

# Business Accounting & Tax Professionals

## 2023 Personal Income Tax Organizer

Please complete and return to us at any of our offices located in Fox Point, Oconomowoc or Pewaukee. To ensure a timely return, please complete as soon as possible. **Information received after March 31, 2024 will be automatically extended and an additional charge will apply.**

### Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Best Time to Call \_\_\_\_\_

**If you are a returning client and your general information has not changed please check the box. If you have any changes, please notate all changes below.**

FILING STATUS:    Single    Married Filing Joint    Married Filing Separate    Head of Household    Qualifying Widow(er)

Change in Filing Status? Please Explain: \_\_\_\_\_

Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

Soc Sec # \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Death (if applicable) \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_

Do you wish to designate \$3 to the Presidential Campaign Fund?     Taxpayer     Spouse

Can you be claimed as a Dependent on someone else's return?     Taxpayer     Spouse

\_\_\_\_\_ Street    \_\_\_\_\_ Apt #    \_\_\_\_\_ City / Village / Town    \_\_\_\_\_ State    \_\_\_\_\_ Zip

\_\_\_\_\_ County    \_\_\_\_\_ Township/School District

Did you change your State of Residence?

Moved From \_\_\_\_\_ /23 - \_\_\_\_\_ /23    Moved To \_\_\_\_\_ /23 - \_\_\_\_\_ /23  
State    Dates    State    Dates

### Dependents

Full Name	Social Security #	Date of Birth	Relationship	# of months Lived in Home	% of Support		Check Box If Legally Blind
					by You	by Others	
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Do you have Dependents who must file a tax return?     Yes     No    If Yes, list name of Dependent(s) who file:

\_\_\_\_\_  
\_\_\_\_\_

Do you wish to have your refund directly deposited into your personal bank account?     Yes     No

**If Yes, you must attach a voided check.**

**Direct Deposit Information same as last year.**

Did you receive an Identity PIN from the IRS or WI Department of Revenue?     Yes     No

**If Yes, you must attach the IRS or State letter.**

Check all questions and **provide documentation** for all questions answered 'Yes'. Attach additional sheets if necessary.

**Step 1 - Estimated Payments Made**

Check box if this section not applicable.

	Federal		State	
	Amount Paid	Date Paid	Amount Paid	Date Paid
First Quarter				
Second Quarter				
Third Quarter				
Fourth Quarter				

**Step 2 - Income & Retirement**

Check box if this section not applicable.

**Yes No**

- W-2 Income Taxpayer \_\_\_\_\_ # of W-2's Spouse \_\_\_\_\_ # of W-2's
- Dividend and Interest Income Provide statements and any 1099-Int or 1099-Div. List any dividends or interest not reported on Form 1099 on a separate sheet.
- Sale of Stocks or Bonds Provide year-end statements and 1099-B. List any sales not reported on 1099 on a separate sheet.
- Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual Currency? Provide details.
- Did you pay or receive any Alimony?  Paid  Received Date of Divorce: \_\_\_\_\_  
Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Did you receive unemployment compensation? Provide 1099-G.
- Did you engage in any bartering transactions? Provide 1099-B.
- Did you receive punitive damages or awards for other than physical injuries or illness? Provide legal documents.
- Did you have income from the lottery or other Gambling Income? Provide W2-G. Report Losses in Itemized Deductions Section.
- Did you have any debt forgiven, mortgage foreclosure or abandonment of property? Provide 1099-A or 1099-C statement.
- Did you receive distributions from long-term contracts or Straddles?
- Did you receive any grant income? Please explain & Provide name of Grant Program.
- Did you have any other miscellaneous income not listed above?  
Description \_\_\_\_\_ \$ \_\_\_\_\_  
Description \_\_\_\_\_ \$ \_\_\_\_\_
- Did you receive any Disability Income? Provide 1099-R statement.
- Did you make any withdrawals or distributions from an IRA, Roth IRA, 401(k), Keogh, SIMPLE, SEP, or other qualified retirement plan? (If this is for a qualified disaster, you must provide details). Provide 1099-R forms.
- If Yes, were the proceeds rolled into another retirement plan within 60 days?
- Did you make any Qualified Charitable Distributions with your IRA distributions? Amount \$ \_\_\_\_\_
- Did you or your spouse turn age 73 during the year and **not** take the required minimum distributions from your IRA or other retirement account?
- Did you receive Social Security benefits? Provide 1099-SSA statement.
- Did you, or will you, contribute to an IRA or Roth IRA? (excluding employer plans)

Include statements from IRA and Roth IRA administrators

**Traditional IRA**

**Roth IRA**

Deductible Non-Deductible

Taxpayer \$ \_\_\_\_\_   Taxpayer \$ \_\_\_\_\_  
Spouse \$ \_\_\_\_\_   Spouse \$ \_\_\_\_\_

- Did you convert any IRA proceeds into a Roth IRA?
- Did you have any self-employed business income and expense? If Yes, complete **Self-Employment Worksheet**.
- Did you have any Farm or Farm Rental income or loss? If Yes, complete **Farm or Farm Rental Worksheet**.
- Did you have any Rental Income or expenses? If Yes, complete **Rental Worksheet**.
- Did you have any Partnership or S-Corporation income? \_\_\_\_\_ # of K-1's
- Did you have any Estate or Trust income? \_\_\_\_\_ # of K-1's

Check all questions and **provide documentation** for all questions answered 'Yes'.

**Yes No**

- Did you sell your personal residence? Provide closing settlement statement and 1099-S if provided.
- Did you sell any real estate or personal property? Provide closing settlement statement or other documentation.
- Did you have income from an installment sale? Please provide details.

**Step 3 - Foreign Income & Assets**  Check box if this section not applicable.

- Did you have foreign assets that exceeded \$10,000 at any time during the year?  
(Including but not limited to bank accounts & entity interests)  
Please explain: \_\_\_\_\_
- Did you have any Foreign or undeclared Offshore Income?  
Please explain: \_\_\_\_\_

**Step 4 - Adjustments**  Check box if this section not applicable.

- Were you on active duty and moved because of a military order? Distance from old house to old job: \_\_\_\_\_ new job: \_\_\_\_\_  
Transportation & Storage Expense \_\_\_\_\_ Travel & Lodging Expense \_\_\_\_\_
- Were you a grade K-12 teacher? If Yes, enter amount of out-of-pocket costs you paid: \$ \_\_\_\_\_

**Step 5 - Education**  Check box if this section not applicable.

- Did you incur and pay any Student Loan interest? Provide 1098-E.
- Did you have any Higher Education expenses for you or a dependent? Provide 1098-T. Credit will NOT be allowed without 1098-T.

Student Name	Year in College (1st, 2nd, 3rd, 4th, etc.)	State College is in	Enrollment Status (full time, half time, less than 1/2)	Additional Expenses (books, supplies, computer equipment, internet)

- Did you receive any proceeds from a Section 529 Qualified Tuition or Section 530 College Savings Plan? Provide 1099-Q and detail what proceeds were used for: \_\_\_\_\_
- Did you make any contributions to a WI college savings account? If Yes, fill in the information below for each student.

Tomorrow's Scholar     WI EdVest  
 Name \_\_\_\_\_ SS # \_\_\_\_\_  
 Amount \$ \_\_\_\_\_

Tomorrow's Scholar     WI EdVest  
 Name \_\_\_\_\_ SS # \_\_\_\_\_  
 Amount \$ \_\_\_\_\_

- Would you like us to provide you with a FAFSA Statement from your tax information? Personal information not included.

**Step 6 - Itemized Deductions**  Check box if this section not applicable.

- Did you have any **unreimbursed** out of pocket medical expenses? Exclude FSA, HSA, and MSA reimbursed amounts from figures below
- |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical/Dental Bills \$ _____<br>Health Insurance Premiums Taxpayer \$ _____<br>Spouse \$ _____<br>Supplemental Medicare Insurance Premiums Taxpayer \$ _____<br>Spouse \$ _____<br>Long-Term Care Insurance Taxpayer \$ _____<br>Spouse \$ _____ | Prescription Medicine, Drugs & Insulin \$ _____<br>Medical Miles Driven _____ miles<br>Other medical expenses (please specify) _____ \$ _____<br>_____ \$ _____<br>Medical Transportation & Lodging \$ _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- (Note: Because expenses need to exceed 7.5% of AGI, the deduction may be limited)

- Did you pay real estate taxes? Provide tax bill.
- Provide tax bill.
- Did you pay mortgage interest? Provide 1098.
- Provide 1098.

Check all questions and **provide documentation** for all questions answered 'Yes'.

**Yes No**

- Did you pay home equity loan interest? **Primary Residence** \$ \_\_\_\_\_
- Were all home equity funds used for the improvement of primary residence? **If No, enter amount used for other purposes:**
- Description \_\_\_\_\_ \$ \_\_\_\_\_
- Description \_\_\_\_\_ \$ \_\_\_\_\_
- (Note: You Must provide Name, Address & SSN if interest was paid to an individual)

- Did you pay loan origination fees or points on a purchase or refinance of your home?
- \$ \_\_\_\_\_ Date of refinance \_\_\_\_\_ Length of loan \_\_\_\_\_

- Did you pay any investment interest? \$ \_\_\_\_\_

- Did you make any charitable contributions? **Monetary Donations under \$250 each must be substantiated by either (1) a bank record or (2) a written receipt from the charity showing its name and the date and amount. For donations of \$250 or more each, the taxpayer must obtain a written acknowledgment from the charity.**

<u>List to Whom Contributed</u>	<u>Monetary</u>	<u>Property</u>	<u>Amount or Fair Market Value</u>	<u>Receipts</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Miles driven for charitable purposes: \_\_\_\_\_ # of miles

- Did you have any casualty losses? \$ \_\_\_\_\_ Description: \_\_\_\_\_

- Did you incur any Gambling Losses during the year? \$ \_\_\_\_\_
- (Note: Losses are only deductible up to the amount of winnings during the year for federal tax purposes, the State of WI does not allow any deductions)

- Did you incur any expenses as an Armed Forces reservist, qualified performing artist, or fee-based Gov't official? \$ \_\_\_\_\_

**Step 7 - Healthcare**  Check box if this section not applicable.

- Did you have health insurance through the Marketplace (**AKA Obamacare**) for you or your family? **MUST Provide form 1095-A**
- Did you (or do you plan to before April 15, 2024) make any contributions to a Health Savings Account or Medical Savings Account?
- (DO NOT include amounts deducted pre-tax from your paycheck under a Section 125 Cafeteria Plan)

Amount contributed by Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Type of Health Plan Coverage Self-only  Family

- Did you take any distributions from a Health Savings Account or Medical Savings Account? **Provide form 1099-SA**
- Amount of distribution \$ \_\_\_\_\_ Were distributions used for Qualified Medical Expenses?  Yes  No

**Step 8 - Taxes**  Check box if this section not applicable.

- Did you receive Tip Income not reported to your employer? If so, how much \$ \_\_\_\_\_
- Did your children under the age of 19 or a full-time student under the age of 24 have unearned (**non-W2 income**) income over \$2,500?
- Did you pay any individual \$2,600 or more to perform household services? **(e.g. babysitter, caretaker)**
- If yes, have you filed wage tax returns?  Yes  No

**Step 9 - Credits**  Check box if this section not applicable.

- Did you install energy efficient property (geothermal heat pump, small wind energy, solar electric) **on any of your residences?**
- \_\_\_\_\_ \$ \_\_\_\_\_
- Date Installed \_\_\_\_\_ Description \_\_\_\_\_ Amount Paid \_\_\_\_\_

- Did you make energy efficient improvements (insulation, doors, windows, energy audit) **in your primary residence?**
- \_\_\_\_\_ \$ \_\_\_\_\_
- Date Installed \_\_\_\_\_ Description \_\_\_\_\_ Amount Paid \_\_\_\_\_

- Did you have any energy efficient expenditures (A/C, water heater, furnace/boiler, electrical) **on any of your residences?**
- \_\_\_\_\_ \$ \_\_\_\_\_
- Date Installed \_\_\_\_\_ Description \_\_\_\_\_ Amount Paid \_\_\_\_\_

**Check all questions and provide documentation for all questions answered 'Yes'.**

- Yes No**
- If you and your spouse worked or were looking for work, did you have any child care expenses? **If yes, provide statements.**
- Did you participate in a Dependent Care Benefit Program with your employer?  Yes  No

Provider Information:

_____	_____	\$
Name & Address	SSN or EIN	Amount Paid
_____	_____	\$
Name & Address	SSN or EIN	Amount Paid

Child Information:

_____	\$	_____	\$
Name	Amount Paid	Name	Amount Paid
_____	\$	_____	\$
Name	Amount Paid	Name	Amount Paid

**(Note: Total amounts paid to provider must equal total amounts of all children.)**

- Did you have expenses associated with adopting a child? \$ \_\_\_\_\_
- Did you purchase a new or used fuel cell or electric plug-in vehicle? **If Yes, provide all details of vehicle purchase.**
- Did you install an electronic vehicle charging station? **If Yes, include costs of station and installation.**
- Did you use gas or special fuels in off-road vehicles for business or farm use?

**Step 10 - State Adjustments**  Check box if this section not applicable.

- Did you purchase items out of state with No Sales Tax paid? **If Yes, list purchase amount** \$ \_\_\_\_\_
- Do you want to donate to any of the following?

Cancer Research	\$ _____	Red Cross WI Disaster Relief	\$ _____
Endangered Resources	\$ _____	Second Harvest/Feeding America	\$ _____
Military Family Relief	\$ _____	Special Olympics WI	\$ _____
Multiple Sclerosis	\$ _____	Veterans Trust Fund	\$ _____

- Did you pay for a Dependent(s) to attend a private school? **If yes, complete the information below for each student.**

School Information:

_____	_____	_____
Name & Address		SSN or EIN
_____	_____	_____
Name & Address		SSN or EIN

Student Information:

_____	_____	_____	\$
Name	School Attended	Grade	Amount Paid
_____	_____	_____	\$
Name	School Attended	Grade	Amount Paid
_____	_____	_____	\$
Name	School Attended	Grade	Amount Paid

- Did you pay rent for housing? Heat included \$ \_\_\_\_\_ Heat not included \$ \_\_\_\_\_
- Did you receive child support (for WI Homestead credit only)? \$ \_\_\_\_\_

**Step 11 - Miscellaneous**  Check box if this section not applicable.

- Were you notified by the IRS or State of any changes in your prior years tax returns? **If yes, provide correspondence.**
- Did you make gifts of more than \$17,000 to any individual?
- Did you incur any non-business bad debt?