

2023 TAX ORGANIZER

Tax Ret	Tax Return Copy: ☐ Paper or ☐ Cloud PDF Notifications: ☐ Phone or ☐ Text															
Refund:					t	2024 Tax Organizer:										
Primary Contact? TAXPAYER					Primary Contact? SPOUSE											
Name:							l	Name:								
SS#:				D/	O/B:		,	SS#:				C)/O/B:			
Occupation:				(Occupat	ion:										
Phone:				Bli	ind	Y N]	Phone:				E	Blind	Y	□ N□	
E-mail:							l	E-mail:								
Mailing A	Addre	ss:										Z	ip:			
YES N	10												S MF	J MFS	S HH C	QW
		you ma			•	u want t	o file	<u> </u>	YES				URE			
		your ma			ange ir	า 2023?		MA	RRIED	∐ DI	VORCE	D 📙	DATE	= :		
	Are	you a d	epende	ent'?												
House	HOLI	МЕМЕ	BERS	and /	or DE	PENDE	ENTS	3					BC SS	B DR	DC Sc	:h
Who live	ed with	ı vou? C	heck all t	hat appl	v SPO	USE	RELA	TED ADI	JLT□	UNREL	_ATED A	NDUL	T	NO AE	DULTS	$\neg \bot$
				that appl		USE Security		Relation		UNREL te of	LATED A	-	T ncome	Fu	OULTS[II-time	
Name on				hat appl					- Da			I		Fu		
Name on				that appl				Relation	- Da	te of	U.S.	1? I		Fu	II-time udent?	
Name on 1 2				hat appl				Relation	- Da	te of	U.S. Citizer	n? I		€ Fu Stι	II-time udent?	
Name on 1 2 3				that appl				Relation	- Da	te of	U.S. Citizer	1? I		Fu Stu Y	II-time udent?	
Who live Name on 1 2 3 4				that appl				Relation	- Da	te of	U.S. Citizer Y N	I		Fu Stu Y Y	II-time ident? N N N	
Name on 1 2 3				that appl				Relation	- Da	te of	U.S. Citizer Y N Y N	1?		Fu Stu Y Y	II-time ident? N N N N N N N	
Name on 1	Social	Security	Card		Social	Security		Relation	Da B	te of irth	U.S. Citizer Y N Y N Y N Y N	I	ncome	Fu Stu Y C	II-time ident? N N N N N N N	
Name on 1 2 3 4 5 Did any	Social	Security ecceive Security	Card Ocial Se	ecurity	Social	Security s?	, #	Relation	Da B	te of irth	U.S. Citizer Y N Y N Y N Y N	dcare	e?	Fu Stu Y C	II-time ident? N N N N N N N	
Name on 1 2 3 4 5 Did any Did taxp	child r	Security ecceive Security	Card ocial Se	ecurity take co	Social benefit	Security s? classes?	, #	Relation- ship	Did y	te of irth /ou payendent	U.S. Citizer Y N Y N Y N Y N Y N	dcare	e?	Fu Stu Y C	II-time ident? N N N N N N N N N N	
Name on 1 2 3 4 5 Did any Did taxp	child r	Security ecceive Security spouse spouse	ocial Se	ecurity take co	benefit ollege e 529 r	s? classes? money?	, #	Relation- ship	Did y Depo	/ou pay	U.S. Citizer Y N Y N Y N Y N Y N Y N Care Beare in yo	dcare	e?	Fu Stu Y C	II-time ident? N N N N N N N N N N N N N N N N N N N	
Name on 1 2 3 4 5 Did any Did taxp	child r	Security ecceive Security spouse spouse	ocial Se	ecurity take co	benefit ollege e 529 r	s? classes? money?	, #	Y N	Did y Depo	/ou pay	U.S. Citizer Y N Y N Y N Y N Y N	dcare	e?	Fu Stu Y C		
Name on 1 2 3 4 5 Did any Did taxp	child r	Security ecceive Security spouse spouse	ocial Se	ecurity take co	benefit ollege e 529 r	s? classes? money?	, #	Y N N Y N N N N N N N N N N N N N N N N	Did y Depo	/ou pay	U.S. Citizer Y N Y N Y N Y N Y N Y N Care Beare in yo	dcare enefit our ho	e? s usecome? ne scho	Fu Stu Y C		
Name on 1 2 3 4 5 Did any Did taxp Did taxp Did your	child r payer / r emplo	eceive S spouse spouse spouse	ocial Se	ecurity take co	benefit ollege e 529 r	s? classes? money?	, #	Y N N	Did y Depo	/ou pay	U.S. Citizer Y N Y N Y N Y N Y N Y N Care Beare in you	dcare	e? s usecome? ne scho	Fu Stu Y C		
Name on 1 2 3 4 5 Did any Did taxp Did taxp Did your	child r payer / r emplo	eceive Sapouse spouse spouse a Intyw	ocial Se / child / child	ecurity take coreceive	benefit ollege e 529 r costs'	s? classes? money? ?	, #	Y N N Y N N N N N N N N N N N N N N N N	Did y Depo	ou payendent childca	U.S. Citizer Y N Y N Y N Y N Y N Y N Or chill Care Beare in you	dcare enefit our ho	e? s usecome? le scho	Y Y Y Y C		

		BRING ALL TAX	Taxpayer	Spouse					
YES	NO	How many W-2s did you	ı receive?						
		Did you receive interest on checking or savings accounts? Enter on last page.							
		Did get money from a retirement account? Enter on last page.							
		Did you pay quarterly estimated tax payments? Enter on last page.							
		Did you receive Social Security benefits? \$							
		Did you receive unemployment compensation?							
		,	g or lottery winnings, a prize or an aw		\$				
			elled, a foreclosure, or bankruptcy?	\$	\$				
牌	<u> </u>		for accepting electronic payments?	\$	\$				
	Ш		er taxable or non-taxable income?	\$	\$				
Mark	Type	Jury Duty Election		´ = _: · _	VA Benefits				
		Cash Tips Royalty	Cash Job K-1 Cro	pp Other					
YES	NO	POTENTIAL TAX	EVENTS						
		Did you BUY SELL	☐ REFINANCE ☐ a house or land	d? IF YES, bring Closin	ng Disclosure.				
		Property taxes paid on p	orimary residence? \$						
		Did you pay mortgage in	nterest? If yes, bring 1098 \$						
		Did you make energy ef	ficiency improvements on a home?	If yes, bring certification	n / receipt.				
		Did you buy a new or us	sed clean energy vehicle?						
		Did you have health ins	urance? Employer	place Medicare	Other				
		Did you have an FSA] HSA 🔲? Self-Only 🔲 Family 🔲	All used on medical?	YES NO				
		Did you contribute mone	ey to retirement? Roth Traditiona	II IRA ☐ 401-K ☐	Other 🗌				
		Did you pay student loa	n interest? If yes, bring 1098-E \$						
		Did you sell used items	or collectibles?						
		Did you buy or sell stock	ks through an app or a broker?						
		Did you own digital asse	ets (such as cryptocurrency, Bitcoin, N	FTs) at any time during	2023?				
		Do you have a foreign b	ank account or signature authority ove	er a foreign account?					
		Did you gift or transfer n	noney, investments, or property to and	other person?					
		Did you receive money,	investments, or property as a gift, inhe	eritance, or trust benefic	ciary?				
		Did you receive a notice	from the IRS or a state taxing authori	ty?					
STA	TE T	AX QUESTIONS							
			Taxpayer:	Spouse:					
Coun	ty of e	mployment on 1-1-23:	Taxpayer:	Spouse:					
Rent	Paid:	\$ # Months:	Landlord/Address:	·					
YES	NO	·							
		Did you pay Indiana lone	g term care (nursing home) insurance	premiums? \$					
	_ <u>_</u>		529 college savings account? \$	\$					
	<u> </u>	Did you donate to an Indiana college? School: Date: \$							
		•	out paying sales tax? Amount purch						

F

ENTAL REAL ESTATE PROPERTY							
YES NO	Address:	າg-ັ	Term				
	Is your rental property set up in an LLC?						
	Do you actively participate in renting and managi	ng the property? How many hours?	?				
	Was the property rented for less than fair market	value?					
/ 365							
/ 365	Days used by you or family (spouse, brother/sister, Do not include days you used the property primarily for						
	Do not morado dayo you dood the property primarily re	- aprice primarile werki	_				
NCOME				Amount			
Gross rent re	eceived (Do not include refundable deposits)		\$				
Was any par	t of a deposit not refunded in 2023 to a departing t	enant? YES NO	\$				
EXPENSES				Amount			
Advertising			\$				
	d maintenance		\$				
Insurance	a mamonano		\$				
	rofessional services		\$				
Managemer			\$				
Mortgage in			\$				
	y or line of credit interest		\$				
Mortgage in	surance premium		\$				
Repairs / ma	aintenance		\$				
Improvemen	nts		\$				
Supplies			\$				
Taxes							
Travel (hotel, airfare, tolls, parking, etc.)							
Meals			\$				
Utilities			\$				
Other:			\$				
Other:			\$				

DEPRECIATION	List property, appliances, tools, and improvements expected to last longer than a year.						
Description		Purchase	Purchase	Date First	Business	Date	Price if
		Price	Date	Used	Use %	Disposed	Sold
		\$					\$
		\$					\$
		\$					\$
		\$					\$
		\$					\$
		\$					\$

F

ENTAL REAL ESTATE PROPERTY							
YES NO	Address:	າg-ັ	Term				
	Is your rental property set up in an LLC?						
	Do you actively participate in renting and managi	ng the property? How many hours?	?				
	Was the property rented for less than fair market	value?					
/ 365							
/ 365	Days used by you or family (spouse, brother/sister, Do not include days you used the property primarily for						
	Do not morado dayo you dood the property primarily re	- aprice primarile werki	_				
NCOME				Amount			
Gross rent re	eceived (Do not include refundable deposits)		\$				
Was any par	t of a deposit not refunded in 2023 to a departing t	enant? YES NO	\$				
EXPENSES				Amount			
Advertising			\$				
	d maintenance		\$				
Insurance	a mamonano		\$				
	rofessional services		\$				
Managemer			\$				
Mortgage in			\$				
	y or line of credit interest		\$				
Mortgage in	surance premium		\$				
Repairs / ma	aintenance		\$				
Improvemen	nts		\$				
Supplies			\$				
Taxes							
Travel (hotel, airfare, tolls, parking, etc.)							
Meals			\$				
Utilities			\$				
Other:			\$				
Other:			\$				

DEPRECIATION	List property, appliances, tools, and improvements expected to last longer than a year.						
Description		Purchase	Purchase	Date First	Business	Date	Price if
		Price	Date	Used	Use %	Disposed	Sold
		\$					\$
		\$					\$
		\$					\$
		\$					\$
		\$					\$
		\$					\$

Source Qualified Sec 199A Foreign Interest Dividend Capital Gain Tax % US Dividend Distribution Dividends Exempt Tax 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 Box 7 Distribution Contribution Rollover Exception Charity Type ESTIMATED TAX PAYMENTS 2022 Refund 1st Otr 2nd Qtr 3rd Qtr 4th Otr Extension **Apply 2023** Applied to '23 Date Pd: **Payment** refund to '24 Date Pd: Date Pd: Date Pd: 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 Witness Date Date

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