

Prime Path Financial Inc

2920 E Florida Ave Ste 111
Hemet, CA 92544
info@Primepathfinancial.com
Phone: (951)652-4600 | Fax: (951)652-5900

January 22, 2024

:

Income tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2023 tax return. Review the entire packet and answer any questions that apply.

Bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. We appreciate your trust in our business. Contact our office at (951)652-4600 if you have any questions or need additional information. We appreciated the opportunity to prepare your 2022 individual tax return and look forward to working with you again this year.

Sincerely,

Tabitha Cameline
Prime Path Financial Inc

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January 22, 2024

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (951)652-4600.

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January 22, 2024

Subject: Preparation of Your 2023 Tax Returns

Thank you for choosing Prime Path Financial Inc to assist you with your 2023 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2023 federal and state income tax returns. We will not audit or otherwise verify the data you submit, although it may be necessary to request clarification and/or documentation of some of the information. Generally, we will rely on your representation that you have maintained the documentation required by law to support the information you provide, including expenses for meals, entertainment, travel, gifts, vehicle use, charitable contributions, etc. While it is not necessary that you provide us with support documents at the time we prepare your returns, you should retain all necessary written support and documentation should it be required by an IRS examination at a later date. If you are not clear regarding what documentation is needed for any given item of income or deduction, we'd be happy to inform you which documents these are. **Note that you have the final responsibility for the income tax returns and, therefore, you should carefully review them before you sign and file them.** We reserve the right to withdraw from this engagement if information we request from you is not provided to us in a reasonable time period.

If requested we can provide an organizer for your use. While we don't require it's use, it may serve as a useful "tickler" to remind you of items to provide to us. Nonetheless, provide us with originals or copies of originals of all government tax documents including W-2s, 1099s, 1098s, and property tax statements.

Should we encounter instances of unclear tax requirements, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select. We will not provide legal advice, you should seek the advice of a licensed attorney on any legal issues that may arise. **You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.**

The filing deadline for Individuals and Corporations is April 15, 2024 and March 15, 2024 for Partnerships and S Corporations. In order to meet this filing deadline, we must receive your information in substantially complete form no later than 20 days prior to the filing deadlines. If an extension of time to file is required, we will use the information available to us at the time to prepare the extension. To prepare a valid, accurate extension, we need as much information as is available. We also need your express approval to file the extension on your behalf. The fee to file an extension is \$50-\$125. **An extension, however, only provides you with an extension to file, not an extension to pay. Taxes paid after the due date of the return will result in penalties and interest.**

Under federal law and in most states, we are required to electronically file your returns. However, you may opt out of electronically filing without an explanation. If you would rather not e-file please let us know and we will provide you with the government opt-out forms you must sign and return to us.

For any California state returns prepared, by signing this agreement, you authorize us to execute the Online Account View Access Authorization on the Franchise Tax Board's website. You understand that we will have view-only access to all the tax year information available on that site that is associated with you. This authorization remains in effect until you revoke it in writing.

You are responsible for reporting foreign activities. By signing this letter you acknowledge that you will inform us if you have income from foreign sources or if you have signatory authority over any foreign account. **Note the penalties for failure to report foreign activities are severe.**

Fees for our services will be at our standard rates for tax matters. Generally, we will bill you after we complete the returns, for forms used and time spent plus out-of-pocket expenses and reasonable costs of collection incurred on your behalf. However,

progress billing may be prepared for returns that cannot be completed due to incomplete information from you. Our invoices are due and payable upon presentation. **Tax returns will not be filed until fees are paid.** In fairness to our clients who pay promptly we may charge a late payment service charge on all accounts unpaid after 45 days from billing at the rate of one and one half percent (1.5 %) per month of all such delinquent balances.

Your original records, which will be returned to you, comprise the backup and support for your income tax return. Our records and files are our property and not a substitute for your own records. Our firm destroys client files after a retention period of three (3) years, after which time these items will no longer be available. Also, catastrophic events or physical deterioration may result in our records being unavailable. It is your responsibility to retain your records for possible future use, including possible examination by the taxing authorities. One (1) electronic copy of the completed tax return will be furnished to you. Any subsequent copies of your return or source documents, a hard copy or electronic, can be provided for a fee of \$25 per subsequent copy.

Your returns are subject to review by taxing authorities. Any items, which may be resolved against you by the examining agent, are subject to certain rights of appeal. In the event of any tax examination, we will be available, upon request, to represent you within the scope of our designation as Enrolled Agents. Billing for such additional services is at our standard hourly rates for the nature of the services performed.

Our engagement to prepare your returns as listed above will conclude with the delivery of the completed returns to you (if paper filing) or your signing, and the subsequent submittal, of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm this letter correctly summarizes your understanding of the arrangement for this work, please sign and return this letter to our office. You should keep a copy of this fully executed letter for your records. If this firm does not receive from you the original of this letter, in fully executed form, but receives from you a completed copy of the tax organizer, if requested and/or supporting documentation requested therein, then such receipt by this office shall be deemed to evidence your acceptance of all of the terms set forth above. If, however, this office receives from you no response to this letter, then this office will not proceed to provide you with any professional services, and will not prepare any tax returns.

We appreciate your confidence in us. Please call if you have any questions.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (951)652-4600.

Sincerely,

Tabitha Cameline
Prime Path Financial Inc

Accepted By: (Both spouses must sign for preparation of joint returns.)

Taxpayer

Spouse

Date

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

TS	Employer Name	2023 Federal Wages
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Retirement

Provide all copies of Form 1099-R

TS	Payer Name	2023 Distribution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Yes No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
- Yes No Did you use any of the distributions for disaster relief?

Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

TSJ	Account Number Payer Name	2023 Ordinary Dividends	2023 Qualified Dividends
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

TSJ	Account Number Payer name	2023 Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (including items not reported on Form 1099-B)

Provide all brokerage statements

Table with columns: TSJ, Description of Property, Date Purchased, Date Sold, Sales Price, Cost. Multiple rows for data entry.

Installment Sale Income

TSJ Description of property:

Date acquired Date sold 2023 Prior Years

Table for Installment Sale Income with rows: Selling price, Mortgages assumed, Cost of property sold, Depreciation allowed, Commissions and expense of sale, Gross profit percentage, Interest received, Principal payments received.

Property was sold to a related party [checkbox]

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2023 Taxpayer	2023 Spouse
Social Security Benefits (attach Forms 1099-SSA)	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2023	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
Jury duty pay	_____	_____
ABLE distributions	_____	_____
Scholarships or grants not reported on Form W-2	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2023 Taxpayer	2023 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid Name _____ SSN _____ Divorce or separation date _____	_____	_____
Name _____ SSN _____ Divorce or separation date _____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS Professional product or service Employer ID number

Business name

Business address, city, state, ZIP

Accounting Method: Cash Accrual Other (specify)

This business started or was acquired during 2023. This business was disposed of during 2023.

Select if this business is for:

Professional gambler Newspaper delivery and you are under 18 years of age
Exempt Notary income A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
If "Yes," did you file Forms 1099 for the individuals?
Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
If "Yes," was any portion of the loan forgiven in 2023?

Income

Table with 2 columns for 2023 and 2023. Rows include Gross receipts or sales, Other income, Returns & allowances.

Expenses

Table with 2 columns for 2023 and 2023. Rows include Advertising, Repairs & maintenance, Car & truck expenses, Supplies, Commissions & fees, Taxes & licenses, Contract labor, Travel, Depletion, Total meals, Employee benefit programs, Utilities, Insurance (other than health), Wages, Interest - mortgage, Family health coverage payments for taxpayer, spouse or dependents, Interest - other, Other expenses (list), Legal & professional services, Office expenses, Pension & profit-sharing plans, Rent or lease (vehicles, machinery, & equipment), Rent (other business property).

Cost of Goods Sold

Table with 2 columns for 2023 and 2023. Rows include Inventory at beginning of year, Materials & supplies, Purchases, Other costs, Cost of personal use items, Inventory at end of year, Cost of labor. Includes checkbox: There was a change in inventory method.

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

TSJ _____
 Property description _____

Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- | | | | |
|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> This property was placed in service during 2023. | Yes | No | Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.

If "Yes," did you file Forms 1099 for the individuals? |
| <input type="checkbox"/> This property was disposed of during 2023. | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> This property is your main home or second home. | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> This property was owned as a qualified joint venture. | <input type="checkbox"/> | <input type="checkbox"/> | |

Income

	2023	2023
Rent income		
Royalties from oil, gas, mineral, copyright or patent		

Expenses

	Rental Unit Expenses	Rental and Homeowner Expenses
Advertising		
Auto & travel		
Cleaning & maintenance		
Commissions		
Insurance		
Legal & professional fees		
Management fees		
Mortgage interest		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Depletion		
Other expenses		

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

TS _____ Principal product _____ Employer ID number _____

Accounting method, if not cash: Accrual

This farm was disposed of during 2023.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?

If "Yes," was any portion of the loan forgiven in 2023?

Income

	2023	2023
Sale of livestock / other items	_____	Custom hire income _____
Cost of items bought for resale	_____	Beginning inventory for accrual _____
Sale of products you raised	_____	Ending inventory for accrual _____
Total cooperative distributions (Provide 1099-PATR)	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.
Total agricultural payments	_____	Other income _____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported	_____	_____
CCC loans forfeited	_____	_____
Crop insurance proceeds:		
Amount received in 2023	_____	_____
<input type="checkbox"/> You elect to defer to 2024		
Amount deferred from 2022	_____	_____

Expenses

	2023	2023
Car & truck expenses	_____	Rent - other (land, animals, etc.) _____
Chemicals	_____	Repairs & maintenance _____
Conservation expenses	_____	Seeds & plants purchased _____
Custom hire (machine work)	_____	Storage & warehousing _____
Employee benefit programs	_____	Supplies purchased _____
Feed purchased	_____	Taxes _____
Fertilizers & lime	_____	Utilities _____
Freight & trucking	_____	Veterinary, breeding, & medicine _____
Gasoline, fuel, & oil	_____	Family health coverage payments for taxpayer, spouse or dependents _____
Insurance (other than health)	_____	Other expenses _____
Interest - mortgage (paid to banks, etc.)	_____	_____
Interest - other	_____	_____
Non-W-2 labor hired	_____	_____
W-2 wages paid	_____	_____
Pension & profit-sharing plans	_____	_____
Rent - vehicles, machinery, & equipment	_____	_____

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

TSJ _____ Employer ID Number _____

Description _____

This farm was disposed of during 2023

Income

	2023		2023
Income from production of livestock, produce, grains, & other crops	_____	Crop insurance proceeds:	
Total cooperative distributions	_____	Amount received in 2023	_____
Total agricultural payments	_____	<input type="checkbox"/> You elect to defer to 2024	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2022	_____
CCC loans reported	_____	Other income	_____
CCC loans forfeited	_____		_____

Expenses

	2023		2023
Car & truck expenses	_____	Seeds & plants purchased	_____
Chemicals	_____	Storage & warehousing	_____
Conservation expenses	_____	Supplies purchased	_____
Custom hire (machine work)	_____	Taxes	_____
Employee benefit programs	_____	Utilities	_____
Feed purchased	_____	Veterinary, breeding, & medicine	_____
Fertilizers & lime	_____	Other expenses (list)	_____
Freight & trucking	_____		_____
Gasoline, fuel, & oil	_____		_____
Insurance (other than health)	_____		_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other	_____		_____
Labor hired (less jobs credit)	_____		_____
Pension & profit-sharing plans	_____		_____
Rent - vehicles, machinery & equipment	_____		_____
Rent - other (land, animals, etc.)	_____		_____
Repairs & maintenance	_____		_____

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No
 Was this vehicle available for use during off-duty hours?
 Was another vehicle available for personal use?

Yes No
 Do you have evidence to support your deduction?
 If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2023

Business _____ Other _____
 Commuting _____

Expenses

Garage rent _____	Repairs _____
Gas _____	Tires _____
Insurance _____	Tolls _____
Licenses _____	Lease addback _____
Oil _____	Other expenses _____
Parking fees _____	_____
Rental fees _____	_____
Interest _____	_____
Property tax _____	_____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest _____	_____	_____
Real estate taxes _____	_____	_____
Excess mortgage interest _____	_____	_____
Excess real estate taxes _____	_____	_____
Insurance _____	_____	_____
Rent _____	_____	_____
Repairs & maintenance _____	_____	_____
Utilities _____	_____	_____
Other expenses _____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Household Employment

Name:

SSN:

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,600 or more in 2023?

Did you withhold federal income tax during 2023 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2023 by April 15, 2024?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2023

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,600 or more in 2023?

Did you withhold federal income tax during 2023 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2023 by April 15, 2024?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2023

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you, not through work)
Amount above that is for Medicare premiums
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Out of pocket medical & dental expenses
Doctor, dental, etc
Prescription medicines
Glasses & contacts
Hearing aids
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other
Other

Taxes Paid

State and local income taxes
General sales tax (vehicle, boat, home, etc.)
Real estate taxes
Personal property taxes
Auto registration taxes not deductible for state*
Other taxes (list)

Interest Paid

Home mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home.
Home mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Points not reported on Form 1098
Investment interest

Charitable Contributions

Donations to charity
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument
Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Union dues
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other
Home equity interest

Other Information

Name: _____

SSN: _____

Mortgage Interest Provide all copies of Form 1098

TSJ	Lender's Name	Mortgage Interest Received	Mortgage Insurance Premiums	Real Estate Taxes Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employee Business Expenses

TS _____

Select if you are:

- A qualified performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed Forces reservist
- You are a member of the clergy

Select if you:

- Used your personal vehicle for your job during 2023

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation	_____	_____
Meals	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____
Other business expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Casualties and Thefts

TSJ _____ FEMA code _____	TSJ _____ FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Fair market value before incident _____	Fair market value before incident _____
Fair market value after incident _____	Fair market value after incident _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name:

SSN:

Health Savings Account

TS _____

The taxpayer's coverage is under a high-deductible health plan for:

- Taxpayer only Family

2023

HSA contributions made for 2023
Total distributions from all HSAs during 2023
Distributions included above that were rolled over into another account
Qualified medical expenses paid using HSA distributions

Education Expenses Provide all copies of Form 1098-T

Student name Student name

Table with 4 columns: Type of Expense, Amount, Type of Expense, Amount. Multiple rows for data entry.

Student name Student name

Table with 4 columns: Type of Expense, Amount, Type of Expense, Amount. Multiple rows for data entry.

Job-related Moving Expenses

TSJ _____

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2023

Number of miles from old home to old workplace
Number of miles from old home to new workplace
Expenses to transport and store household goods and personal effects
Travel and lodging expenses while traveling to your new home

Checklist

Name:

SSN:

Checklist

This checklist is provided to help you gather necessary information for us to prepare your 2023 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2022 tax year.

General Information and Prior Year Documentation

- Proof of identity for those claimed on the return (driver's license or state issued ID, Social Security card, birth certificates for children. etc.)
- Income tax returns from the prior two years
If there were losses from business activities in prior years, include prior five years of returns instead of two
- Depreciation schedules from prior years for businesses, rentals, etc.

Current Year Income Documentation

- Wage and tax statements (Form W-2)
- Gambling income (Form W2-G)
- IRA distributions, pensions, and annuities (Form 1099-R)
- Dividend income (Form 1099-DIV)
- Interest income (Form 1099-INT)
- Miscellaneous income (Form 1099-MISC)
- Nonemployee compensation (Form 1099-NEC)
- Unemployment compensation and other government payments (Form 1099-G)
- Credit card, debit card, and third-party network transactions (Form 1099-K)
- Reportable payment transactions
- Social Security benefits (Form SSA-1099)
- Railroad retirement benefits (Form RRB-1099)
- Income from partnerships, S corporations, estates, and trusts (Schedule K-1)
 - Basis information for any partnerships and S corporations
- Documentation of brokerage transactions and disposition of capital assets (Form 1099-B)
- Proceeds from real estate transactions (Form 1099-S)
- Self-employed business income (Schedule C)
- Farm income (Schedule F)
- Farm rental income (Form 4835)
- Income from rental real estates and royalties (Schedule E)

Other Income (provide supporting documentation for income received for the following items)

- Sale of assets or property
- Cancellation of debt
- Other income _____

Payments (provide supporting documentation for payments made for the following items)

- Educator classroom expenses
- Employee business expenses
- Contributions to a Health Savings Account
- Expenses related to work relocation with the military
- Alimony
- Student loan interest
- Refunded student loan interest payments
- Student loan forgiveness
- Tuition and fees for higher education
- Expenses related to child or dependent care
- Contributions to a Retirement Savings Account
- Medical and dental expenses
- Real estate taxes
- Other state and local taxes

Checklist

Name:

SSN:

Checklist

- Mortgage interest
- Investment interest
- Cash contributions
- Noncash contributions (provide organization name)
- Unreimbursed employee expenses
- Investment expenses
- Gambling losses
- Other payments _____

Questionnaire

Name:

SSN:

Questionnaire

Personal Information

Yes No

- Did your marital status change during the year?
If "Yes," explain. _____
- Did your name change during the tax year?
If "Yes," explain. _____
- If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2023?
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?
- Were you, your spouse, or any dependents a victim of identity theft?
If "Yes," explain. _____
- Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

- Did you have any changes in dependents during the year?
If "Yes," explain. _____
- Can another person qualify to claim any of your dependents?
- Did you have any child or dependent care expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2,500 of unearned income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

- Did any member of your household have healthcare coverage through the Marketplace (Obamacare)?
If "Yes," provide copies of Form 1095-A.
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash in any U.S. savings bonds during the year?
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and the business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home.
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?

Questionnaire

Name:

SSN:

Questionnaire

- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell vehicle, qualified commercial clean vehicle) during the year?
If "Yes," provide the report the dealer or seller is required to provide to you.
- Did you receive income or incur expenses associated with a fantasy sports league?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If "Yes," attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If "Yes," attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, VRBO or HomeAway)?
If "Yes," provide documentation.
- Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?
If "Yes," provide documentation.
- Did you receive any other income you have not provided information for with this organizer?
If "Yes," explain. _____

Itemized Deduction Information

Yes No

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

Retirement Information

Yes No

- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Questionnaire

Name:

SSN:

Questionnaire

Education Information

Yes No

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependents during the year?
If "Yes," provide the amount of interest that was refunded.
- Did you receive forgiveness on a qualifying federal student loan?

Foreign Tax Information

Yes No

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you receive a Schedule K-3 from a partnership or S corporation?
- Did you have ownership in a foreign corporation at any time during the year?
- Did you own property in a foreign country?

Refund, Withholding, and Estimated Tax Information

Yes No

- If you have an overpayment of 2023 taxes, do you want the refund applied to your 2024 estimated taxes?
- Did you make any estimated payments toward your 2023 taxes?
- Did you apply an overpayment of your 2022 taxes to your 2023 estimated taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Do you anticipate your income or withholdings to be different for 2024?

Miscellaneous Information

Yes No

- Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset?
- Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area?
If "Yes," provide the incident date, value of the property, amount of insurance reimbursements, and the declaration number assigned by FEMA.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$17,000 during the year?
Yes No
 If "Yes," are you splitting the gift with your spouse?
- Did you incur moving expenses with the military during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or two or more related transactions during the year?
Yes No
 If "Yes," was Form 8300, Report of Cash Payment over \$10,000 Received in Trade or Business, filed?
- Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the year?

Questionnaire

Name:

SSN:

Questionnaire

- Did you make any purchases subject to use tax during the year?
If "Yes," provide details.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain. _____
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Preparer Notes

2023 Tax Organizer Personal Information

Personal Information

	Name	SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2023

Single Married Widowed - If widowed and your spouse died after December 31, 2021, enter the date of death _____

Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2023? _____

Yes No

- Are you or your spouse blind?
- Are you or your spouse disabled?
- Are you or your spouse a full-time student?
- Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?
- At any time during 2023 did you:
 - (a) receive (as a reward, award, or payment for property or service) a digital asset?
 - (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID

Driver's license State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

Driver's license State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2023 appointment is scheduled for _____

Dependent and Other Information

Name: _____

SSN: _____

Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return _____

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2022	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Income

Name:

SSN:

Form 1099-MISC Income

Provide all copies of Form 1099-MISC

TS	Payer Name	2023 Amount

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

TS	Payer Name	2023 Amount