2023 PERSONAL TAX DATA ORGANIZER

The information required on this form is pertinent to the preparation of your PERSONAL income tax return and relates to you and your family personally, and not to any business operations that you might have. All your records used in the preparation of your tax return must be retained for no less than 3 years.
The prompt completion of this form with accompanying data support will ensure that your return is prepared & filed on time with the respective tax agencies.

PLEASE SIGN AND RETURN THIS FORM AS SOON AS POSSIBLE - NO LATER THAN MARCH 15, 2024 TO GUARANTEE TIMELY FILING

PERSONAL INFORMATION

	Taxpayer (TP)	Spouse (SP)
Name	______________________	______________________
Social Security #	______________________	______________________
Driver's License #	State: ____ Lic # ______________	State: ____ Lic # ______________
Issue Date	______________________	______________________
Expiration Date	______________________	______________________
Date of Birth	______________________	______________________
Occupation	______________________	______________________
Email address	______________________	______________________
Work Phone	______________________	______________________
Cell Phone	______________________	______________________
Home Phone	______________________	______________________

HOME ADDRESS

____

Number, Street, City, State & Zip Code (If foreign, provide country and other address info)

FILING STATUS

Single ☐ Married Filing Jointly ☐ Married Filing Separately ☐ Head of Household ☐

DEPENDENTS

Name	Social Security Number or ITIN	Date of Birth	Relationship	# of Months Lived at Home

HEALTH INSURANCE

* Market Place/Exchange provider issues **Form 1095-A** which needs to be included in your tax documents

INCOME

SALARIES (Form W-2)

EMPLOYER'S NAME	TP/SP	STILL THERE?

*If more lines are needed, please attach a separate sheet

INTEREST AND DIVIDENDS (Form 1099-INT, 1099-DIV)

FROM WHOM RECEIVED?	AMOUNT	FORM 1099
		☐
		☐
		☐
		☐

CAPITAL GAINS (LOSSES) - sale of securities, personal property, bonds, etc.

ITEM OR SECURITY SOLD	DATE SOLD	SALE PRICE	DATE BOUGHT	PURCHASE PRICE	GAIN/LOSS
					$
					$
					$

*Broker documents and/or closing documents must be provided

IRA/401k/RETIREMENT DISTRIBUTIONS (Form 1099-R must be provided)

PAYER	GROSS DISTRIBUTION	TAXABLE DISTRIBUTION	FEDERAL TAX	STATE TAX

OTHER INCOME:

☐ Alimony Received
☐ Social Security (Form 1099-SSA)
☐ K-1 Share of Income (Form K-1)
☐ Unemployment Comp (Form 1099-G)
☐ State Income Tax Refund (Form 1099-G)
☐ Lottery Winnings (Form W2-G)
☐ Installment Sales Proceeds (Form 1099-S)

SELF-EMPLOYED BUSINESS (Schedule C) *If more lines are needed, please attach a separate sheet

Income: ____________________

Expenses:

Purchases/Inventory	
Advertising Expense	
Dues/Subscriptions	
Rent/Storage	
Operating Supplies	
Office Supplies	
Insurance	
Outside Labor	
Repair/Maintenance	
Misc.	

Home Office Expenses (if applicable):

Electric	
Telephone	
Cable/Internet	
Cleaning	
Repairs/Maintenance	
Outside Maintenance	
Trash	
Homeowner's Insurance	

INCOME – CONTINUED…

RENTAL PROPERTY INCOME

	Property #1	Property #2	Property #3
Address/Description			
Gross Rent			
Advertising Expense			
Cleaning			
Commission			
Insurance			
Mortgage Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Other			

EXPENSES

MEDICAL

Prescription Medications ____________

Health Insurance Premiums ____________

(Paid out of pocket post-tax)

Medicare Premiums ____________

LTC Premiums – TP ____________

LTC Premiums – SP ____________

Doctor and dentist co-pays ____________

Hospitals/Clinics ____________

X-Rays and lab fees ____________

Eyeglasses and contact lenses ____________

Medical Equipment ____________

Medical Miles Driven ________ $ ________

Lodging for medical ____________

LTC costs – Medical Portion ____________

Other: ____________

____

*Medical expenses may be deductible to the extent they exceed 7.5% of your adjusted gross income, if you itemize

TAXES PAID

Real Estate Taxes: Primary ____________

2nd Home ____________

Auto Taxes ____________

Sewer/Water Taxes (NOT use fee) ____________

DMV ____________

Sales Tax ____________

State Income Taxes ____________

INTEREST PAID (attach form(s) 1098)

Mortgage Interest: Primary ____________

2nd Home ____________

Home Equity (LOC) ____________

***Only if used for the construction or maintenance of the primary residence**

Points ____________

Other ____________

EXPENSES – CONTINUED…

CHARITABLE DONATIONS **(Cash, Credit Card, or Check)**

Organization	Amount

NON-CASH DONATIONS **(Goodwill, Veterans, Big Brothers)**

Organization	Amount

OTHER ADJUSTMENTS TO INCOME

CONTRIBUTION:	Taxpayer	Spouse
TRADITIONAL IRA		
ROTH IRA		
SEP		
INDIVIDUAL 401K OR OTHER		

ALIMONY PAID ____ TO WHOM ____ *Name of former spouse* ____ *Social Security #* ____ DIVORCE DATE ____

TUITION & FEES PAID ____
*Attach form 1098-T

STUDENT LOAN INTEREST ____
*Attach form 1098-E

CASUALTY LOSSES ____
*Personal casualty loss is deductible only if it is attributable to a federally declared disaster

DEPENDENT CARE PAID
*Facility name, address, and Federal ID# required for proper credit

NAME: ____
ADDRESS: ____
EIN: ____

ESTIMATED TAX PAYMENTS (paid toward 2023 tax liability)

Federal 4/15/23 ____ 6/15/23 ____ 9/15/23 ____ 1/15/24 ____

State 4/15/23 ____ 6/15/23 ____ 9/15/23 ____ 1/15/24 ____

E-FILING AND BANK INFORMATION

FEDERAL & STATE ELECTRONIC FILING YES □ NO □

DIRECT DEPOSIT INFORMATION
BANK NAME ____ ROUTING # ____ ACCOUNT # ____

DIRECT DEBIT, IF APPLICABLE YES □ NO □ DATE TO DEBIT PAYMENT ____