

# 2023 INCOME TAX ORGANIZER

Isenhardt Tax & Financial  
 119 West Main St.  
 Belleville, IL 62220  
 Ph 618-234-5958

Taxpayer's Name				Social Security Number			
Spouse's Name				Social Security Number			
Taxpayer's Occupation			Date of Birth (D.O.B.)			Blind?	
Spouse's Occupation			Date of Birth (D.O.B.)			Blind?	
Address					e-mail address		
City		State	Zip	Home Phone		Work Phone	
Cell/Mobile Phone		Do you consent to receiving text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No					

### DEPENDENT CHILDREN (who lived with you more than 6 months)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

### OTHER DEPENDENTS

1) Name	Social Security No.	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security No.	Time at home	Relationship	Income	Support by you	Support by dependent & others

### THINGS TO BRING (if applicable)

- Last Year's Tax Return (if new client)
- W-2 Form(s) for Wages
- 1099 Form(s) for Interest, Dividends, Sales, Retirement, Social Security, Self-employment, Unemployment, Cancelled Debt, & Other Income/Distributions
- IRA Year-end Statements and Forms 5498
- K-1s from Partnerships, Corporations, Estates or Trusts
- Assets Held Outside the USA (bring statements)
- Cryptocurrency Sales and/or Earnings
- Business/Rental/Farm Income & Expenses
- Records of Estimated Taxes Paid
- HSA forms (1099-SA & 5498-SA)
- Childcare Provider Information
- Property Tax Statements
- 1098 Form(s) - Mortgage Interest, Tuition, Student Loans, Vehicle/Boat Donations
- Closing Papers for Purchases & Sales (including purchase and sale dates & amounts)
- All Other Statements Showing Income
- Undocumented Income (bring details)
- Last Pay Stub of the Year
- Charitable Contribution Details
- Voided Check for Direct Deposit
- Form(s) 1095-A – For health Insurance purchased on healthcare.gov (or your state's ACA marketplace)
- Copy of Driver's License for Taxpayer & Spouse
- Copy of Social Security Card (for new clients and new family members)
- Employee Retention Credits (\$ amount and tax year)

<b>RENTAL/SELF-EMPLOYMENT/FARM INCOME</b> (see reverse for expenses) Landlords (rents received) \$ _____ Self-employment (total received) \$ _____ Farm income (total received) \$ _____			<b>OTHER INCOME (cont.)</b> Roth Conversions (form 1099-R)... \$ _____ Gambling Winnings (form W2-G)... \$ _____ Unemployment (1099-G)..... \$ _____ Alimony Received..... \$ _____ Prizes/Awards..... \$ _____ Scholarships & Fellowships..... \$ _____ Debt Cancellation..... \$ _____ Partnerships & S-Corporations.... \$ _____ Estates & Trusts..... \$ _____ Social Security/RR Retirement..... \$ _____ State Tax Refunds..... \$ _____ Royalties (music/writing/other)..... \$ _____ Sick Pay &/or Disability..... \$ _____ Veteran's Payments..... \$ _____ Withdrawals from HSA/MSA..... \$ _____ Hobby Income..... \$ _____ Odd Jobs/Side Jobs..... \$ _____ Research/Survey/Online..... \$ _____ Insurance Claims/Lawsuits..... \$ _____ Public Assistance..... \$ _____ Barter..... \$ _____ Foreign Income..... \$ _____ Cryptocurrency sales/earnings.... \$ _____ All Other Income..... \$ _____																							
<b>SALE OF STOCK OR OTHER PROPERTY</b> <table border="0"> <tr> <td><u>Item:</u></td> <td><u>Cost:</u></td> <td><u>Sale:</u></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>			<u>Item:</u>	<u>Cost:</u>	<u>Sale:</u>	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____			
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<b>OTHER INCOME</b> Wages (forms W2)..... \$ _____ Interest (forms 1099-INT)..... \$ _____ Dividends (forms 1099-DIV)..... \$ _____ Tips..... \$ _____ Child Care..... \$ _____ Retirement (forms 1099-R)..... \$ _____ Social Security (form SSA-1099). \$ _____ Jury Duty..... \$ _____ Election Judging..... \$ _____																										

★ Bring statements if available. Double-check 'online' accounts that don't send paper statements (e.g. brokerage, HSA, tuition, etc.).

# Potential Deductions and Credit Items

## ADJUSTMENTS

**Payments to an IRA** Traditional  Roth   
Taxpayer Amount \$  SEP  SIMPLE   
Spouse Amount \$

### Penalty for Early Withdrawal

**Alimony Paid** \$: \_\_\_\_\_ SS#: - -

### Self-Employed Health Insurance

### Student Loan Interest

**Payments to HSA/MSA:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

### Classroom Materials for Educators

## MEDICAL EXPENSES

Insurance & Medicare (not pretax)..... \_\_\_\_\_  
Long Term Care Insurance ..... \_\_\_\_\_  
Prescriptions ..... \_\_\_\_\_  
Eyeglasses, Hearing Aids & Batteries..... \_\_\_\_\_  
Doctors ..... \_\_\_\_\_  
Dentists..... \_\_\_\_\_  
Hospital / Ambulance ..... \_\_\_\_\_  
Auto Mileage..... \_\_\_\_\_ miles  
Other Medical Expenses, Travel..... \_\_\_\_\_  
Reimbursement ..... \_\_\_\_\_  
Did you receive reimbursement at work? \_\_\_\_\_

## TAXES

Real Estate Taxes ..... \_\_\_\_\_  
State taxes paid in '23 for '22 or earlier..... \_\_\_\_\_  
Sales tax paid on vehicles, boats, planes ..... \_\_\_\_\_  
Sales tax paid (from receipts) ..... \_\_\_\_\_  
**2023 State Tax Estimates**  
date pd. \$ \_\_\_\_\_ date pd. \$ \_\_\_\_\_  
date pd. \$ \_\_\_\_\_ date pd. \$ \_\_\_\_\_  
**2023 Federal Tax Estimates**  
date pd. \$ \_\_\_\_\_ date pd. \$ \_\_\_\_\_  
date pd. \$ \_\_\_\_\_ date pd. \$ \_\_\_\_\_  
Vehicle License Tabs, Pers. Prop. Tax ..... \_\_\_\_\_

## INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (**Form 1098**)  
*First Mortgage/Refinance*..... \_\_\_\_\_  
*Loan Origination Fee/Discount Fee*..... \_\_\_\_\_  
*Second Mortgage*..... \_\_\_\_\_  
*Home Equity*..... \_\_\_\_\_  
*Equity loan used only to buy/build/improve home?* Y  N   
Mortgage Insurance ..... \_\_\_\_\_  
Second Home Interest Payments ..... \_\_\_\_\_  
Home Mortgage—Pd. to Individuals..... \_\_\_\_\_  
(name, address, Social Security number) \_\_\_\_\_  
Investment Interest: *Margin Account*..... \_\_\_\_\_  
*Other Investment Interest*..... \_\_\_\_\_

## OTHER MISCELLANEOUS EXPENSES

Gambling Losses ..... \_\_\_\_\_  
Impairment Related Work Expenses..... \_\_\_\_\_

## HIGHER EDUCATION EXPENSES

Post Secondary Tuition/Req. Fees Paid..... \_\_\_\_\_  
Date: \_\_\_\_\_ Year in School..... \_\_\_\_\_

## CONTRIBUTIONS

Churches (received)..... \_\_\_\_\_  
Other Contributions of Money (received) .... \_\_\_\_\_  
Charitable Auto Mileage..... \_\_\_\_\_  
Volunteer Expenses (received) ..... \_\_\_\_\_  
Property Donated (for which you have receipts)  
Fair market value (bring  
documentation if over \$500)..... \_\_\_\_\_  
Auto, Boat Donations (Form 1098C) ..... \_\_\_\_\_  
Qualified Charitable Distribution from IRA? \_\_\_Y\_\_\_N (bring details)

## CASUALTY & THEFT LOSSES

(BUSINESS RELATED OR FEDERAL DISASTER AREA)

Cost of Property Lost ..... \_\_\_\_\_  
Fair Market Value of Property ..... \_\_\_\_\_  
Insurance Reimbursement Received ..... \_\_\_\_\_  
Federally Declared Disaster Area? \_\_\_Y\_\_\_N (bring details)

## AUTOMOBILE EXPENSE

Total Miles: \_\_\_\_\_ Business Miles: \_\_\_\_\_  
Commuting Miles: \_\_\_\_\_ Personal Miles: \_\_\_\_\_  
Jan. 1, 2023, Odometer Beginning: .... \_\_\_\_\_  
Dec. 31, 2023, Odometer Ending: ..... \_\_\_\_\_  
Gas & Oil..... \_\_\_\_\_  
Interest ..... \_\_\_\_\_  
Tolls & Local Transportation ..... \_\_\_\_\_  
Lease Payments ..... \_\_\_\_\_  
Parking..... \_\_\_\_\_  
Other: \_\_\_\_\_

## BUSINESS EXPENSES

Taxes ..... \_\_\_\_\_  
Utilities ..... \_\_\_\_\_  
Insurance ..... \_\_\_\_\_  
Repairs ..... \_\_\_\_\_  
Supplies ..... \_\_\_\_\_  
Business Meals..... \_\_\_\_\_  
Business Travel..... \_\_\_\_\_  
Advertising ..... \_\_\_\_\_  
Professional Dues/Memberships..... \_\_\_\_\_  
Legal/Professional Fees ..... \_\_\_\_\_  
Wages (bring copies of W2s/941s if they have been filed) ..... \_\_\_\_\_  
Contract Labor ..... \_\_\_\_\_  
Equipment (bring a list with details)..... \_\_\_\_\_  
Other: \_\_\_\_\_  
Is your primary place of business in your home? If yes, bring all home related expenses, total square footage and square footage of space that is exclusively and regularly used for business.

## CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a dependent care benefit plan at work? \_\_\_\_\_

## ADOPTION EXPENSES

Amount Paid: \_\_\_\_\_ Date Finalized: \_\_\_\_\_ (bring papers)

## ENERGY CREDITS / PLUG-IN VEHICLE

(BRING RECEIPTS AND DETAILS)

Furnace  Central AC  Heat Pump  Doors/windows   
Solar  Wind  Geothermal  Plug-in EV  Other \_\_\_\_\_

Please sign here \_\_\_\_\_

date \_\_\_\_\_