

# 2023 Individual Tax Organizer

## Personal Information

### Taxpayer

First name	M.I.	Last name	Suffix	Date of birth	SSN or ITIN -
Occupation	Email			Phone number (	
ID type	ID number	Issuing state	Issue date	Expiration date	
Street	City		State	ZIP Code	

### Spouse

First name	M.I.	Last name	Suffix	Date of birth	SSN or ITIN
Occupation	Email			Phone number	
ID type	ID number	Issuing state	Issue date	Expiration date	

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying surviving spouse

Select all that apply to 2023	Taxpayer	Spouse
Legally blind	<input type="checkbox"/>	<input type="checkbox"/>
Permanently and totally disabled	<input type="checkbox"/>	<input type="checkbox"/>
Claimed as a dependent on another individual's tax return	<input type="checkbox"/>	<input type="checkbox"/>
Full-time student	<input type="checkbox"/>	<input type="checkbox"/>
Designate \$3 to the Presidential Election Campaign Fund	<input type="checkbox"/>	<input type="checkbox"/>
Spouse is not filing a tax return (MFS)		<input type="checkbox"/>
Spouse had no income (MFS)		<input type="checkbox"/>

## Dependent Information

Name (first and last)	Relationship	Date of birth	SSN or ITIN	Months in home	Received income	Disabled	Full time student	Childcare expenses
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Refund preference

- Direct deposit
- Paper check

### Balance due preference

- Bank draft
- Mail a check
- Credit card
- Payment plan

### Banking information

Financial institution \_\_\_\_\_

Account holder \_\_\_\_\_

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

Type of account  Checking  Savings

Personal or business  Personal  Business

Select if applicable to account:  IRA  Non-U.S.

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**None apply**

## 2023 Life Events

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Changed marital status</li> <li><input type="checkbox"/> Taxpayer, spouse, or a dependent changed their name with the SSA</li> <li><input type="checkbox"/> Received notice or letter from the IRS or a state revenue agency</li> <li><input type="checkbox"/> First time filing a tax return</li> <li><input type="checkbox"/> Taxpayer, spouse, or a dependent passed away during the year</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Taxpayer, spouse, or a dependent received an identity protection PIN (IP PIN) from the IRS</li> <li><input type="checkbox"/> Had a baby or adopted a child</li> <li><input type="checkbox"/> Member of the Armed Forces<br/><i>Duty type</i> _____</li> <li><input type="checkbox"/> Changed address during the year</li> </ul> |
|---|---|

**None apply**

## 2023 Financial Events

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Bought, sold, or refinanced a home or rental property</li> <li><input type="checkbox"/> Incurred property damage or theft caused by a federally declared disaster</li> <li><input type="checkbox"/> Converted or rolled over any retirement accounts</li> <li><input type="checkbox"/> Received, sold, exchanged, gifted or otherwise disposed of a digital asset</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Had a financial interest in or signature authority over a foreign account or trust<br/><input type="checkbox"/> <i>Combined value of foreign account(s) exceed \$10,000</i></li> <li><input type="checkbox"/> Gifted more than \$17,000 total to one or more individual(s)</li> <li><input type="checkbox"/> Purchased health insurance through the Marketplace or a public exchange</li> <li><input type="checkbox"/> Had health insurance coverage for the entire year (CA, DC, MA, NJ, and RI only)</li> </ul> |
|--|---|

## 2023 Income Sources

- |   | Number of forms |  | Number of forms |
|---|-----------------|--|-----------------|
| <input type="checkbox"/> Employment (W-2)                     | _____           | <input type="checkbox"/> Rent (1099-MISC)                    | _____           |
| <input type="checkbox"/> Retirement distribution (1099-R)     | _____           | <input type="checkbox"/> Royalties (1099-MISC)               | _____           |
| <input type="checkbox"/> Social Security (SSA-1099)           | _____           | <input type="checkbox"/> ESA or 529 distribution (1099-Q)    | _____           |
| <input type="checkbox"/> Self-employment (1099-NEC or 1099-K) | _____           | <input type="checkbox"/> HSA or MSA distribution (1099-SA)   | _____           |
| <input type="checkbox"/> State or local tax refund (1099-G)   | _____           | <input type="checkbox"/> Partnership (Schedule K-1)          | _____           |
| <input type="checkbox"/> Unemployment compensation (1099-G)   | _____           | <input type="checkbox"/> S-corporation (Schedule K-1)        | _____           |
| <input type="checkbox"/> Interest (1099-INT)                  | _____           | <input type="checkbox"/> Estate or trust (Schedule K-1)      | _____           |
| <input type="checkbox"/> Dividends (1099-DIV)                 | _____           | <input type="checkbox"/> Gambling (W-2G)                     | _____           |
| <input type="checkbox"/> Sold stocks or investments (1099-B)  | _____           | <input type="checkbox"/> Farming                             | _____           |
| <input type="checkbox"/> Canceled debt (1099-C)               | _____           | <input type="checkbox"/> Other income not listed above _____ |                 |

**None apply**

## 2023 Adjustments and Credits

- |   | Amount   |
|---|----------|
| <input type="checkbox"/> Higher education expenses  | \$ _____ |
| <input type="checkbox"/> Child or dependent care expenses   | \$ _____ |
| <input type="checkbox"/> HSA contributions  | \$ _____ |
| <input type="checkbox"/> IRA contributions  | \$ _____ |
| <input type="checkbox"/> Student loan interest  | \$ _____ |
| <input type="checkbox"/> Plug-in electric vehicle purchase<br><i>Vehicle year, make, and model</i> _____            | \$ _____ |
| <input type="checkbox"/> Adoption expenses  | \$ _____ |
| <input type="checkbox"/> Alimony paid<br><i>Date of divorce or separation</i> _____<br><i>Recipient's SSN</i> _____ | \$ _____ |
| <input type="checkbox"/> Educator expenses  | \$ _____ |
| <input type="checkbox"/> Household employee expenses  | \$ _____ |
| <input type="checkbox"/> Energy-efficient home improvements   | \$ _____ |
| <input type="checkbox"/> Armed Forces moving expenses   | \$ _____ |

## Itemized Deductions

Medical and dental	
Medical and dental expenses	\$

Casualty and theft	
Casualty and theft losses	\$
<input type="checkbox"/> Check if caused by federally declared disaster	

Taxes paid	
State and local income taxes	\$
Sales taxes	\$
Real estate taxes	\$
Personal property taxes	\$

Gambling	
Gambling losses	\$

Interest paid	
Mortgage interest	\$

Other miscellaneous deductions	
	\$
	\$
	\$
	\$
	\$
	\$

Charitable contributions	
Donations to charity (cash)	\$
Donations to charity (non-cash)	\$

## Estimated Taxes

Overpayments and estimated tax payments				
Description	Federal		State:	
	Date	Amount	Date	Amount
2022 overpayment applied to 2023				
First quarterly payment				
Second quarterly payment				
Third quarterly payment				
Fourth quarterly payment				
Additional payment(s)				