Checklist

Name:	New Client	SSN:
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Checklist

	is provided to help you gather necessary information for us to prepare your 2023 income tax return. Return with the supporting documentation, to our office and let us know of any significant changes from your 202
General Infor	mation and Prior Year Documentation
[] P	roof of identity for those claimed on the return (driver's license or state issued ID, Social Security card, irth certificates for children. etc.)
	come tax returns from the prior two years
	If there were losses from business activities in prior years, include prior five years of returns instead of two
[] D	epreciation schedules from prior years for businesses, rentals, etc.
Current Year	Income Documentation
	/age and tax statements (Form W-2)
	ambling income (Form W2-G)
	RA distributions, pensions, and annuities (Form 1099-R)
	ividend income (Form 1099-DIV)
	sterest income (Form 1099-INT)
	liscellaneous income (Form 1099-MISC)
	onemployee compensation (Form 1099-NEC)
	nemployment compensation and other government payments (Form 1099-G)
	redit card, debit card, and third-party network transactions (Form 1099-K)
	eportable payment transactions
	ocial Security benefits (Form SSA-1099)
	ailroad retirement benefits (Form RRB-1099)
	come from partnerships, S corporations, estates, and trusts (Schedule K-1)
	[] Basis information for any partnerships and S corporations
[] D	ocumentation of brokerage transactions and disposition of capital assets (Form 1099-B)
	roceeds from real estate transactions (Form 1099-S)
	elf-employed business income (Schedule C)
	arm income (Schedule F)
	arm rental income (Form 4835)
	come from rental real estates and royalties (Schedule E)
Oth ar Income	
	(provide supporting documentation for income received for the following items)
	ale of assets or property
:: _	ancellation of debt
[] 0	ther income
Payments (pr	ovide supporting documentation for payments made for the following items)
[] E	ducator classroom expenses
[] E	mployee business expenses
[] C	ontributions to a Health Savings Account
[] E:	xpenses related to work relocation with the military
[] A	limony
[] S	tudent loan interest
[] R	efunded student loan interest payments
[] S	tudent loan forgiveness
[] T	uition and fees for higher education
	xpenses related to child or dependent care
	ontributions to a Retirement Savings Account
[] M	ledical and dental expenses
[] R	eal estate taxes

[] Other state and local taxes

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Checklist	
Name: New Client	SSN:
Checklist	
	SSN:

			Questionnaire	
Name:	New	Client		SSN:
Ques	tionr	aire		
Perso	nal Ir	form	ation	
	Yes			
	[]		Did your marital status change during the year? If "Yes," explain	
	[]		Did your name change during the tax year? If "Yes," explain	
	[]	[]	If your filing status is married, but you are filing separately from your spouse, did you and you live apart for the last six months of 2023?	r spouse
	[]	[]	Can you or your spouse be claimed as a dependent by someone else?	
	[]		Did your address change during the year?	
	[]		Were you, your spouse, or any dependents a victim of identity theft? If "Yes," explain	
	[]		Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)? If "Yes," provide Notice CP01A from the IRS.	
	Prov	/ide p	roof of identity to be eligible to e-file your tax return (driver's license or state-issued ph	oto ID)
Depen	dent Yes		mation	
	[]	[]	Did you have any changes in dependents during the year? If "Yes," explain	
	[]	[]	Can another person qualify to claim any of your dependents?	
	[]	[]	Did you have any child or dependent care expenses during the year?	
	[]	[]	Did you have any adoption expenses during the year?	
	[]	[]	Did you have any children under age 19 or a full-time student under age 24 with more than \$2 unearned income?	2,500 of
	Prov	/ide d	ocumentation for proof of dependent credits (school records, medical records, daycare	records, etc.)
Health			rmation	
	Yes			10
	[]		Did any member of your household have healthcare coverage through the Marketplace (Obal If "Yes," provide copies of Form 1095-A.	·
	[]	IJ	Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Med MSA during the year?	icare Advantage
Incom	e, Pu	ırchas	ses, Sales, and Debt Information	
	Yes	No		
	[]	[]	Did you receive any tips not reported to your employer?	
	[]		Did you receive any disability income during the year?	
	[]		Did you cash in any U.S. savings bonds during the year?	
	[]		Did you start a new business or purchase any rental property during the year?	
	[]		Did you sell an existing business, rental property, or other property during the year?	
	[]	[]	Did you purchase any business assets or convert any assets to business use? If "Yes," provide the cost of the asset, the date it was placed in service, and the business percentage.	use
	[]		Did you purchase any gasoline, diesel, or special fuels for off-road business use?	
	[]		Did you buy or sell any stocks, bonds, or other investments during the year?	
	[]		Did you sell a principal residence during the year? If "Yes," provide closing documentation for the purchase and sale of the home.	
	[]		Did you have a principal residence or a piece of real property foreclosed on during the year?	
	[]		Did you abandon a principal residence or a piece of real property during the year?	
	[]		Did you refinance your principal home or second home or take out a home equity loan during If "Yes," provide all escrow, closing, and other pertinent documentation and information.	the year?
	[]		Did you receive any principal or interest during this year from property sold in prior years?	

	Questionnaire
Name: New Client	SSN:
Questionnaire	
Questionnaire	
[][]	Did you rent out your home or use it for business?
[][]	Did you sell, exchange, or purchase any real estate during the year?
[][]	Did you acquire a new or additional interest in a partnership or S corporation?
[][]	Did you have any debts canceled or forgiven this year?
[][]	Does anyone owe you money that has become uncollectible?
[][]	Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell vehicle, qualified commercial clean vehicle) during the year?
	If "Yes," provide the report the dealer or seller is required to provide to you.
[][]	Did you receive income or incur expenses associated with a fantasy sports league?
	If "Yes," provide documentation.
[][]	Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)? If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.
[][]	Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
	If "Yes," attach Form 1099-K or Form W-2.
[][]	Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)? If "Yes," provide documentation.
[][]	Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
	If "Yes," attach Form 1099-K.
[][]	Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, VRBO or HomeAway)?
	If "Yes," provide documentation.
[][]	Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?
	If "Yes," provide documentation.
[][]	Did you receive any other income you have not provided information for with this organizer?
	If "Yes," explain
Itemized Deduct	ion Information
Yes No	
[][]	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
[][]	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
[][]	Did you receive any state or local income tax refunds from prior years?
[][]	Did you make any major purchases (vehicle, boat, etc.) during the year?
[][]	Did you pay any real estate property taxes or personal taxes during the year?
	Did you pay mortgage interest during the year?
[][]	Did you make cash donations to charity during the year?
[][]	Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
[][]	Did you donate a boat or vehicle during the year? If "Yes," attach Form 1098-C.
[][]	Did you have gambling winnings or losses during the year?
[][]	Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety
	equipment, etc.)?
[][]	Did you use your vehicle on the job other than for commuting to work?
[][]	Did you work out of town at any time during the year?
Retirement Infor	mation
Yes No	
[][]	Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
[][]	Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth,
	Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
[][]	Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified
	retirement plan during the year?
[][]	Did you receive any Social Security benefits during the year?

	Questionnaire
Name: New Client	SSN:
Questionnaire	
Education Inform	mation
Yes No	
[][]	Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
[][]	Did anyone in your household attend a post-secondary school during the year?
[][]	Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
[][]	Did you pay student loan interest for yourself, your spouse, or your dependents during the year? If "Yes," provide the amount of interest that was refunded.
[][]	Did you receive forgiveness on a qualifying federal student loan?
Foreign Tax Info	ormation
Yes No	
[][]	Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
[][]	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
[][]	Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
[][]	Did you have any income from, or pay taxes to, a foreign country?
[][]	Did you receive a Schedule K-3 from a partnership or S corporation?
[][]	Did you have ownership in a foreign corporation at any time during the year?
[][]	Did you own property in a foreign country?
Refund, Withhol	ding, and Estimated Tax Information
Yes No	
[][]	If you have an overpayment of 2023 taxes, do you want the refund applied to your 2024 estimated taxes?
[][]	Did you make any estimated payments toward your 2023 taxes?
[][]	Did you apply an overpayment of your 2022 taxes to your 2023 estimated taxes?
[][]	Do you want to have any refund or balance due directly deposited or withdrawn? If "Yes," provide a canceled checking or savings slip.
[][]	Do you anticipate your income or withholdings to be different for 2024?
Miscellaneous Ir	nformation
Yes No	
[][]	Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset?
[][]	Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area?
	If "Yes," provide the incident date, value of the property, amount of insurance reimbursements, and the declaration number assigned by FEMA.
[][]	Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
[][]	Did you make gifts to any one person in excess of \$17,000 during the year? Yes No
	[] [] If "Yes," are you splitting the gift with your spouse?
[][]	Did you incur moving expenses with the military during the year?
[][]	Did you make any energy-efficient improvements to your main home during the year?
[][]	Are you a business owner who paid health insurance premiums for your employees during the year?
[][]	Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or two or more related transactions during the year? Yes No
	[] [] If "Yes," was Form 8300, Report of Cash Payment over \$10,000 Received in Trade or Business, filed?
[][]	Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the year?

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	Questionnaire	
Name: New Client	Si Si	SN:
Questionnaire		
[][]	Did you make any purchases subject to use tax during the year? If "Yes," provide details.	
[][]	Did you receive any notices from the IRS or state taxing authority? If "Yes," explain	
[][]	May the IRS discuss your tax return with your preparer? Would you like a copy of your tax return sent to you electronically instead of receiving a printed of	сору?
Preparer Notes		

2023 Tax Organizer Personal Information

Persona	al Information								
	Name			SSN		Has P PIN	Date of Birth		
Taxpayer	New Client								
Spouse									
Name of pe	erson to whom all information should be addressed, if no	t the taxpayer							
Street add	dress, city, state, and ZIP								
	Occupation		Daytime Phone Evening Phone				Cell Phone		
Taxpayer									
Spouse									
Taxpayer	email								
Spouse er	mail								
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 At any time during 2023 did you: (a) receive (as a reward, award, or paymer (b) sell, exchange, gift, or otherwise dispose cation Information stype of photo ID er's license State-issued photo ID	to go to the Presider nt for property or ser se of a digital asset (ntial Election Campaign F vice) a digital asset?	Fund? digital asset)? ID State					
	nt Information for Deposits and Withdr		Date photo ID expires						
	Name of Bank	Bank Routing Number	Bank Account Number	Type of Account Use this Ac Checking Savings Deposits					
Appointment Information									
Your 2023	appointment is scheduled for								

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Dependent and Other Information

Name: New Client	SSN:

Name: New Client							SSN	:
Dependent Information	1							
First and Last Name SSN		Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses
st dependents required to fi	le a retum							
Child and Other Deper	dent Care Expe	enses						
Name of Care Provider			Address			SSN or EIN		Amount Paid
Estimates								
	Fe Date Paid	deral Amount	Resident State Date Paid Amount			Resident Date Paid		City Amount
verpayment applied om 2022								
irst quarter		_						
econd quarter		_						
hird quarter		_						
ourth quarter								
dditional payments		_						