

<b>MARTIAL STATUS:</b>		<b>SINGLE</b> <input type="checkbox"/>			<b>MARRIED</b> <input type="checkbox"/>				
New clients, how did you hear about us?				Who referred you?					
<b>1. TAXPAYER INFORMATION</b>				<b>SPOUSE INFORMATION</b>					
Name <i>(First, Initial, Last Name)</i>				Name <i>(First, Initial, Last Name)</i>					
SSN		Date of Birth		SSN		Date of Birth			
Driver License/State ID #		State	ISS Date	Exp Date	Driver License/State ID#		State	ISS Date	Exp Date
Occupation - Job Title				Occupation - Job Title					
Disabled <input type="checkbox"/>				Disabled <input type="checkbox"/>					
Cell Phone		Alternate Phone		Cell Phone		Alternate Phone			
May we contact you by text message? Yes <input type="checkbox"/> No <input type="checkbox"/>				May we contact you by text message? Yes <input type="checkbox"/> No <input type="checkbox"/>					
E-Mail Address				E-Mail Address					
Mailing Address			Apt #	City			State	Zip	
<b>DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? <i>(All that apply)</i></b>									
Form 1095-A (Market Place Insurance)		Unemployment		Medical Expenses.					
Sale of Virtual Currency or Crypto		Sale/Refinance of Real Estate		Where you Claimed as a Dependent?					
Wages - W2's		Sale of Stocks		Mortgage Interest					
Social Security Benefits		Debt Cancellation		Real Estate Taxes					
Self-Employment <i>(Complete SE Form)</i>		Child Care Expenses		Charitable Donations					
Pension & Annuities Distribution		Marital Status Change in 2023?		Energy Efficient Purchases					
Interest		College Tuition		Any foreign income/assets ?					
Dividends		Student Loan Interest		1099-K <i>(Personal or Business)</i>					
Gambling Winnings		Worker's Compensation		Other Taxable or Non-Taxable Income					
Did you Convert or Contribute to IRA/SEP to Roth IRA (or rollover)?									
<b>DEPENDENT INFORMATION</b>									
First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Disabled <input type="checkbox"/>	College Student <input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>			

## 2. INCOME INFORMATION

Type of Income	IRS Form (s) to Attach	# of Forms Attached	Comments or Notes (optional)
Wages or Salary Income	Form (s) W-2		
Interest Income	Forms (S) 1099-INT -Broker Statements		
Dividend Income	Forms(s) 1099-Div -Broker Statements		
State Refund from Prior Year	Form (s) 1099 G - Box 2		
Alimony If Divorced Prior to 2017	No Specific Form - Indicate Total		
Business Income/Loss	Schedule C, 1099-MISC, 1099-NEC		
Investment Sold - Stock/Crypto	Form (s) 1099-B -Broker Statements		
Pensions, Annuities, or IRA's	Form (s) 1099-R		
Rental Income	No Specific Form - Complete Page 4		
Partnership, Trust, Estate Income	Form (s) K-1		
Unemployment Compensation	Form (s) 1099-G Box 1		
Social Security/Railroad Benefits	Form (s) 1099-SSA, 1099-RRB		
Gambling Income/Prizes/Award	Form (s) W-2G		Gambling Losses/Expenses
Jury Duty Pay	Form (s) 1099 or Letter from the court		
Cancellation of Debt	Form (s) 1099-A or 1099-C		
Taxable Scholarships/Fellowships	No Specific Form or Form (s) 1099		
Foreign Income	Employer or Other Statement		
Disability Income	Form (s) W2 or Statement		
Health Savings Account HSA/MSA Withdrawal - Form 1099-SA			Went towards medical expenses? Yes NO
529 Education Plan Withdrawal - Form 1099-Q			Went towards education expenses? Yes NO

## 3. ADJUSTMENTS TO INCOME

	Taxpayer	Spouse
Educator Expenses - Out of Pocket Classroom Expenses Teachers Only up to \$300		
Out of Pocket Expenses for Reservists - To the extend over military allowance		
Health Savings Account Paid Out of Pocket - Not Included on W2		
Out of Pocket Moving Expenses for Military Personell - To the Extend over military allowance		
Self-Employed Health Insurance Payments - Only if Paid Out of Pocket		
Student Loan Interest Deduction Form 1098-E - Income Limits Apply		
Archer MSAs and Long-Term Care Insurance Contracts		
Traditional IRA Contribution- \$6,500 (\$7,500 for Individuals Over 50) - Income Limits Apply		
Roth IRA Contribution- Income Limits Apply		
Converted to Roth IRA - Form 1099R and Form 5498		
Self-Employed SEP, SIMPLE, or 401K Plan Contributions		

**Alimony - Please Complete all information below, otherwise it cannot be deducted - Divorced Prior to 2017 Only**

Alimony Paid (If Divorced prior 2017)- Divorce Date: \_\_\_\_\_ Paid to Name: \_\_\_\_\_

Alimony Amount Paid: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**4. DEDUCTIONS**

Please Do Not Upload Receipts (additional tax prep fees applicable for reconciling receipts) Enter Below

The Amount over 7.5 % of your adjusted Gross income can be claimed. If you made \$75K, you will need at least \$5,625 medical cost to qualify. etc.

<b>Medical/Dental Expenses</b>	<b>Amount</b>	<b>Notes</b>
Medical and Dental Insurance - not included in W2		
Amount Paid to Doctor, Dentists, Eye Dr., etc.		
Prescription Medicine, Drugs, or Insulin		
X-Ray, Lab Work, Insulin Treatment, etc.		
Nursing Help (not for healthy baby or house work)		
Hospital care including meals and lodging		
Medical Treatment for Drug/Alcohol Addiction		
Medical Aids (Crutches, Hearing Aids, Wheelchairs, etc.)		
Qualified Long-Term Care Insurance Contracts		
Other Medical Expenses		
Medical Miles Driven		

<b>Taxes You Paid</b>	<b>Amount</b>	<b>Notes</b>
2022 State Taxes Paid (prior year owed) in 2023-IRS Paid Not Applicable		
Real Estate Tax Paid-Primary Residence Only - Form 1098		
State/Local Property Tax (Car, Motorcycle, Boat, etc.)		

<b>Interest You Paid</b>	<b>Amount</b>	<b>Notes</b>
Mortgage Interest & Points - Primary Residence Form 1098		

**Charitable Donations**

Please Do Not Upload Receipts - List Below

<b>Cash &amp; Check Donations</b>		
Total Amount Donated		Charitable Mileage
<b>Non-Cash Donations</b>		
Please Complete All fields, otherwise not deductible		
<b>1. Organization Name</b>	Organization Address	
Description	Date of Contribution	
Donation Value	Cost Basis	Date Acquired
<b>2. Organization Name</b>	Organization Address	
Description	Date of Contribution	
Donation Value	Cost Basis	Date Acquired
<b>3. Organization Name</b>	Organization Address	
Description	Date of Contribution	
Donation Value	Cost Basis	Date Acquired
<b>4. Organization Name</b>	Organization Address	
Description	Date of Contribution	
Donation Value	Cost Basis	Date Acquired

**CHILD CARE EXPENSES****Child/Dependent Care Credit**

Please Complete All fields, otherwise not deductible

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

4. Child's Name

Daycare Name

Daycare Provider SSN/EIN

Daycare Address

Total Amount Paid

5. Child's Name

Daycare Name

Daycare Provider SSN/EIN

Daycare Address

Total Amount Paid

**EDUCATION CREDITS****College Tuition & Expenses - Form 1098-T Needed**

Please Complete All fields, otherwise not deductible

1. Student Name

School Name

Cost of Books &amp; Supplies purchased outside of Campus

Undergraduate

Graduate

Total Tuition Paid (Do Not include books/supplies cost above)

Did you receive financial aid not reported on a 1098-T Form? Yes No If Yes; Amount:

2. Student Name

School Name

Cost of Books &amp; Supplies purchased outside of Campus

Undergraduate

Graduate

Total Tuition Paid (Do Not include books/supplies cost above)

Did you receive financial aid not reported on a 1098-T Form? Yes No If Yes; Amount:

3. Student Name

School Name

Cost of Books &amp; Supplies purchased outside of Campus

Undergraduate

Graduate

Total Tuition Paid (Do Not include books/supplies cost above)

Did you receive financial aid not reported on a 1098-T Form? Yes No If Yes; Amount:

**COLLEGE 529 PLAN CONTRIBUTIONS**

1. Student Name

State

529 College Plan Contribution Amount

2. Student Name

State

529 College Plan Contribution Amount

**SELF-EMPLOYMENT OR BUSINESS INCOME FORM - 1**

**GENERAL INFORMATION**

Your Name ( <i>First, Initial, Last Name</i> )	Taxpayer	Spouse	SSN/EIN	Entity Type
Business Name		Business Address		

Type of Business/Nature of Work

**BUSINESS INCOME**

Business Gross Income/Revenue	\$ _____	1099-NEC	1099-MISC	1099-K
<b>Cost of Goods Sold:</b>				
Cost of Products or Purchases		Cost of Labor		
Cost of raw materials & supplies		Other costs		
Inventory value at beginning of year		Inventory value at end of year		

**BUSINESS EXPENSES**

Advertising	\$ _____	Equipment Rental	\$ _____
Worker Wages ( <b>NOT</b> W2's)	\$ _____	Building Rental	\$ _____
Insurance	\$ _____	Repairs and Maintenance	\$ _____
Interest - Mortgage	\$ _____	Taxes and Licenses	\$ _____
Interest - Other	\$ _____	Travel Costs ( <b>NOT</b> Mileage)	\$ _____
Internet	\$ _____	Meals	\$ _____
Legal/Professional Fees	\$ _____	Utilities	\$ _____
Office Expenses	\$ _____	Other Expenses	\$ _____
Supplies	\$ _____		\$ _____
			\$ _____
			\$ _____

**VEHICLE** Do you have written evidence to support the miles claimed? Yes  No

Make and Model	Date placed in Service	Commuting	Personal
Mileage (business)	Before July 1st (58.5 cents per mile)      After July 1st (62.5 cents per mile)	Mileage	Mileage
Gas	Repairs	Insurance	Interest Payments
Licenses	Parking and Tolls	Property Tax	Tires
			Oil
			Other

**HOME OFFICE** This is only deductible for Self Employed - Do Not Complete For Telework if Receiving a W2

Square Footage of Home Office	Square Footage of Entire Home	Rent
Mortgage Interest	Real Estate Taxes	Utilities
		Insurance
		Repairs & Maintenance

**EQUIPMENT**

Did you purchase any equipment over \$500 for your business? Yes  No  If **Yes**, please list the item(s) below

Description of Equipment	Date Acquired	Cost of the Equipment	% the Equipment was used by the Business	New or Used when Purchased

**SELF-EMPLOYMENT OR BUSINESS INCOME FORM - 2**

**GENERAL INFORMATION**

Your Name ( <i>First, Initial, Last Name</i> )	Taxpayer	Spouse	SSN/EIN	Entity Type
Business Name		Business Address		

Type of Business/Nature of Work

**BUSINESS INCOME**

Business Gross Income/Revenue	\$ _____	1099-NEC	1099-MISC	1099-K
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**Cost of Goods Sold:**

Cost of Products or Purchases	Cost of Labor
Cost of raw materials & supplies	Other costs
Inventory value at beginning of year	Inventory value at end of year

**BUSINESS EXPENSES**

Advertising	\$ _____	Equipment Rental	\$ _____
Worker Wages ( <b>NOT</b> W2's)	\$ _____	Building Rental	\$ _____
Insurance	\$ _____	Repairs and Maintenance	\$ _____
Interest - Mortgage	\$ _____	Taxes and Licenses	\$ _____
Interest - Other	\$ _____	Travel Costs ( <b>NOT</b> Mileage)	\$ _____
Internet	\$ _____	Meals	\$ _____
Legal/Professional Fees	\$ _____	Utilities	\$ _____
Office Expenses	\$ _____	Other Expenses	\$ _____
Supplies	\$ _____		\$ _____
			\$ _____
			\$ _____

**VEHICLE** Do you have written evidence to support the miles claimed? Yes  No

Make and Model	Date placed in Service	Commuting	Personal
Mileage (business)	Before July 1st (58.5 cents per mile)      After July 1st (62.5 cents per mile)	Mileage	Mileage
Gas	Repairs	Insurance	Interest Payments
Licenses	Parking and Tolls	Property Tax	Tires
			Oil
			Other

**HOME OFFICE** This is only deductible for Self Employed - Do Not Complete For Telework

Square Footage of Home Office	Square Footage of Entire Home	Rent
Mortgage Interest	Real Estate Taxes	Utilities
	Insurance	Repairs & Maintenance

**EQUIPMENT**

Did you purchase any equipment over \$500 for your business? Yes  No  If **Yes**, please list the item(s) below

Description of Equipment	Date Acquired	Cost of the Equipment	% the Equipment was used by the Business	New or Used when Purchased

**RENTAL PROPERTY** Please Do Not Upload Receipts (additional tax prep fees applicable for reconciling receipts) Enter Below

	Property 1	Property 2	Property 3
Ownership			
Property Address			
City/State/Zip			
Property Type			
Rental Days in 2023			
Ownership %			
Date Rented-New Rentals Only			

**Rental Income**

<b>Rents Received</b>			

**RENTAL EXPENSES** Property 1 Property 2 Property 3

Advertising			
Mileage			
Travel			
Cleaning			
Realtor Commision			
Other Commision			
Hazard Insurance			
Liability Insurance			
Appliance Insurance			
Other Insurance			
Legal/Professional Fees			
Management Fees			
HOA Fees			
Association Fees			
Mortgage Interest			
Other Interest			
Repairs Less than \$1,500			
Supplies			
Taxes			
Utilities			
Cell Phone			

**Other Expenses - List** Property 1 Property 2 Property 3






**Energy Efficient 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
Vehicle Charging Station		

**ELECTRIC VEHICLE PURCHASE**

Purchase Price	Year of Vehicle	Make of Vehicle
Model of Vehicle	VIN Number	Purchase Date

**ESTIMATED TAX PAID**

	Federal Amount Paid	Federal Paid Date	State Amount Paid	State Paid Date
1st Quarter Payment (Apr. 2023)				
2nd Quarter Payment (Jun. 2023)				
3rd Quarter Payment (Sep. 2023)				
4nd Quarter Payment (Jan. 2024)				

**FOREIGN ACCOUNTS****Account #1**

Name of Foreign Bank				
Address	City	Country	Zip	
Account Number	Account Type			
Maximum Value (US Currency)	End Year Balance (US Currency)			
Date Account Opened (if in 2023)	Date Account Closed (If in 2023)			
Is this Account Jointly?				

**Please provide comments or notes not included in any other section above**

Identity Protection Pin	Taxpayer	Spouse
Do you grant IRS permission to discuss your tax return with our firm?	Yes	No
If entitled to a refund, would tax payer like to receive it as a direct deposit?	Yes	No
Routing Number	Account Number	

I (We, if filing Jointly) acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge and belief, they are true, correct, and complete. I/we guarantee payment of the preparation fee and any related charges once the quoted price has been acknowledged.