2023 INDIVIDUAL TAX RETURN ORGANIZER

This page is required to be completed and returned

	TAXPAYER	SPOUSE
Legal Name		
Social Security #		
Birth Date		
Occupation		
Email Address		
Phone Number		
Primary Contact Person (check one)		
Best way to contact (phone/text/email)		
Mailing Address		

DEPENDENTS					
Full Legal Name	Date of Birth	Social Security #	Anyone else claiming?	Lived with you all year?	If no: full time student in college?

TAX RETURN DELIVERY All Tax Returns will be delivered electronically unless you select otherwise.		MARITAL S 12/3
SECURE EMAIL (preferred)		MARRIED
PICKUP AT OUR OFFICE (+ \$20)		SINGLE
MAIL (+ \$30)		OTHER (pleas explain)

MARITAL STATUS AS OF 12/31/2023			
MARRIED			
SINGLE			
OTHER (please explain)			

BANK INFO FOR DIRECT DEPOSIT OF REFUND (OPTIONAL)				
BANK NAME				
ACCOUNT #				
ROUTING #				
CHECKING	-or-	SAVINGS		

ESTIMATED TAX PAYMENTS FOR 2023 (if any)					
	FEDERAL		STATE		
Date	Amount	Date	Amount		

At any time during 2023, did you sell, exchange, or otherwise dispose of any financial interest in any virtual currency? If yes, provide details.

YES	NO

2023 INDIVIDUAL TAX RETURN ORGANIZER, continued

The remaining pages are optional, but your participation is encouraged and will help limit the frequency of additional questions we have for you to ensure we prepare your return accurately while minimizing taxes. If an item is not answered, we will assume it is not relevant to you or the amount is zero, unless other documentation is provided. It is not necessary to answer every question. For example, if you have provided brokerage statements, you do not need to duplicate your interest, dividends, and stock sales from that statement.

This is a general checklist of items you should provide if you or any member of your family have received them:

- W-2 (wages)
- 1099-R (retirement)
- 1099-INT (interest)
- 1099-DIV (dividends)
- 1099-B (brokerage sales)
- 1099-MISC (rents, etc.)
- 1099-NEC (non-employee compensation)
- 1095-A, 1095-B, 1095-C (health insurance)
- 1099-SSA (social security)
- 5498 (contributions to IRA)

- 1098-T (education)
- Schedules K-1 (Forms 1065, 1120-S, 1041)
- Annual brokerage statements
- 1098 (mortgage interest)
- Property tax bills that were paid in 2023
- Closing Disclosure (real estate sales/purchases)
- Charitable contributions amounts
- Other information statements
- 1099-SA (distributions from HSA)
- 5498-SA (contributions to HSA)

INCOME

INTEREST		DIVIDENDS		
PAYER	AMOUNT	PAYER	AMOUNT	

SALES OF PROPERTY NOT SHOWN ELSEWHERE (stocks, gold, house, land, etc.)					
	DATE		PURCHASE		
DESCRIPTION	PURCHASED	DATE SOLD	PRICE	SALES PRICE	

OTHER INCOME: <u>not from</u> wages, business, investments (i.e. pensions, insurance, payments, royalties)			
DESCRIPTION	PAYER	AMOUNT	

If you have a business or rental property that is not reported on a separate tax return, please provide a schedule including, but not limited to: Income, Expenses, Mortgage interest, Property taxes, HOA dues, Insurance expense, Repairs and maintenance. If you used your vehicle for business purposes, please provide total mileage and business mileage. If you had a home office, please provide the square footage of the office and your total home.

EXPENSES

from insurance)
AMOUNT

HEALTH SAVINGS ACCOUNTS	YES	NO	IF NO, WHAT AMOUNT WAS FOR MEDICAL?	
Were all of your withdrawals from an HSA account for medical expenses?				
If you have an HSA, you must provide your 1099-SA, which shows the distributions from the account for 2023				

TAX EXPENSES		
DESCRIPTION	AMOUNT	
Real Estate (Property) taxes		
Sales tax on large purchases		
Other personal property taxes (not applicable in LA)		

INTEREST EXPENSES			
		12/31/23 Mortgage	
DESCRIPTION	AMOUNT	Balance	
Home Mortgage			
Home Mortgage 2			
Other Real Estate			

CHARITABLE CONTRIBUTIONS: CASH		
NAME OF CHARITABLE ORGANIZATION	AMOUNT	

It is not required to send your receipts for cash donations to us, but make sure you have them for your own records

	CHARITABLE CONTRIBUTIONS: NON-CASH		
NAME OF CHARITABLE ORGANIZATION	DESCRIPTION	EST. VALUE ON DATE DONATED	EST. VALUE WHEN ORIGINALLY PURCHASED

OTHER ADJUSTMENTS

CHILD CARE				
	CHILD CARE PROVIDER			
				AMOUNT
CHILD NAME	PROVIDER NAME	ADDRESS	TAX ID #	PAID

LOUISIANA SCHOOL EXPENSES (max deduction is \$5,000 per child)			
CHILD NAME	SCHOOL NAME	DESCRIPTION (ex. Tuition, Books, Uniforms)	AMOUNT

COLLEGE TUITION EXPENSES		
DEPENDENT NAME	SCHOOL NAME	AMOUNT

OTHER ADJUSTMENTS			
DESCRIPTION	TAXPAYER	SPOUSE	
Educator Expenses			
Health Savings Account Contributions (After-tax only)			
Self-Employed Retirement Plan Contributions			
Self-Employed Health Insurance Premiums			
Traditional IRA Contributions			
Roth IRA Contributions			
Student Loan Interest			

USE THE SPACE BELOW TO LIST ANY OTHER INFORMATION WHICH YOU BELIEVE IS PERTINENT