

Name: _____

Year: _____

INCOME Provide all W2's, 1099's, K-1's and any other documents reporting income

LIST ANY INCOME RECEIVED THAT IS NOT REPORTED ON THOSE DOCUMENTS.

ESTIMATED INCOME TAX PAYMENTS (NOT WITHHELD)

Date paid	Amount to IRS	Amt to _____ (state/loc)	Amt to _____ (state/loc)	Amt to _____ (state/loc)
'22 Overpayment applied to '23 estimated taxes				
1 st Quarter: April 2023				
2 nd Quarter: June 2023				
3 rd Quarter: Sept 2023				
4 th Quarter: Dec 23/Jan 24				

COLLEGE SAVINGS (SECTION 529) CONTRIBUTIONS	<i>(NOTE: You must be the Plan Owner)</i>	
Plan Owner	Plan state	Contribution

RETIREMENT CONTRIBUTION NOT THROUGH EMPLR				Do not report payroll contributions; the are reflected on your W2.
Taxpayer		Spouse		SEP/SIMPLE/Keogh contribution (Not 401-K, 403-B, or other employer sponsored plans.) Taxpayer: _____ Spouse: _____
Traditional	Roth	Traditional	Roth	

DEPENDENT CARE EXPENSES FOR KIDS 13 AND UNDER	<i>Provide name, address and EIN or SSN of provider, amount paid.</i>

UNREIMBURSED MEDICAL AND DENTAL EXPENSES (Deductible if itemized and exceed 7 1/2% of AGI)

Prescription medications	Long-term care insurance premiums
All licensed medical practitioners	Medical equipment and supplies
Clinics/hospitals/in-home nursing care	Transportation for medical purposes
Lab fees, x-rays, MRI's, etc.	Lodging for medical purposes (\$50 per night max)
Prescription eyeglasses and contact lenses	Other (specify):
Health care premium you paid other than through employer:	

HEALTH INSURANCE

If you purchased your coverage through [healthcare.gov](https://www.healthcare.gov) check here _____ and provide form 1095-A.

■ TAXES AND INTEREST PAID		
List amounts not reported on documents	Mortgage interest paid directly	Property tax paid directly
State or local tax paid for previous years	Mort interest paid as % of co-op mt	Property tax paid as % of co-op mt
Investment interest paid (margin acct, etc.)	Student loan interest	Personal property tax (auto, etc.)

■ CHARITY	
Money donations	In-kind donations (if greater than \$500 use In-Kind Donation worksheet.)
Vehicle donations over \$500 must be accompanied by form 1098-C issued by the charity.	

■ OTHER	
Tax preparation fee pd in 2023	Safe deposit box
Investment expenses	IRA fees paid
Alimony paid (provide name and SS# of recipient)	

■ SALES TAX DUE	
<p><i>If you made out-of-state purchases (over the internet, for example) on which your home state requires you to pay sales tax, enter purchase total here and we will calculate the tax due.</i></p> <p>CHECK IF NO SUCH PURCHASES MADE <input type="checkbox"/></p>	<p>PURCHASES ON WHICH TAX IS DUE: \$ _____</p> <p>OR AMOUNT OF TAX DUE, IF KNOWN: \$ _____</p> <p>OR CHECK HERE TO PAY SALES TAX BASED ON INCOME <input type="checkbox"/></p>

■ HOUSEHOLD EMPLOYEES			
Employer (taxpayer or spouse?)	Employer's E.I.N.	State Unempl. I.D. #	Unempl. tx pd to state
Employee name	Employee SS#	Employee address	
Wages paid in 2023	Federal income tax withheld	State tax withheld	Local inc. tax withheld
<p><i>If you paid a household employee \$1,500 or more in 2023 you are required to pay FICA tax and you may be required to pay unemployment tax. You will need to apply for an Employer Identification Number and issue a W2. Please call if this applies to you.</i></p>			

■ PRIVACY NOTICE

We collect nonpublic personal information from clients who complete my worksheets and data surveys or who provide me with tax returns, financial statements or other documents containing such information. We restrict access to this information to those employees and contractors who process the information for me to prepare tax returns or advise on tax and financial matters. We do not disclose any nonpublic personal information about clients or former clients to anyone, except as required by law. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your privacy.