

# 2023 TAX ORGANIZER

Please complete this booklet & include with your tax documents.

*\*Reminder: Please do not submit bank statements, paid bills or receipts.*

	TAXPAYER	SPOUSE
FIRST NAME:		
LAST NAME:		
OCCUPATION:		
DATE OF BIRTH:		
SOCIAL SECURITY NUMBER:		
PHONE NUMBER:		
EMAIL:		
PHYSICAL ADDRESS:		
MAILING ADDRESS (IF DIFFERENT)		

## DEPENDENT INFORMATION

FIRST & LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	IN COLLEGE Y/N

### CHILD CARE FEES PAID TO CHILD CARE PROVIDER:

PROVIDERS NAME:	
ADDRESS:	
TAX ID NUMBER:	
AMOUNT PAID:	
NAME OF CHILD/CHILDREN WHOM CARE SERVICES WERE PROVIDED:	

# GENERAL INFORMATION QUESTIONNAIRE

Are you a Veteran?	TAXPAYER	SPOUSE
Did you buy/sell your primary home?	YES	NO
Did you buy/sell any other home or property?	YES	NO
Did you receive unemployment benefits?	YES	NO
Entire household covered by Health Insurance all year?	YES	NO
Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?	YES	NO
Did you contribute to a 529 plan?	YES	NO
Did you withdraw from a 529 plan?	YES	NO
Did you take an H S A distribution?	YES	NO
Do you have foreign bank accounts and/or assets?	YES	NO

**If yes, please provide:**

Financial Institution's Name: \_\_\_\_\_

Financial Institution's Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of currency: \_\_\_\_\_

Highest value on the account in 2023 in foreign currency: \_\_\_\_\_

Account owners name (if it's a joint account please list all owners) \_\_\_\_\_

\_\_\_\_\_

**(If you have multiple foreign accounts please list them all on a separate page)**

Did you pay or receive alimony?	YES	NO
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**If yes, please provide:**

Date of divorce \_\_ / \_\_ / \_\_\_\_ Amount of alimony paid/received: \$ \_\_\_\_\_ Recipient's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## DIRECT DEPOSIT OF FEDERAL AND/OR STATE REFUND

**Do you wish to have your Federal and/or State refund direct deposited into your bank account? If so, please specify the name of the bank, routing number & account number.**

BANK NAME		
BANK ROUTING NUMBER		
BANK ACCOUNT NUMBER		
TYPE OF ACCOUNT?	CHECKING	SAVING
JOINT ACCOUNT?	YES	NO

# WHAT DO I NEED FOR MY TAXES?

## INCOME

If you answered yes to any of these questions, here are the tax forms you'll need to provide:

HAD A JOB	FORM W-2
SELF-EMPLOYED	FILLED OUT PG 5/ 1099-NEC
INTEREST/DIVIDENDS	1099-INT / 1099-DIV
STOCK SALES OR BONDS	1099-B
CRYPTO	GAIN/LOSS STATEMENT
RENTAL INCOME & EXPENSES	FILL OUT PAGE 6
RETIREMENT INCOME	1099-R / SSA-1099
UNEMPLOYMENT	1099-G
GAMBLING WINNINGS/LOSSES	W2-G & LOSS STATEMENT
MARKET PLACE HEALTH INSURANCE	1095-A
H S A WITHDRAWAL/CONTRIBUTION	1099-SA / 5498-SA
CANCELLATION OF DEBT	1099-C
MISC INCOME	1099-MISC/1099-NEC
SALE OF PROPERTY	HUD-1 (SETTLEMENT STATEMENT)/ 1099-S /CLOSING DISCLOSURE
529 PLAN DISTRIBUTION	1099-Q

## DEDUCTIONS

If you answered yes to any of these questions, here are the tax forms you'll need to provide:

STUDENT LOAN INTEREST PAID	FORM 1098-E
COLLEGE TUITION	FORM 1098-T FROM COLLEGE
REAL ESTATE TAXES (PRIMARY HOME & SECOND HOME)	TOTAL REAL ESTATE TAXES PAID IN 2023
MORTGAGE INTEREST (PRIMARY HOME & SECOND HOME)	FORM 1098 FROM BANK
529 PLAN CONTRIBUTION	STATEMENT

**IF THIS IS YOUR FIRST YEAR WITH CSI GROUP, PLEASE PROVIDE PRIOR YEAR TAX RETURN**

**ALL CLIENTS, PLEASE PROVIDE A COPY OF YOUR DRIVERS LICENSE VIA CLIENT PORTAL UPLOAD OR THE TIME OF YOUR APPOINTMENT.**



# Self Employed, Independent Contractors, Outside Salespeople, & Farmers

<b>TOTAL GROSS INCOME</b>	\$	
<b>COST OF GOODS SOLD:</b>		
Beginning Inventory		
Purchases		
Labor		
Materials		
Ending Inventory		
<b>EXPENSES:</b>		
Advertising		
Car Expenses (Attached List of Repairs, Gas, Insurance, etc.)		
Commissions		
Contract Labor		
Insurance (Excluding Health)		
Interest		
Legal & Professional Fees		
Office Expenses		
Rent		
Repairs & Maintenance		
Supplies		
Taxes, Licenses & Permits		
Travel & Entertainment (Attach List)		
Utilities		
Bank Charges		
Dues, Publications & Association Fees		
Gifts to Clients		
Seminars & Courses Attended		
Telephone—Office & Cellular (Business use)		
Self Employed Health Insurance (Owner)		
SEP Contribution / Solo 401K Contribution		
Other Expenses		
Other Expenses		
Other Expenses		
<b>AUTO INFORMATION:</b>		
Date Bought		
Total Miles Driven During Year		
Business Miles		
Traveling to Work Each Way		

**If your business has employees please provide forms W2/W3**

# Rental Income & Expenses

Property 1 Address: \_\_\_\_\_

Property 2 Address: \_\_\_\_\_

	Property 1	Property 2
<b>Rents Received</b>		
Advertising		
Auto Travel (mileage)		
Cleaning & Maintenance		
Commissions		
Insurance		
Legal & Professional Fees		
Management Fees		
Mortgage Interest		
Other Interest		
Pest Control/Exterminator		
Repairs		
Supplies		
Taxes		
Water & Sewer		
Electricity & Heating		
Improvements		