Yr)	Total of Principal Payments Received in 2023
A			
B			
C			
D			
E			
F			
G			
H			

IRA QUESTIONS FOR 2023

Are you covered by an employer’s retirement plan? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If no, is your spouse covered by an employer’s retirement plan? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Do you want to limit your IRA contribution to the maximum amount deductible on your tax return? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for and Ira deduction?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Did you have any transactions with any IRA during the year? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes Explain:

Total amount converted to Roth IRAs, IRA Values, Rollovers, and Distributions:

Did you or your spouse utilize a Backdoor Roth strategy during the year? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Total value of all traditional IRAs on December 31, 2023: _____

Note: This information or Form 5498 is required if you received a distribution during the year.

IRA:

CONTRIBUTIONS:

Contributions in 2023 for the 2023 tax return _____

Return Contributions in 2024 for the 2023 tax return _____

Amount for 2023 you choose to be treated as nondeductible Roth IRA: _____

Contributions made for the 2023 tax year _____

DISTRIBUTIONS:

INCLUDE ALL FORMS 1099-R AND ANY NONTAXABLE DISTRIBUTION DETAILS

Name of Payer	2023 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a rollover?

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? _____

Do you want to contribute the maximum amount allowed? _____

Taxpayer	Spouse
YES NO	YES NO
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Contributions to:

Simplified employee pension _____	<table border="1" style="width: 100%;"><tr><th>2023 Amount</th><th>2022 Amount</th></tr><tr><td> </td><td> </td></tr></table>	2023 Amount	2022 Amount			<table border="1" style="width: 100%;"><tr><th>2023 Amount</th><th>2022 Amount</th></tr><tr><td> </td><td> </td></tr></table>	2023 Amount	2022 Amount		
2023 Amount	2022 Amount									
2023 Amount	2022 Amount									
Defined benefit plan _____	<table border="1" style="width: 100%;"><tr><th>2023 Amount</th><th>2022 Amount</th></tr><tr><td> </td><td> </td></tr></table>	2023 Amount	2022 Amount			<table border="1" style="width: 100%;"><tr><th>2023 Amount</th><th>2022 Amount</th></tr><tr><td> </td><td> </td></tr></table>	2023 Amount	2022 Amount		
2023 Amount	2022 Amount									
2023 Amount	2022 Amount									
Defined contribution plan _____	<table border="1" style="width: 100%;"><tr><th>2023 Amount</th><th>2022 Amount</th></tr><tr><td> </td><td> </td></tr></table>	2023 Amount	2022 Amount			<table border="1" style="width: 100%;"><tr><th>2023 Amount</th><th>2022 Amount</th></tr><tr><td> </td><td> </td></tr></table>	2023 Amount	2022 Amount		
2023 Amount	2022 Amount									
2023 Amount	2022 Amount									
SIMPLE plan _____	<table border="1" style="width: 100%;"><tr><th>2023 Amount</th><th>2022 Amount</th></tr><tr><td> </td><td> </td></tr></table>	2023 Amount	2022 Amount			<table border="1" style="width: 100%;"><tr><th>2023 Amount</th><th>2022 Amount</th></tr><tr><td> </td><td> </td></tr></table>	2023 Amount	2022 Amount		
2023 Amount	2022 Amount									
2023 Amount	2022 Amount									

INCLUDE FORMS: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC AND 1099-G

MISCELLANEOUS INCOME AND ADJUSTMENTS:

Unemployment compensation received _____
 Social security benefits received _____
 Medicare premiums withheld _____
 Tier 1 railroad retirement benefits received _____
 Other federal withholding _____
 Other State Withholding _____

Taxpayer 2023 Amount	Spouse 2023 Amount

STATE AND LOCAL INCOME TAX REFUNDS:

TSJ	State	City	Tax Year	Income Tax Refund State	Income Tax Refund Local

OTHER INCOME:

TSJ	Nature & Source	2023 Amount

ALIMONY PAID OR RECEIVED:

TSJ	Recipients Name	Recipients Social Security Number	Alimony Received	2022 Amount	Date of Original Divorce or Separation	Date Divorce Separation Agreement

MEDICAL AND DENTAL EXPENSES:

Prescription medicines and drugs _____
 Total medical insurance premiums paid * _____
 Long-term care expenses _____
 Total insurance reimbursement _____

TSJ	2023 Amount

Number of miles traveled for medical care _____

TSJ	01/01/2023 - 12/31/2023

Lodging _____
 Doctors, dentists, etc. _____
 Hospitals _____
 Lab fees _____
 Eyeglasses and contacts _____

TSJ	2023 Amount

Taxpayer long-term care insurance premiums paid _____
 Spouse long-term care insurance premiums paid _____

2023 Amount

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

MEDICAL AND DENTAL EXPENSES:

TSJ	Description	2023 Amount

TAXES PAID:

INCLUDE COPIES OF YOUR TAX BILLS

Personal property taxes paid (include vehicle taxes) _____
 General sales taxes paid on large purchases _____

2023 Amount

Itemize real estate taxes by state

TSJ	Real Estate Taxes	2023 Amount

ITEMIZE REAL ESTATE TAXES BY STATE:

TSJ	Real Estate Taxes	2023 Amount

Did you refinance your home? (If Yes, enclose the closing statement.) _____

YES	NO

If Yes, how many years is your new mortgage loan? _____

HOME MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS:

TSJ	Paid to:	Did you receive form 1098? (If so, provide)		2023 Amount
		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

OTHER HOME MORTGAGE INTEREST PAID:

TSJ	Paid to: (Include Name and Address)	ID Number	2023 Amount

DEDUCTIBLE POINTS:

TSJ	Paid to:	Did you receive form 1098? (If so, provide)		2023 Amount
		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

INVESTMENT INTEREST EXPENSE:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid to:	2023 Amount

CASH CONTRIBUTIONS:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$5,000 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2023 Amount

MILES TRAVELED PERFORMING VOLUNTEER WORK FOR QUALIFIED CHARITABLE ORGANIZATIONS

TSJ	Organization: (Include Name and Address)	ID Number	2023 Miles

NONCASH CONTRIBUTIONS TOTALING \$500 OR LESS:

(Include all Documentation)

TSJ	Description of Donated Property :	2023 Amount

TSJ: _____ Description of Donated Property: _____

Donee Organization Name: _____ Donee Organization Address: _____

Date the property was acquired by the taxpayer (Mo/Da/Yr): _____ Date the property was donated (Mo/Da/Yr): _____

Cost or basis of the donated property _____

Fair market value of the donated property _____

CHILD/DEPENDENT CARE EXPENSES & EDUCATION EXPENSES

CHILD/DEPENDENT CARE EXPENSES:

TSJ:

General Information:

Were you or your spouse a full time student or disabled? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Did you pay an individual for childcare services performed in your home? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Expenses incurred in 2022 but paid in 2023 _____

Employer-provided dependent care benefits that were forfeited in 2023 _____

2022 carryover used in grace period _____

CHILD/DEPENDENT CARE PROVIDERS:

Name (Provider 1):

Street Address: City:

State: Zip or Postal Code: Country:

Country: Social Security Number or Employee Identification Number: Telephone Number (California Only):

Expenses Incurred for 2023

Paid \$

Not Paid \$

Name (Provider 2):

Street Address: City:

State: Zip or Postal Code: Country:

Country: Social Security Number or Employee Identification Number: Telephone Number (California Only):

Expenses Incurred for 2023

Paid \$

Not Paid \$

Name (Provider 3):

Street Address: City:

State: Zip or Postal Code: Country:

Country: Social Security Number or Employee Identification Number: Telephone Number (California Only):

Expenses Incurred for 2023

Paid \$

Not Paid \$

QUALIFYING PERSONS FOR CHILD/DEPENDENT CARE EXPENSES:

First Name and Initial: Last Name: Social Security Number:

First Name and Initial: Last Name: Social Security Number:

2023 Qualified Expenses Incurred

Paid \$

Not Paid \$

HIGHER EDUCATION EXPENSES FOR EDUCATION CREDITS AND/OR TUITION FEES DEDUCTION:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

INCLUDE COPIES OF ALL FORMS 1098-T

First Name and Initial: Last Name: Social Security Number:

First Name and Initial: Last Name: Social Security Number:

2023 Qualified Expenses

Paid \$

Not Paid \$

REFUND APPLICATION:

If you have an overpayment of 2023 taxes, do you want the excess: Refunded Applied to your 2024 estimated tax liability?

ESTIMATED TAX PAYMENTS:

Provide proof of payment to IRS.

Federal

	Due Date	Date Paid	Amount Paid
2023 1st Quarter Estimate	04/18/2023		
2023 2nd Quarter Estimate	6/15/2023		
2023 3rd Quarter Estimate	09/15/2023		
2023 4th Quarter Estimate	01/16/2024		

State and City:

	Due Date	Date Paid	Amount Paid
2023 1st Quarter Estimate	04/18/2023		
2023 2nd Quarter Estimate	6/15/2023		
2023 3rd Quarter Estimate	09/15/2023		
2023 4th Quarter Estimate	01/16/2024		

State and City:

	Due Date	Date Paid	Amount Paid
2023 1st Quarter Estimate	04/18/2023		
2023 2nd Quarter Estimate	6/15/2023		
2023 3rd Quarter Estimate	09/15/2023		
2023 4th Quarter Estimate	01/16/2024		

State and City:

	Due Date	Date Paid	Amount Paid
2023 1st Quarter Estimate	04/18/2023		
2023 2nd Quarter Estimate	6/15/2023		
2023 3rd Quarter Estimate	09/15/2023		
2023 4th Quarter Estimate	01/16/2024		

2022 overpayment applied to 2023 estimate:

TSJ:	State/City:
------	-------------

Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2022 overpayment applied to 2023 estimate _____

Balance of prior year(s)' tax paid in 2023 plus amount paid with 2022 extensions _____

Estimated tax payments for 2022 paid in 2022 _____

Please add any comments you feel may be pertinent, or a few sentences to describe any significant events of your 2023 picture that you would like to convey to the tax preparation team.

