# COMBINED BUSINESS SERVICES 

416 N MOLALLA AVE
MOLALLA, OR 97038

## Dear Client:

Well, here we are, another tax year is coming to a close. Every year we see changes in the tax law, changes on tax forms and schedules, and then there are the possible unforeseen changes yet to come as there is still time for Congress to change their minds about something!! We want you to know how much we appreciate your patience as we navigate those changes.

Once again, we ask that you please read through your organizer, read our engagement letter, take the time to answer all questions on the questionnaire and sign where indicated. Please bring this and all supporting documents with you at the time of your appointment. Rather than making an appointment with one our tax preparers you can drop everything off with our front desk staff or mail your information (please use PO Box 865, Molalla, OR 97038) or just give us a call and we can send you a link to our secure portal.

We continue to ask questions during our interview or through email to meet our practitioner "Due Diligence", as required by IRS, in reference to the Earned Income Credit and/or Head of Household filing status. We do still ask for copies of medical records, or school records or other optional documents that IRS has listed on their Form 886-H-EIC. If you would like to know more about the type of documents IRS requests regarding the Earned Income Credit you can reference this form on IRS website. It will give you greater details about the various documents they can request, in the event of an audit.

There is still constant concern over the rise in data breaches throughout the country. IRS requires \& enforces tax practitioners to have a written and implemented security plan. We continue to work diligently to keep our office and our practices not just current with all IRS requirements but also well beyond what they require of us. We have building security, inside and outside. We retained an IT company many years back to help us keep all your records safe from a security breach on a daily basis. They monitor our server and all computer equipment. They update our security software, monitor how our employees utilize our email system, and much more. They have stood with us in creating the best-case scenario for our clients. We firmly believe this to be one of our top priorities to you and continue to stay committed in keeping your information as secure and protected as is possible.

And now, changes within Combined Business Services. October 1, 2023, was my 30 year anniversary for this company here in Molalla. The best 30 years of my life's work has been here, with all of you. Better than that I could ever have imagined. I love what I do and the clients that have become my friends. I can't imagine doing anything else than this. I have been semi-retired for over 5 years now, and it is the perfect balance for my husband and I. But this company and our clients needed a leader here full-time. That new leader is Liz Drexel. Many of you are her clients and many know her already. She has also celebrated a milestone here and passed her 10 year anniversary with our company on July 15, 2023. On July 1, 2023, Liz purchased corporate stock and is now the President and sole shareholder of this corporation. Dani and I are still working, we are part of the newly formed Board of Directors, and still very much involved in the day-to-day workings of the company. For the last 7 years it has always been a collaboration between Dani, Liz, and me. It was simply time to let Liz lead and allow Dani and I to do what we love; Meet with the very clients that helped build this company. All of you. This company was built on trust and commitment to you and to each of our teammates here at work.

I sincerely hope to see you all again this year and know we will continue to give you our best, in our work and our relationship with you. The team you know, is still the same team today.

Combined Business Services

Client Signature

Date $\qquad$

COMBINED BUSINESS SERVICES
416 N MOLALLA AVE
MOLALLA, OR 97038
503 829-2058

Dear Client:
This letter is to specify our understanding of the terms of our engagement and the nature and extent of the services which we will provide. This engagement letter must be signed before we prepare your tax return.

We will prepare your federal and state income tax returns from the information that you will furnish. We will make no audit or other verification of the data you submit, although we may ask you for clarification of some of the information. In accumulating your tax information, it is important that you understand the Internal Revenue Service and State record keeping requirements. Taxing authorities, by regulation, require you to both maintain and retain information substantiating all items reported on your tax return. These records must be kept by you for a minimum of (4) years.

We will use our judgment in resolving questions where the tax law is unclear or where there may be different interpretations of the law. We will resolve such questions in your favor if there is reasonable justification for such a position.

Tax returns are always subject to review by the taxing authorities. However, just because your return is selected does not mean there is a problem. In your interest, it is advisable to contact us immediately upon receiving correspondence from either taxing agency. We will upon your request, represent you and will separately invoice you accordingly for time and expense incurred.

Our fees are computed on a "per form" basis. Fees are due and payable upon completion of the work. We do, however, reserve the right to ask for a deposit to be paid in advance of work done. We accept cash, check, Debit and credit card.

Any bookkeeping or payroll services needed and authorized by you to complete your tax return will be listed as an "Additional Fee". Information provided to our office for such services is neither audited nor verified. If this engagement letter correctly expresses your understanding or the nature, scope and terms or the services which we are providing, please indicate your agreement by signing and dating this letter in the spaces provided below and returning it to us with your tax information.

By signing this engagement, you agree to the terms listed above, and guarantee payment of this tax return.

Client Signature
Date $\qquad$

| 2023 | 1040 | US | Client Information |  |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  | COMBINED BUSINESS SERVICES | Tax Return Appointment |  |  |
|  | 416 N MOLALLA AVE |  |  |  |
|  | MOLALLA OR 97038 | Date: |  |  |
|  | Telephone number: | (503) 829-2058 | Time: |  |
|  | Fax number: | (503) 829-6243 | Location: |  |
|  | E-mail address: | maryl@cbsmolalla.net |  |  |

## COMBINED BUSINESS SERVICES

416 N MOLALLA AVE
MOLALLA OR 97038
Telephone number: (503) 829-2058

E-mail address: maryl@cbsmolalla.net

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2023 tax return. Please add, change, or delete information as appropriate.

## CLIENT INFORMATION

| Filing Status | Filing status (table) <br> 1=married filing separate and lived with spouse <br> Year spouse died, if qualifying surviving spouse (2021 or 2022) |  |  |
| :---: | :---: | :---: | :---: |
| Taxpayer | First name and initial <br> Last name <br> Title/suffix. <br> Social security number <br> Occupation. <br> Date of birth ( $\mathrm{m} / \mathrm{d} / \mathrm{y}$ ) <br> Date of death ( $\mathrm{m} / \mathrm{d} / \mathrm{y}$ ) <br> 1=blind. |  |  |
| Spouse | First name and initial <br> Last name <br> Title/suffix. <br> Social security number <br> Occupation. <br> Date of birth ( $\mathrm{m} / \mathrm{d} / \mathrm{y}$ ) <br> Date of death ( $\mathrm{m} / \mathrm{d} / \mathrm{y}$ ) <br> 1=blind. |  |  |
| Address | In care of <br> Street address <br> Apartment number <br> City. <br> State <br> ZIP code. |  |  |
| Foreign Address | Region <br> Postal code <br> Country. |  |  |

Filing Status
$1=$ Single
2 = Married filing joint
3 = Married filing separate
4 = Head of household
$5=$ Qadifying sunviving spouse (QSS)

Please add, change or delete information for 2023.

## CLIENT INFORMATION

| Taxpayer Contact Information | Home phone <br> Work phone. <br> Work extension <br> Daytime phone (table) <br> Mobile phone. <br> Fax number. <br> E-mail address. |  |
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| Spouse Contact Information | Home phone <br> Work phone. <br> Work extension <br> Daytime phone (table) <br> Mobile phone <br> Fax number. <br> E-mail address |  |
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| Taxpayer Authentication | Driver's license no. Driver's license state Issue date ( $\mathrm{m} / \mathrm{d} / \mathrm{y}$ ). Expiration date (m/d/y) Theft protection PIN. |  |
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| Spouse Authentication | Driver's license no. Driver's license state Issue date ( $\mathrm{m} / \mathrm{d} / \mathrm{y}$ ). Expiration date (m/d/y) Theft protection PIN |  |
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## Daytime Phone

1 = Work
$2=$ Home
3 = Mobile

| 2023 | 1040 | US | Dependents |
| :--- | :--- | :--- | :--- |
| Please add, change or delete information for 2023. |  |  |  |

## DEPENDENTS

|  | Dependent | Dependent |
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|  | Dependent | Dependent |
| First name. <br> Last name <br> Title/suffix. <br> Date of birth ( $\mathrm{m} / \mathrm{d} / \mathrm{y}$ ) <br> Date of death. <br> Date of adoption <br> Social security number <br> Relationship. <br> Months lived at home <br> Type of dependent (see table) <br> Earned income credit (see table) <br> Claimed by: 1=taxpayer, 2=spouse <br> IRS theft protection PIN |  |  |
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|  | Dependent | Dependent |
| First name <br> Last name <br> Title/suffix. <br> Date of birth ( $\mathrm{m} / \mathrm{d} / \mathrm{y}$ ) <br> Date of death. <br> Date of adoption <br> Social security number <br> Relationship. <br> Months lived at home <br> Type of dependent (see table) <br> Earned income credit (see table) <br> Claimed by: 1=taxpayer, $2=$ spouse <br> IRS theft protection PIN |  |  |
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## Type of Dependent

1 = Child living w/taxpayer
2 = Child not living w/taxpayer
3 = Dependent other than child
4 = Head of household or qualifying surviving
spouse (QSS) only.
not a dependent
5 = Earned income credit only, not a dependent

## Earned Income Credit

1 = When applicable (default)
$2=$ Student age 19 to 23
3 = Disabled
4 = Force
5 = Suppress

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:

1. School records or statement
2. Landlord or property man-
agement statement
3. Health care provider
statement
4. Medical records
5. Child care provider records
6. Placement agency statement
7. Social service records or statement
8. Place of worship statement 9. Indian tribe office statement 10. Employer statement

NOTE: If your child is disabled, please provide one of the following forms of proof of disability:

1. Doctor statement
2. Other health care provider statement
3. Social services agency or program statement

| 2023 | 1040 | US | Miscellaneous Questions |
| :--- | :--- | :--- | :--- |

## If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION
Did your marital status change during the year?
Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2023?

## DEPENDENTS

Were there any changes in dependents?
Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2023?
Did you have any children under age 19 or full-time students under age 24 at the end of 2023, with interest and dividend income in excess of $\$ 1,250$, or total investment income in excess of $\$ 2,500$ ?

## HEALTH CARE COVERAGE



Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

## INCOME

Did you receive unreported tip income of $\$ 20$ or more in any month?
Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for
yourself, your spouse, or your dependents? yourself, your spouse, or your dependents?
Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

## PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?Did you buy or sell any stocks, bonds or other investment property in $\$\}+00\}$ ?
Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel
cell energy sources? cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

# If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary. 



## RETIREMENT PLANS

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

## EDUCATION

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

## ITEMIZED DEDUCTIONS

Did you incur a loss because of damaged or stolen property?Did you work out of town for part of the year?Did you use your car on the job (other than to and from work)?

## ESTIMATED TAXES

Did you apply an overpayment of 2022 taxes to your 2023 estimated tax (instead of being refunded)?If you have an overpayment of 2023 taxes, do you want the excess applied to your 2024 estimated tax (instead of being refunded)?
Do you expect your 2024 taxable income and withholdings to be different from 2023?

## MISCELLANEOUS

Do you want to allocate $\$ 3$ to the Presidential Election Campaign Fund?Does your spouse want to allocate $\$ 3$ to the Presidential Election Campaign Fund?May the IRS discuss your tax return with your preparer?Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.


Client Signature $\qquad$
Date $\qquad$

\section*{| 2023 | 1040 | US | Direct Deposit \& Estimates (Form |  |  |  |
| :--- | :--- | :--- | :--- | :---: | :---: | :---: |
| Please enter all pertinent 2023 information. |  |  |  |  |  |  |}

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)
1=direct deposit of federal tax refund into bank account
$1=$ electronic payment of balance due
1=electronic payment of estimated tax


## BANK INFORMATION

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
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## 2023 ESTIMATED TAX / 1040-ES (6)

| Federal |
| :---: |
| Overpayment applied from 2022 |
| 1st quarter payment. |
| 2nd quarter payment. |
| 3 rd quarter payment. |
| 4th quarter payment. |
| Additional Estimated Tax Payments |

Paid with extension
Former spouse SSN if joint estimates

| Amount Paid | Date Paid |  |  |
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## State

Overpayment applied from 2022
1st quarter payment
2nd quarter payment
3rd quarter payment
4th quarter payment


Paid with extension

| Amount Paid | Date Paid |  |  |
| :--- | :--- | :--- | :--- |
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## 2 Type of Investment

$1=$ Savings
$2=$ Checking

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\begin{array}{ll}
1=\text { Checking or savings (default) } & 6=\text { Coverdell savings account (ESA) } \\
2=\text { Taxpayer's IRA (next year limits) } & 7=\text { Other } \\
3=\text { Spouse's IRA (next year limits) } & 8=\text { Taxpayer's IRA (current year limits) } \\
4=\text { Health savings account (HSA) } & 9=\text { Spouse's IRA (current year limits) } \\
5=\text { Archer MSA } &
\end{array}
$$

Please enter all pertinent 2023 information.

## APPLICATION OF 2023 OVERPAYMENT (7.1)

If you have an overpayment of 2023 taxes, do you want the excess refunded? $\square$ or applied to 2024 estimate? $\square$ Other (please explain): $\qquad$
$\qquad$
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$\qquad$
$\qquad$

## 2024 ESTIMATED TAX INFORMATION

Do you expect your 2024 taxable income to be different from 2023?
Yes


No
$\square$ If "yes" explain any differences in income, deductions, dependents, etc.: $\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Do you expect your 2024 withholding to be different from 2023?
YesNo $\square$ If "yes" explain any differences:

| 2023 | 1040 | US | Wages, Pensions, Gambling Winnings | 10, 13.1, 13.2 |
| :--- | :--- | :--- | :--- | :--- |

Please enter all pertinent 2023 amounts \& attach all W-2, W-2G and 1099-R forms. Last year's amounts are provided for your reference.
WAGES, SALARIES, TIPS (10)

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) |  | Wages, Tips, <br> Other <br> Compensation <br> (Box 1) | Tax Withheld |  |  |  |  | $\begin{aligned} & 2022 \\ & \text { Wages } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{aligned} & \text { plan (Bo) } \\ & \hline 1=\text { spouse } \end{aligned}$ | ox 13) |  | $\begin{aligned} & \text { Federal } \\ & \text { (Box 2) } \end{aligned}$ | $\begin{aligned} & \text { Social } \\ & \text { Security } \\ & \text { (Box 4) } \end{aligned}$ | Medicare (Box 6) | $\begin{gathered} \text { State } \\ \text { (Box 17) } \end{gathered}$ | $\begin{gathered} \hline \text { Local } \\ (\text { Box 19) } \end{gathered}$ |  |
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PENSIONS, IRA DISTRIB UTIONS (13.1)

| No. | Name of Payer | Distribution | tion code | de \#2 | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld |  | Value of all IRAs <br> 12/31/23 | $\stackrel{2022}{\text { Distribution }}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{array}{\|c\|} \hline \text { Distribution } \\ \hline \text { 1=IRA/SEP/S } \\ \hline 1=\text { spouse } \\ \hline \end{array}$ | n code \# <br> IMPLE | \#1 |  |  | Federal (Box 4) | State <br> (Box 14) |  |  |
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GAMBLING WINNINGS (W-2G) (13.2)

|  | Name of Payer | 1-spouse | Gross Winnings (Box 1) | Tax Withheld |  |  | $\begin{aligned} & 2022 \\ & \text { Winnings } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| No. |  |  |  | Federal (Box 4) | State (Box 15) | Local (Box 17) |  |
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GAMBLING LOSSES \& WINNINGS (NON W-2G) (13.2)

| (13.2) | 2023 Amount | TS | 2022 Amount |
| :---: | :---: | :---: | :---: |
| Total gambling losses |  |  |  |
| Winnings not reported on Form W-2G |  |  |  |


| 2023 | 1040 | US | Interest \& Dividend Income | 11,12 |
| :--- | :--- | :--- | :--- | :--- |

Please enter all pertinent 2023 amounts \& attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

## INTEREST INCOME (11)

| No. | Name of Payer (also enter SSN \& address for seller-financed mortgage) | $\begin{gathered} 1=\text { taxpayer } \\ 2=\text { spouse } \end{gathered}$ | Interest Income |  |  | Tax-Exempt Interest |  | $\begin{gathered} \text { Early } \\ \text { Wthdrawal } \\ \text { Penalty } \\ \text { (Box 2) } \end{gathered}$ | $\begin{aligned} & 2022 \\ & \text { Interest } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | $\begin{aligned} & \text { Banks, } \\ & \text { S\&Ls, C/Us, } \\ & \text { etc. (Box 1) } \end{aligned}$ | $\begin{gathered} \text { Seller- } \\ \text { Financed } \\ \text { Mtg. }(\text { Box } 1) \end{gathered}$ | U.S. Bonds, T-Bills (Box 3) | $\begin{aligned} & \text { Iotal } \\ & \text { Municipal } \\ & \text { Bonds } \end{aligned}$ | In-state Municipal Bonds |  |  |
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DIVIDEND INCOME (12)


Please enter all pertinent 2023 amounts and attach all 1099-MISC, 1099-NEC, 1099-K, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

## MISCELLANEOUS INCOME

Social security benefits (SSA-1099, box 5)
Medicare premiums paid (SSA-1099)
1=treat Medicare premiums paid as SE health ins.
Tier 1 RR retirement benefits (RRB-1099, box 5)
1=lump-sum election for SS benefits
Alimony received
Taxable scholarships and fellowships
J ury duty pay
Household employee income not on W-2
Excess minister's allowance
Alaska permanent fund dividends
Income from rental of personal property
Activity not engaged in for profit income
aympic \& Pardympic medals \& USOC prize money
Prizes and awards
Stock Options
Strike or lockout benefits (other than bona fide gifts)
Non-tuition fellowship and stipend payments entered above to indude as taxdble compensation for IRA purposes

Weges emmed while incarcerated not on W.2

| Taxpayer |
| :--- | :--- |
|  Spouse <br>   <br>   <br>   <br>   <br>   <br>   <br>   <br>   <br>   <br>   <br>   <br>   <br>   <br>   <br>   <br>   |

2022 Amount

| Taxpayer | Spouse |
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## Form 1099-K

Amount of sale proceeds from Form 1099-K for personal item(s) sold at a loss
Amount from Form 1099-K that wes incorredly reparted


TAX WITHHELD (not entered elsewhere)
Federal income tax withheld
State income tax withheld
Local income tax withheld


STATE AND LOCAL TAX REFUNDS / UNE MPLOYMENT COMPENSATION (Form 1099-G)

2023 1099-G Amount


| 2023 | 1040 | US | Adjustments to Income |  |
| :--- | :--- | :--- | :--- | :--- |
| Please enter all pertinent 2023 information. Last year's amounts are provided for your reference. |  |  |  |  |


| TRADITIONAL IRA CONTRIB UTIONS | 2023 Amount |  | 2022 Amount |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Taxpayer | Spouse | Taxpayer | Spouse |
| IRA contributions you made or expect to make (l=maximum) (\$6,500/\$7,500 if 50 or older) |  |  |  |  |
| Contributions made to date 1=covered by plan, $2=$ not covered 2023 payments from 1/1/23 to 4/15/23 |  |  |  |  |
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## ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) Contributions made to date $\square$

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SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)
Profit-sharing ( $25 \% / 1.25$ ) contributions you made or expect to make (1=maximum)

Money purchase ( $25 \% / 1.25$ ) contributions you made or expect to make (1=maximum)
Defined benefit contributions you expect to make
Self-employed SEP (25\%/1.25) contributions you made or expect to make ( $1=$ maximum)
Plan contribution rate if not 25 (.xxxx) Individual 401k SE dective deferals (except Roth) ( $1=$ max) Individual 401k. SE designated Roth contributions (1=max)

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|  |  | SIMPLE contributions:

Self-employed SIMPLE contributions you made or expect to make ( $1=$ maximum)
Employer matching rate if not .03 (.xxxx)
$1=$ nonelective contributions (2\%)
Contributions made to date

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## ADJ USTMENTS TO INCOME

Self-employed health insurance:
Total premiums (excluding long-term care)
Long-term care premiums
Student loan interest paid (1098-E, box 1)
Educator expenses (kindergarten thru grade 12)
J ury duty pay given to employer
Attomey fees and court costs for unlanful discrimination daims
Attomey fees and court costs paid in cornection with an IRS averd for information on tax law vidations
Contributions by cetain chaplains to section 403(b) plans
Reforestation amortization and expenses.
Repayment of supplemental unemployment benefits


Expenses from rental of personal property
Other adjustments to income:


Please enter all pertinent 2023 information. Last year's amounts are provided for your reference.

## ADJ USTME NTS TO INCOME

| Alimony paid: |  | Spouse |
| :---: | :---: | :---: |
| Date of divorce or sep. agreement |  |  |
| Recipient's first name.. |  |  |
| Recipient's last name.. |  |  |
| Recipient's SSN. |  |  |
| Amount paid. | 2022 amt: | 2022 amt: |

## Please enter all pertinent 2023 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

## MEDICAL AND DENTAL EXPENSES

NOTE:Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.
Prescription medicines and drugs
Doctors, dentists and nurses
Hospitals and nursing homes
Insurance premiums not entered essenhere (exd. LT care \& ants. paid w' pretax ddlars)
Long-term care premiums - taxpayer
Long-term care premiums - spouse
Insurance reimbursement (enter as a positive number)
Lodging and transportation
Out-of-pocket expenses
Medical miles driven

Other medical and dental expenses:
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TAXES PAID (State and local withholding and 2023 estimates are automatic.)
State income taxes - $1 / 23$ payment on 2022 state estimate
State income taxes - paid with 2022 state return extension
State income taxes - paid with 2022 state return
State income taxes - paid for prior years and/or to other state
City/local income taxes - $1 / 23$ payment on 2022 city/local estimate
City/local income taxes - paid with 2022 city/local extension
City/local income taxes - paid with 2022 city/local return


## SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)
Use taxes paid on 2023 purchases
Use taxes paid with 2022 state return
Sales tax on autos not included above
Sales tax on boats, aircraft, other special items


## OTHER TAXES PAID

Real estate taxes - principal residence:

Real estate taxes - held for investment :
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Personal property taxes (induding auto fees in some states. Provide a copy of tax notice) Foreign income taxes


| 2023 | 1040 | US | Itemized Deductions (continued) |  |
| :--- | :--- | :--- | :--- | :--- |
| Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference. |  |  |  |  |

## INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:


Home mortgage interest not reported on Form 1098:
Payee's name
Payee's SSN or FEIN
Payee's street address
Payee's city
Payee's state.
Payee's ZIP code
Payee's region.
Payee's postal code
Payee's country
Amount paid
Points not reported on Form 1098:


Investment interest (interest on margin accounts):

## Passive interest



NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

## CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60\% limitation):
Contributions by cash or check:


Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30\% limitation): Contributions by cash or check:


| 2023 | 1040 | US | Itemized Deductions (continued) |
| :--- | :---: | :---: | :--- |
| Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference. |  |  |  |
| NONCASH CONTRIB UTIONS |  |  |  |

NOTE:Use Sheet 26 if total noncash contributions are over $\$ 500$. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50\% limitation (see above):
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$30 \%$ limitation (see above):
$30 \%$ capital gain property (gifts of capital gain property to $50 \%$ limit orgs.):


STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS \& J OBS ACT (subject to $2 \%$ AGl limit)
Union and professional dues $\square$
Other unreimbursed employee expenses (uniforms and protective clothing,
professional subscriptions, employment agency fees, and certain edu. expenses):
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Investment expense:

Tax return preparation fee
Safe deposit box rental


Miscellaneous deductions ( $2 \% \mathrm{AGI}$ ) (certain legal and accounting fees, and custodial fees):

Please enter all pertinent 2023 amounts. Last year's amounts are provided for your reference.

## OTHER MISCELLANEOUS DEDUCTIONS

Estate tax, section 691(c)
Other miscellaneous deductions:



| 2023 | 1040 | US | Itemized Deductions (continued) | 25 p5 |
| :---: | :---: | :---: | :---: | :---: |
| If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet $25 \mathbf{p} 2$. |  |  |  |  |

1. Total home equity debt exceeded $\$ 100,000$ at any time during 2023 ( $\$ 50,000$ if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded $\$ 750,000$ at any time during 2023 ( $\$ 375,000$ if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.
NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

## Please enter all pertinent 2023 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

|  | 2023 Amount TS | Ts 2022 Amount |
| :---: | :---: | :---: |
| Fair market value of the property on the date that the last debt was secured |  |  |
| Home acquisition and grandfather debt on the date that the last dabt wes searred . . . . . . |  |  |

## LOAN INFORMATION

Loan \#1
Lender's name.
Form (see table)
Number of form
1=taxpayer, 2=spouse, blank=joint
Interest paid.
Points paid
Total principal paid
Lump sum principal payment (if paid off)
Months outstanding (if not 12)
1=home acquisition debt inaured atter 12/15/17 (blank=10/13/87-12/15/17)
Home acquisition debt balance - beginning of year
Home acquisition debt borrowed in 2023
Home equity debt balance - beginning of year
Home equity debt borrowed in 2023
Grandfather debt balance - beginning of year
Loan \#2
Lender's name.
Form (see table)
Number of form.
1=taxpayer, $2=$ spouse, blank=joint
Interest paid.
Points paid.
Total principal paid
Lump sum principal payment (if paid off)
Months outstanding (if not 12)
1=home acquisition debt inarred after $12 / 15 / 17$ (blank=10/13/87-12/15/17)
Home acquisition debt balance - beginning of year
Home acquisition debt borrowed in 2023
Home equity debt balance - beginning of year
Home equity debt borrowed in 2023
Grandfather debt balance - beginning of year


## Form

1 = Schedule A (default)
$2=$ Business use of home
3 = Schedule E

| 2023 | 1040 | US | Itemized Deductions (continued) |  |
| :--- | :--- | :--- | :--- | :---: |
|  | Please enter all pertinent 2023 amounts and attach all 1098 forms. <br> Last year's amounts are provided for your reference. |  |  |  |

## LOAN INFORMATION (continued)

Loan \#3
Lender's name
Form (see table)
Number of form
1=taxpayer, 2=spouse, blank=joint
Interest paid
Points paid
Total principal paid
Lump sum principal payment (if paid off)
Months outstanding (if not 12)
1=home acquisition debt incurred after 12/15/17
Home acquisition debt balance - beginning of year
Home acquisition debt borrowed in 2023
Home equity debt balance - beginning of year
Home equity debt borrowed in 2023
Grandfather debt balance - beginning of year

| 2023 Amount 2022 Amount |  |  |
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Loan \#4
Lender's name.
Form (see table)
Number of form
1=taxpayer, 2=spouse, blank=joint
Interest paid
Points paid.
Total principal paid
Lump sum principal payment (if paid off)
Months outstanding (if not 12).
1=home acquisition debt incurred after 12/15/17
Home acquisition debt balance - beginning of year
Home acquisition debt borrowed in 2023
Home equity debt balance - beginning of year
Home equity debt borrowed in 2023
Grandfather debt balance - beginning of year

## Form

1 = Schedule A (default)
$2=$ Business use of home
3 = Schedule E

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.
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