



# CLIENT TAX INFORMATION SHEET 2023 FILING

Please provide a copy of last year's Federal and State Tax Returns if a new client.

If you have received IRS form 1095A from Health Insurance Marketplace, please provide it.

At anytime during 2023, did you receive, sell, send, or exchange or otherwise acquire any financial interest in virtual currency (e.g., Bitcoin, Ethereum, Ripple, Altcoin, etc.)?

Yes No

Direct Deposit (same bank routing information as last year)

Direct Deposit (use new information below)

Routing No. Account No. Bank

Mail (If you request your return to be mailed, a \$15.00 postage and handling fee will be added to your invoice.)

## TAXPAYER

Taxpayer Name

Date of Birth

Social Sec. Number

Driver's Lic. Number

Issue Date Expiration Date

Home Phone

Cell Phone

Taxpayer E-mail

Marital Status Single Married Separated

## SPOUSE

Spouse's Name

Date of Birth

Social Sec. Number

Driver's Lic. Number

Issue Date Expiration Date

Home Phone

Cell Phone

Spouse E-mail

Divorced (date divorce was final)

Dependent Name (First, MI, Last)	Date of Birth	Dependent's SSN	Relationship

Dependents: To claim a qualifying child 19 or over, they must be a full-time student and you must provide 50% of their livelihood. To claim a qualifying relative; they must be related or have lived all year with you and have an income less than \$4,700.

Please contact me prior to completing my tax return.



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## INCOME SOURCES (Check all that apply and provide documentation)

Salary/Wages (Form W-2)	Social security/Railroad retirement	Lottery/Gambling winnings (Form W-2G)
Form 1099 income	Pension/Retirement income	Interest/Dividends (Form 1099-INT and 1099-DIV)
Alimony received \$ _____	IRA Distributions (Form 1099-R)	Farm Income
Unemployment \$ _____	Schedule K-1	Tuition Statement (Form 1098-T)
Sell any stocks/bonds/funds (must provide Form 1099-B and cost basis)	Sell real estate	Other Income (provide details) _____
Foreign earned income	Refinance property (provide details—must provide settlement statements, original purchase date/price)	_____
Virtual currencies		_____

## IRA CONTRIBUTIONS (Provide Form 5498)

Taxpayer: Traditional Roth	Spouse: Traditional Roth
Contribution Amount \$ _____	Contribution Amount \$ _____

## VA529 CONTRIBUTION AMOUNT

Per child \$ _____	Per grandchild \$ _____
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## QUARTERLY TAX PAYMENTS

<b>Federal:</b> 1st Qtr \$ _____	2nd Qtr \$ _____	3rd Qtr \$ _____	4th Qtr \$ _____
<b>State:</b> 1st Qtr \$ _____	2nd Qtr \$ _____	3rd Qtr \$ _____	4th Qtr \$ _____

## CHILD/INDEPENDENT CARE EXPENSES

Dependent(s) cared for _____	Care provider's name _____
_____	Provider's address _____
_____	_____
Dependent care benefits amount (Box 10 of W-2 form) _____	Provider's SSN/EIN _____
_____	Amount paid to provider _____

## ALIMONY PAID

Amount paid \$ _____	Recipient's SSN _____
Recipient's name _____	_____



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## ITEMIZED DEDUCTIONS

Must exceed \$13,850 (single), \$27,700 (married filing jointly), \$20,800 (head of household) to be itemized.

### Medical Expenses *(must exceed 7.5% of adjusted gross income)*

- Doctors \_\_\_\_\_
- Dentists \_\_\_\_\_
- Other medical professionals \_\_\_\_\_
- Prescription drugs \_\_\_\_\_
- Surgical procedures \_\_\_\_\_
- Medical lab fees \_\_\_\_\_
- Hospitals \_\_\_\_\_
- Glasses and contact lenses \_\_\_\_\_
- Medical equipment \_\_\_\_\_
- Prescribed physical aids \_\_\_\_\_
- Skilled nursing care \_\_\_\_\_
- Medical insurance (if not pre-taxed) \_\_\_\_\_
- Dental insurance (if not pre-taxed) \_\_\_\_\_
- Long term care premiums (taxpayer) \_\_\_\_\_
- Long term care premiums (spouse) \_\_\_\_\_
- Medicare Part B \_\_\_\_\_
- Medical transportation \_\_\_\_\_
- Other medical (describe) \_\_\_\_\_
- Medical miles driven x \$.22 per mile \_\_\_\_\_
- Health Savings Account (HSA) paid \_\_\_\_\_

### State and Local Taxes

- Home real estate taxes \_\_\_\_\_
- Other real estate taxes \_\_\_\_\_
- Personal property tax (autos, boat) \_\_\_\_\_
- Other state or local taxes \_\_\_\_\_

### Casualty or Theft Loss

*Only in federal disaster area. Must have FEMA code.*

- Type of property and loss \_\_\_\_\_
- Cost or basis of property \_\_\_\_\_
- Insurance reimbursement \_\_\_\_\_
- Fair market value before loss \_\_\_\_\_
- Fair market value after loss \_\_\_\_\_

### Education Expenses

*(must provide Form 1098-T from institution)*

- Student's Name \_\_\_\_\_
- Tuition \_\_\_\_\_ Books \_\_\_\_\_ Fees \_\_\_\_\_
- Student's Name \_\_\_\_\_
- Tuition \_\_\_\_\_ Books \_\_\_\_\_ Fees \_\_\_\_\_

### Interest Paid

#### Mortgage on main home

- Paid to financial institution (Form 1098) \_\_\_\_\_
- Paid to individual \_\_\_\_\_
- Name \_\_\_\_\_
- SSN \_\_\_\_\_
- Address \_\_\_\_\_

Points or PMI paid on new mortgage \_\_\_\_\_  
*(provide settlement statement)*

Home equity loan/second mortgage \_\_\_\_\_

#### Mortgage on second home

- Paid to financial institution (Form 1098) \_\_\_\_\_
- Paid to individual \_\_\_\_\_
- Name \_\_\_\_\_
- SSN \_\_\_\_\_
- Address \_\_\_\_\_

Investment interest paid \_\_\_\_\_

Student loan interest paid \_\_\_\_\_  
*(must provide Form 1098-E)*

### Charitable Contributions

*(receipt required for single donation of \$250 or more)*

- Church/Temple/Mosque \_\_\_\_\_
- United Way \_\_\_\_\_
- Other charities \_\_\_\_\_
- Charitable miles driven x \$.14 per mile \_\_\_\_\_

### Miscellaneous Deductions

- Gambling losses \_\_\_\_\_
- Military moving expenses \_\_\_\_\_
- Other *(describe)* \_\_\_\_\_