



NEWBURGH TAX SERVICE

nts.tax

812.858.1040

4155 State Route 261, Newburgh, IN 47630

2023 TAX ORGANIZER

Tax Return Copy: Paper or Cloud PDF
Notifications: Phone or Text
Refund: Check or Direct Deposit
2024 Tax Organizer: E-mail or Mail

Primary Contact? TAXPAYER / SPOUSE
Name:
SS#:
D/O/B:
Occupation:
Phone:
Blind Y N
E-mail:
Mailing Address:
Zip:

YES NO
Are you married? If yes, do you want to file jointly?
Did your marital status change in 2023?
Are you a dependent?

HOUSEHOLD MEMBERS and / or DEPENDENTS
Table with 7 columns: Name on Social Security Card, Social Security #, Relationship, Date of Birth, U.S. Citizen?, Income, Full-time Student?

Did any child receive Social Security benefits?
Did taxpayer / spouse / child take college classes?
Did taxpayer / spouse / child receive 529 money?
Did your employer pay any education costs?

Table with 16 columns: #, A D O, Data, Intvw, Prep, Ck/Prnt, IN Only 8453 Folder Paper A.M.D. Req \$, Asmb, Sign, Ph Txt, DD, P/U, Upload, Cl Sign, E-file, Post, R

		BRING ALL TAX STATEMENTS		Taxpayer	Spouse
YES	NO	How many W-2s did you receive?			
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive interest on checking or savings accounts?		Enter on last page.	
<input type="checkbox"/>	<input type="checkbox"/>	Did get money from a retirement account?		Enter on last page.	
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay quarterly estimated tax payments?		Enter on last page.	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive Social Security benefits?		\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unemployment compensation?		\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive gambling or lottery winnings, a prize or an award?		\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you have debt cancelled, a foreclosure, or bankruptcy?		\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a 1099K for accepting electronic payments?		\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any other taxable or non-taxable income?		\$	\$
Mark Type		Jury Duty <input type="checkbox"/> Election <input type="checkbox"/> Legal Settlement <input type="checkbox"/> Gig <input type="checkbox"/> Hobby <input type="checkbox"/> Child Support <input type="checkbox"/> VA Benefits <input type="checkbox"/> Cash Tips <input type="checkbox"/> Royalty <input type="checkbox"/> Cash Job <input type="checkbox"/> K-1 <input type="checkbox"/> Crop <input type="checkbox"/> Other <input type="checkbox"/>			

YES	NO	POTENTIAL TAX EVENTS
<input type="checkbox"/>	<input type="checkbox"/>	Did you BUY <input type="checkbox"/> SELL <input type="checkbox"/> REFINANCE <input type="checkbox"/> a house or land? IF YES , bring Closing Disclosure .
<input type="checkbox"/>	<input type="checkbox"/>	Property taxes paid on primary residence? \$
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay mortgage interest? If yes, bring 1098 \$
<input type="checkbox"/>	<input type="checkbox"/>	Did you make energy efficiency improvements on a home? If yes, bring certification / receipt.
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy a new or used clean energy vehicle?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have health insurance? Employer <input type="checkbox"/> Marketplace <input type="checkbox"/> Medicare <input type="checkbox"/> Other <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an FSA <input type="checkbox"/> HSA <input type="checkbox"/> ? Self-Only <input type="checkbox"/> Family <input type="checkbox"/> All used on medical? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute money to retirement? Roth <input type="checkbox"/> Traditional IRA <input type="checkbox"/> 401-K <input type="checkbox"/> Other <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay student loan interest? If yes, bring 1098-E \$
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell used items or collectibles?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell stocks through an app or a broker?
<input type="checkbox"/>	<input type="checkbox"/>	Did you own digital assets (such as cryptocurrency, Bitcoin, NFTs) at any time during 2023?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a foreign bank account or signature authority over a foreign account?
<input type="checkbox"/>	<input type="checkbox"/>	Did you gift or transfer money, investments, or property to another person?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive money, investments, or property as a gift, inheritance, or trust beneficiary?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a notice from the IRS or a state taxing authority?

STATE TAX QUESTIONS		
County of residence on 1-1-23:	Taxpayer:	Spouse:
County of employment on 1-1-23:	Taxpayer:	Spouse:
Rent Paid: \$	# Months:	Landlord/Address:
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay Indiana long term care (nursing home) insurance premiums? \$
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a 529 college savings account? \$ \$
<input type="checkbox"/>	<input type="checkbox"/>	Did you donate to an Indiana college? School: Date: \$
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy on-line without paying sales tax? Amount purchased: \$

BUSINESS / SELF-EMPLOYMENT	
Business name:	Address:
Principal activity:	Federal ID#:
Did you start this business in 2023? YES <input type="checkbox"/> NO <input type="checkbox"/>	Were you in business on 12/31/23? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the business an LLC? YES <input type="checkbox"/> NO <input type="checkbox"/>	

INCOME <i>Gross Receipts / Sales</i>	\$
Is sales tax you collected included in your gross income total? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
Are credit card / Square / PayPal, etc. fees already deducted from income? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$

EXPENSES	<i>Enter Vehicle and Home Office Expenses on back</i>	
Advertising	\$	
Commissions and Fees	\$	
Contract Work <i>Paid individuals over \$600?</i> YES <input type="checkbox"/> NO <input type="checkbox"/> <i>1099-NEC issued?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
Insurance Liability E & O Work/Comp Property (Note vehicle / home ins on back.)	\$	
Interest	\$	
Legal and Professional Services	\$	
Office Supplies and Expenses	\$	
Rent or Lease	\$	
Repairs and Maintenance	\$	
Supplies	\$	
Taxes and Licenses	\$	
Travel (<i>hotel, airfare, tolls, parking, etc.</i>)	\$	
Meals	\$	
Utilities (<i>internet</i>)	\$	
Cell Phone Business use? % Personal use? %	\$	
Wages <i>Were W-2s issued?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	
Business gifts (<i>Limited to \$25 per person per year</i>)	\$	
Other:	\$	
Other:	\$	

DEPRECIATION: *List property, equipment, tools and improvements expected to last longer than a year.*

Description	Purchase Price	Purchase Date	Date First Used	Business Use %	Date Disposed	Price if Sold
	\$					\$
	\$					\$
	\$					\$
	\$					\$
	\$					\$

INVENTORY		
Were any inventory items used personally? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Beginning Inventory at Cost on 1-1-23	Purchases	Ending Inventory at Cost on 12-31-23

ITEMIZED DEDUCTIONS

MEDICAL				Amount
Health Insurance	\$	Medical Expenses	\$	
Long Term Care Ins	\$	Medical Mileage		
Do NOT include premiums paid through employer or expenses paid by insurance or with FSA or HSA funds.				

TAXES				Amount
State tax due from 2022 paid in 2023	\$	Real Estate tax on primary home	\$	
Estimated state tax pmts made in 2023	\$	Real Estate tax on other property	\$	
Vehicle/County Tax (not fees)	\$	Sales tax on vehicle / boat / motorhome	\$	

MORTGAGE INTEREST	1098	1098	1098
Property Address / Motorhome / Houseboat			
Interest	\$	\$	\$
Mortgage insurance premium	\$	\$	\$
Points	\$	\$	\$
Primary or secondary residence?	Prim / Sec / Neither	Prim / Sec / Neither	Prim / Sec / Neither
Is this the original mortgage?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Was the loan used to buy the property that secures the loan?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you refinanced...			
Date of Refinance			
New Loan Term	years	years	years
Old Loan Payoff	\$	\$	\$
New Loan Amount	\$	\$	\$
If borrowed more than payoff, for what was the additional money used?			

CHARITABLE CONTRIBUTIONS			
Monetary	Do you have receipts or canceled checks for all donations?	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
Non-cash	Do you have receipts listing item descriptions & used values?	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$

OTHER			
Gambling / lottery losses	\$	Investment interest	\$
Casualty / theft loss in a federally declared disaster area		Approximate loss	\$

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INTEREST & DIVIDENDS (1099-INT / 1099-DIV)

Source	Interest	Dividend	Qualified Dividend	Capital Gain Distribution	Tax Exempt	Sec 199A Dividends	Foreign Tax	% US

CAPITAL GAINS / LOSSES (1099-B / 1099-S)*Examples:* Stock, Property, Collectibles, etc.

Brokerage	Date Sold	Date Acquired	Sale Price	Original Cost	Sale Expense

RETIREMENT / ANNUITY / HSA / ABLE (1099-R / 1099-SA)*Examples:* Pension, 401-K, IRA, Roth, etc.

Source	Type	Box 7	Distribution	Contribution	Rollover	Exception	Charity

ESTIMATED TAX PAYMENTS

	2022 Refund Applied to '23	1 st Qtr Date Pd:	2 nd Qtr Date Pd:	3 rd Qtr Date Pd:	4 th Qtr Date Pd:	Extension Payment	Apply 2023 refund to '24
Federal	\$	\$	\$	\$	\$	\$	\$
State	\$	\$	\$	\$	\$	\$	\$

Privacy Policy Notice - Pursuant to FTC Rule 16CFR 313, Newburgh Tax Service does not disclose information provided to us by you to any third party without your written permission, except to the extent permitted by law with a subpoena or summons. Access to information is restricted to our employees and owners. We maintain physical, electronic, and procedural safeguards to protect your information.

I hereby affirm that the information provided to Newburgh Tax Service (NTS) for my 2023 tax return is accurate and complete to the best of my knowledge. NTS may ask for clarification but will not verify all information. NTS's liability to me for the service performed is limited to the fee I pay. If information provided to NTS is inaccurate or incomplete, NTS is relieved of all liability. I will maintain all supporting documents and records that may be requested by a taxing authority upon examination.

Taxpayer / Spouse_____
Date_____
Witness_____
Date