

Personal Information

Taxpayer:

First name	Last name	Social Security Number	
Date of Birth	Occupation		
Phone Number	Email Address		
ID Number	ID State	Issue Date	Exp. Date
<input type="checkbox"/> Blind or disabled	<input type="checkbox"/> Full-time student	<input type="checkbox"/> On active duty	<input type="checkbox"/> Can be dependent
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Legally separated <input type="radio"/> Widowed			

Spouse:

First name	Last name	Social Security Number	
Date of Birth	Occupation		
Phone Number	Email Address		
ID Number	ID State	Issue Date	Exp. Date
<input type="checkbox"/> Blind or disabled	<input type="checkbox"/> Full-time student	<input type="checkbox"/> On active duty	<input type="checkbox"/> Can be dependent

Mailing Address:

Address	City	State	Zip code	
Moved in 2023?	<input type="radio"/> Yes <input type="radio"/> No	Military related?	<input type="radio"/> Yes <input type="radio"/> No	Date moved

Dependents

Dependent 1:

First name	Last name	Social Security Number
Date of Birth	Relationship	
Income (earned)	Income (unearned)	No. of months in home
<input type="checkbox"/> Filed their own return	<input type="checkbox"/> Full-time college student	<input type="checkbox"/> Disabled

Dependent 2:

First name	Last name	Social Security Number
Date of Birth	Relationship	
Income (earned)	Income (unearned)	No. of months in home
<input type="checkbox"/> Filed their own return	<input type="checkbox"/> Full-time college student	<input type="checkbox"/> Disabled

Dependent 3:

First name	Last name	Social Security Number
Date of Birth	Relationship	
Income (earned)	Income (unearned)	No. of months in home
<input type="checkbox"/> Filed their own return	<input type="checkbox"/> Full-time college student	<input type="checkbox"/> Disabled

Dependent 4:

First name	Last name	Social Security Number
Date of Birth	Relationship	
Income (earned)	Income (unearned)	No. of months in home
<input type="checkbox"/> Filed their own return	<input type="checkbox"/> Full-time college student	<input type="checkbox"/> Disabled

Income Sources

Work Income

- Had a Job (W-2)
- Self-Employed (Self-Employment Worksheet)

Investment & Savings

- Brokerage Accounts (1099-B, Consolidated-1099, Brokerage Statement)
- Used savings bonds for higher education? Yes No
- Interest Income (1099-INT)
- Dividend Income (1099-DIV)
- Exercised Incentive Stock Options (Form 3921)
- Sold Investment Real Estate (1099-S, Closing Statement)

Less Common Investment & Savings

- Foreign Accounts (Foreign Accounts Worksheet)
- Received 1099-OID
- Undistributed Capital Gains (Form 2439)

Retirement Plans and Social Security

- IRA, 401k, Pension Plan Withdrawals (1099-R)
- Amount transferred to charity - QCD Penalty-free? (age < 59.5) Yes No
- Social Security Benefits (SSA-1099)

Rentals, Royalties, and Farm

- Rental Properties & Royalties (Rental Property Worksheet)
- Farm Income & Rental (Farm Worksheet)

Other Income

- Unemployment & Government Payments (1099-G)
- Received K-1
- HSA/MSA Withdrawal (1099-SA)
- Went towards medical expenses only? Yes No
- Gambling Winnings (W-2G)
- Winnings not reported on W-2G Gambling losses
- Received Alimony
- Recipient Amount of Alimony Date of Divorce
- Jury Duty
- Amount Received Amount Repaid to Employer
- Sold Main Home (1099-S, Closing Statement)
- Orig. Purchase Date Orig. Purchase Amount
- Selling Costs (not on closing stmt) Improvement & Repair Costs
- Home Foreclosure or Debt Cancellation (1099-A, 1099-C)
- 529 Plan or Coverdell ESA Withdrawal (1099-Q)
- Went towards qualified education expenses only? Yes No
- Other

Deductions and Credits

Home

Home Loan Interest (Form 1098)

Property Taxes

Main Home

Additional Homes

Family

Child Care Credit

1. Child's Name

Daycare Name

Daycare Provider SSN/EIN

Daycare Address

Total Amount Paid

2. Child's Name

Daycare Name

Daycare Provider SSN/EIN

Daycare Address

Total Amount Paid

3. Child's Name

Daycare Name

Daycare Provider SSN/EIN

Daycare Address

Total Amount Paid

Adoption Credit

Child's Name

Birth Year

SSN, ATIN, or ITIN

Adoption Expenses

Child has special needs? Yes No

Child is U.S. citizen? Yes No

Paid Alimony

Recipient's Name

Recipient's SSN

Alimony Amount

Date of Divorce/Separation

Charitable Donations

Cash & Check Donations

Total Amount Donated

Non-Cash Donations

1. Organization Name

Organization Address

Description

Date of Contribution

Donation Value

Cost Basis

Date Acquired

2. Organization Name

Organization Address

Description

Date of Contribution

Donation Value

Cost Basis

Date Acquired

Retirement

Retirement Contributions

Traditional IRA - Taxpayer

Spouse

Converted to Roth IRA - Taxpayer

Spouse

Roth IRA - Taxpayer

Spouse

SEP - Taxpayer

Spouse

Solo 401k - Taxpayer

Spouse

Deductions and Credits (Continued)

Education and Work

College Tuition & Expenses (1098-T)

Cost of Supplies (purchased at school)

Cost of Supplies (purchased elsewhere)

Did receive financial aid not reported on a 1098-T? Yes No

Student Loan Interest (1098-E)

529 Plan or Coverdell ESA Contribution

529 Plan Contribution

Coverdell ESA Contribution

Educator Expenses

Amount Spent

Vehicles & Personal Property

Major Purchases

1. Description

Sales Tax Paid

2. Description

Sales Tax Paid

3. Description

Sales Tax Paid

Car Registration Fees

1. Make & Model

Amount

2. Make & Model

Amount

Casualties and Thefts

Description of Event

Date

Property Lost or Damaged

Cost

Energy Efficiency Credits

Home Energy Credits

Exterior Doors

Exterior Windows

Metal/Asphalt Roof

Insulation

Building Property

Furnace Fan

Furnace/Water Boiler

Solar Heating

Wind Energy Property

Heat Pump

Fuel Cell Property

Fuel Cell Capacity

Clean Vehicles (Vehicle Seller Report)

Vehicle Charging Station

Cost

Medical

Contributions to HSA/MSA (Form 5498-SA)

Amount (taxpayer)

Amount (spouse)

Medical & Dental Expenses

Medical Professionals

Prescription Drugs

Labs and X-rays

Medical Facilities

Medical Supplies

Glasses & Contacts

Medical & Dental Ins.

LTC Ins. (taxpayer)

LTC Ins. (spouse)

Travel Expenses

No. of Miles Traveled

Other

Affordable Care Act (1095-A)

Self Employment Worksheet

General Information

Type of work Business name

Income

Total revenue Refunds and credits

Forms received by taxpayer: 1099-NEC 1099-MISC 1099-K

Does taxpayer have P&L or other financial statement? Yes No

Cost of Goods Sold:

Cost of product purchases Cost of labor

Cost of raw materials & supplies Other costs

Inventory value at beginning of year Inventory value at end of year

Expenses

Advertising Commissions and fees

Business insurance Interest - mortgage

Interest - other Legal and professional fees

Office expenses Rent - vehicles, equipment, etc.

Rent - business property Repairs and maintenance

Supplies Taxes and licenses

Business travel Business meals

Utilities

Labor:

Contract labor expenses Wages paid

Vehicle:

Make and model Date placed in service

Mileage (business) Mileage (commuting) Mileage (personal)

Gas Repairs Insurance

Licenses Parking and tolls Other expenses

Home Office:

Square footage of home office Square footage of entire home

Mortgage interest Real estate taxes Insurance

Rent Repairs & maintenance Utilities

Other Expenses:

1. Description	Cost
2. Description	Cost
3. Description	Cost
4. Description	Cost

Taxpayer purchased depreciable assets (receipts attached)

Rental Property Worksheet

Property #1

Address City State Zip code

Property Type: Single family Multi-family Vacation or Short-term Land Commercial

Rental Income:

Total Rent Received Received 1099-MISC? Yes No

Expenses:

Real Estate Taxes <input type="text"/>	Mortgage Interest <input type="text"/>
Mortgage Insurance <input type="text"/>	Property Insurance <input type="text"/>
Supplies <input type="text"/>	Management Fees <input type="text"/>
Professional & Legal Fees <input type="text"/>	Advertising <input type="text"/>
Commissions <input type="text"/>	Repairs <input type="text"/>
Utilities <input type="text"/>	Cleaning & Maintenance <input type="text"/>
Other Expense #1 <input type="text"/>	Other Expense #2 <input type="text"/>

Repairs and Improvements:

1. Description <input type="text"/>	Date <input type="text"/>	Cost <input type="text"/>
2. Description <input type="text"/>	Date <input type="text"/>	Cost <input type="text"/>
3. Description <input type="text"/>	Date <input type="text"/>	Cost <input type="text"/>

Property #2

Address City State Zip code

Property Type: Single family Multi-family Vacation or Short-term Land Commercial

Rental Income:

Total Rent Received Received 1099-MISC? Yes No

Expenses:

Real Estate Taxes <input type="text"/>	Mortgage Interest <input type="text"/>
Mortgage Insurance <input type="text"/>	Property Insurance <input type="text"/>
Supplies <input type="text"/>	Management Fees <input type="text"/>
Professional & Legal Fees <input type="text"/>	Advertising <input type="text"/>
Commissions <input type="text"/>	Repairs <input type="text"/>
Utilities <input type="text"/>	Cleaning & Maintenance <input type="text"/>
Other Expense #1 <input type="text"/>	Other Expense #2 <input type="text"/>

Repairs and Improvements:

1. Description <input type="text"/>	Date <input type="text"/>	Cost <input type="text"/>
2. Description <input type="text"/>	Date <input type="text"/>	Cost <input type="text"/>
3. Description <input type="text"/>	Date <input type="text"/>	Cost <input type="text"/>

Farm Worksheet

General Information

Farm Name		Principal Product	
Earned rental income for farm?	<input type="radio"/> Yes <input type="radio"/> No	Participated in operation of farm?	<input type="radio"/> Yes <input type="radio"/> No

Farm Income & Rental Income

<input type="checkbox"/> Purchased livestock and other items for resale		
Total sales		Cost or other basis
<input type="checkbox"/> Raised livestock, produce, grains, and other products		
Total sales		
<input type="checkbox"/> Cooperative distributions (1099-PATR)		
Total income		Taxable income
<input type="checkbox"/> Agricultural program payments (1099-G)		
Total payments		Taxable amount
<input type="checkbox"/> Commodity Credit Corporation (CCC) loans		
CCC loans reported under election		
CCC loans forfeited		Taxable amount
<input type="checkbox"/> Crop insurance proceeds		
Amount received		Taxable amount
<input type="checkbox"/> Custom hire (machine work)		
Total income		
<input type="checkbox"/> Other income		
Description		Total income

Forms received by taxpayer: 1099-G 1099-NEC 1099-MISC 1099-K

Farm Expenses

Car and truck expenses		Labor hired	
Chemicals		Pension and profit-sharing plans	
Conservation expenses		Rent - vehicles & equipment	
Custom hire (machine work)		Rent - other	
Employee benefit programs		Repairs and maintenance	
Feed purchased		Seeds and plants purchased	
Fertilizers and lime		Storage and warehousing	
Freight and trucking		Supplies purchased	
Gasoline, fuel, and oil		Taxes	
Insurance (other than health)		Utilities	
Interest - mortgage		Veterinary, breeding & medicine	
Interest - other			

Other Expenses:

1. Description		Amount	
2. Description		Amount	

Taxpayer purchased depreciable assets (receipts attached)

Foreign Accounts Worksheet

Account #1:

Name of Foreign Bank			
Address	City	Country	Zip code
Account Number	Account Type <input type="radio"/> Bank <input type="radio"/> Securities <input type="radio"/> Other		
Maximum Value (Include Currency)	End Year Balance (Include Currency)		
Date Account Opened (if in 2023)	Date Account Closed (if in 2023)		
Is the account owned jointly? <input type="radio"/> Yes <input type="radio"/> No			

Account #2:

Name of Foreign Bank			
Address	City	Country	Zip code
Account Number	Account Type <input type="radio"/> Bank <input type="radio"/> Securities <input type="radio"/> Other		
Maximum Value (Include Currency)	End Year Balance (Include Currency)		
Date Account Opened (if in 2023)	Date Account Closed (if in 2023)		
Is the account owned jointly? <input type="radio"/> Yes <input type="radio"/> No			

Account #3:

Name of Foreign Bank			
Address	City	Country	Zip code
Account Number	Account Type <input type="radio"/> Bank <input type="radio"/> Securities <input type="radio"/> Other		
Maximum Value (Include Currency)	End Year Balance (Include Currency)		
Date Account Opened (if in 2023)	Date Account Closed (if in 2023)		
Is the account owned jointly? <input type="radio"/> Yes <input type="radio"/> No			

Account #4:

Name of Foreign Bank			
Address	City	Country	Zip code
Account Number	Account Type <input type="radio"/> Bank <input type="radio"/> Securities <input type="radio"/> Other		
Maximum Value (Include Currency)	End Year Balance (Include Currency)		
Date Account Opened (if in 2023)	Date Account Closed (if in 2023)		
Is the account owned jointly? <input type="radio"/> Yes <input type="radio"/> No			

Account #5:

Name of Foreign Bank			
Address	City	Country	Zip code
Account Number	Account Type <input type="radio"/> Bank <input type="radio"/> Securities <input type="radio"/> Other		
Maximum Value (Include Currency)	End Year Balance (Include Currency)		
Date Account Opened (if in 2023)	Date Account Closed (if in 2023)		
Is the account owned jointly? <input type="radio"/> Yes <input type="radio"/> No			

Additional Questions

Estimated Taxes Paid:

	Federal - Amount	Federal - Date	State #1 - Amount	State #1 - Date	State #2 - Amount	State #2 - Date
1st Qtr (Apr 2023)						
2nd Qtr (Jun 2023)						
3rd Qtr (Sep 2023)						
4th Qtr (Jan 2024)						
			State #1		State #2	

Miscellaneous:

Did you make any gifts in excess of \$17,000? Yes No

Did you receive, sell, exchange, gift, or dispose of any digital assets? Yes No

Did you have any foreign income or pay any foreign taxes? Yes No

Did you own or have an interest in any foreign assets or accounts? Yes No

Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? Yes No

Did you engage the services of any household employees? Yes No

Do you expect a large fluctuation in income or withholding in 2024? Yes No

Have you received an IP PIN or been a victim of identity theft? Yes No

Do you grant the IRS permission to discuss your tax return with our firm? Yes No

Direct Deposit & Electronic Payment:

If entitled to a refund, would taxpayer like to receive it as a direct deposit? Yes No

Bank Name

Account Type

Routing Number

Account Number

Notes Relating to Income Received:

Other Questions or Concerns: