

2023 Individual Tax Organizer

Taxpayer's Name:			Spouse's Name:		
Street Address:			Street Address: (check <input type="checkbox"/> if same as taxpayer)		
City:	State:	Zip:	City:	State:	Zip:
School District:		Municipality:		County:	
Occupation:			Occupation:		
Email Address:			Email Address:		
Home Phone #: () -			Home Phone #: () -		
Work Phone #: () -			Work Phone #: () -		
Cell Phone #: () -			Cell Phone #: () -		

PLEASE PROVIDE COPIES OF SOC. SEC. CARDS FOR ALL FAMILY MEMBERS IF WE HAVE NOT PREVIOUSLY PREPARED YOUR RETURNS.

Taxpayer's Date of Birth: / /	Taxpayer's Soc. Sec. # - -	Spouse's Date of Birth: / /	Spouse's Soc. Sec. # - -
Dependent's Name	Soc. Sec. #	Date of Birth	Relationship
	- -	/ /	
	- -	/ /	
	- -	/ /	
	- -	/ /	

DO YOU HAVE INCOME FROM THE FOLLOWING SOURCES? PLEASE ENCLOSE ALL FORMS.

- | | |
|---|--|
| <input type="checkbox"/> Wages (W-2's)
<input type="checkbox"/> Interest (1099-Int)
<input type="checkbox"/> Tax-Exempt Interest (1099-Int)
<input type="checkbox"/> Dividends (1099-Div)
<input type="checkbox"/> Digital Assets – receive, sell, exchange, gift or dispose? *
<input type="checkbox"/> State & Local Tax Refunds (1099-G)
<input type="checkbox"/> Unemployment Comp. (1099-G)
<input type="checkbox"/> Alimony Received \$ _____ Agreement Date: _____
<input type="checkbox"/> Stocks/Mutual Funds Sales (1099-B)
<input type="checkbox"/> 529 Distributions (1099-Q)
<input type="checkbox"/> IRA Distributions (1099-R)
<input type="checkbox"/> Business Income & Expenses (Complete Enclosed Checklist) | <input type="checkbox"/> Health Insurance Coverage (1095-A / 1095-B / 1095-C)
<input type="checkbox"/> Health Savings Acct Distributions/Contrib (1099-SA / 5498-SA)
<input type="checkbox"/> Pension & Annuity Distributions (1099-R)
<input type="checkbox"/> Rental/Vac. Home Income & Expenses (Complete Enclosed Checklist)
<input type="checkbox"/> Partnerships, S Corporations & LLC (K-1)
<input type="checkbox"/> Estate or Trust (K-1)
<input type="checkbox"/> Farm Income & Expenses (Complete Enclosed Checklist)
<input type="checkbox"/> Social Security (Statement)
<input type="checkbox"/> Commissions & Fees Received (1099-MISC & 1099-NEC)
<input type="checkbox"/> Prizes/Miscellaneous Income/Gambling Income (W-2G)
<input type="checkbox"/> 2023 Foreign Financial Accounts*
<input type="checkbox"/> Sale of Property or Residence (Settlement Sheet) |
|---|--|

>> **Did you make Estimated Tax Payments for 2022? Enter amount below.** <<

	1st Qtr: Due 4/17/23	2nd Qtr: Due 6/15/23	3rd Qtr: Due 9/15/23	4th Qtr: Due 1/16/2024
IRS (US Treasury)	\$	\$	\$	\$
PA Dept of Revenue	\$	\$	\$	\$
Local Tax Collector	\$	\$	\$	\$

*** PLEASE COMPLETE and SIGN the separate 2023 Supplemental Tax Questionnaire ***

>> DO YOU HAVE ANY OF THESE EXPENSES? PLEASE PROVIDE ALL ORIGINAL TAX FORMS. <<

<input type="checkbox"/> Regular IRA	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Roth IRA (not tax deductible)	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Non-Deductible IRA	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> SEP / Simple / Qualified Plan	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Alimony Paid – Recipient’s Soc. Sec. # _____ – _____ – _____ Agreement Date: _____				\$
<input type="checkbox"/> Medical & Dental Expenses				\$
<input type="checkbox"/> Health Insurance Premiums (do not include pre-tax deductions)				\$
<input type="checkbox"/> Long-Term Care Insurance Premiums	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Medical Mileage - Miles _____ @ 22 ¢ per mile				\$
<input type="checkbox"/> Real Estate Taxes				\$
<input type="checkbox"/> Occupational Privilege Taxes or EMST				\$
<input type="checkbox"/> Sales Tax Paid on Vehicle & Boat Purchases (need settlement sheet)				\$
<input type="checkbox"/> Total of Out-of-State Purchases for which PA Sales Tax needs to be remitted				\$
<input type="checkbox"/> Home Mortgage Interest (1098)				\$
<input type="checkbox"/> Home Equity Interest (1098)				\$
<input type="checkbox"/> Home Mortgage Interest Paid to Individuals				\$
>Name, Address, Soc. Sec. #				
<input type="checkbox"/> Points not reported on Form 1098				\$
<input type="checkbox"/> Investment Interest (Broker’s Statement)				\$
<input type="checkbox"/> Student Loan Interest				\$
<input type="checkbox"/> Charitable Contributions – List ALL contributions.				\$
<input type="checkbox"/> Used Clothing & Non-Cash Items to Charity (Details)				\$
<input type="checkbox"/> Mileage Driven for Charity _____ @ 14 ¢ per mile				\$
<input type="checkbox"/> Union & Professional Dues	Taxpayer	\$	Spouse	\$
<input type="checkbox"/> Business Use of Your Auto You must complete the “Vehicle Information Questionnaire”				\$
<input type="checkbox"/> Business Use of Your Home You must complete the “Home Office Questionnaire”				\$
<input type="checkbox"/> Teaching Supplies				\$
<input type="checkbox"/> Pennsylvania Lottery Ticket Losses (if 2023 PA Lottery ticket winnings apply)				\$
<input type="checkbox"/> Child Care Expenses Dependent Name:				\$
>Provider name, address, Soc. Sec. # or EIN #				\$
<input type="checkbox"/> College Tuition & Enrollment Related Expenses (Form 1098-T is required)				\$
>Which Dependent(s)? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior				
>Course Materials (See “American Opportunity Credit” at www.dstortz.com/resources for qualifications)				\$
<input type="checkbox"/> Contributions to 529 Plans –Limit \$17,000 per beneficiary, per taxpayer, list beneficiary name(s)/amounts				\$
<input type="checkbox"/> Adoption Expenses				\$
>Which Dependent(s)?				
<input type="checkbox"/> Energy Tax Credits: Provide descriptions & costs for Solar, Geothermal Heat Pumps, Small Wind Turbines, and Fuel Cells. Refer to “Supplemental Information for 2023 Energy Tax Credits” at www.dstortz.com/resources for qualifications and additional information.				
<input type="checkbox"/> Have you made any gifts exceeding \$17,000 to any one individual during 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No				
* Do you want your refund (if applicable) Direct Deposited? OR If you owe tax, do you want the amount withdrawn from your checking account? If YES to either question, please attach a voided check/deposit slip.				
> Other Comments:				

I (we) have maintained receipts for all expenses listed on this questionnaire and any other spreadsheets, checklists, computer files, etc. provided to you for preparation of our returns.

Sign X _____

Sign X _____

Date _____