



**NEWBURGH TAX SERVICE**

nts.tax

812.858.1040

4155 State Route 261, Newburgh, IN 47630

**2023  
TAX ORGANIZER**

<b>Tax Return Copy:</b> <input type="checkbox"/> Paper or <input type="checkbox"/> Cloud PDF	<b>Notifications:</b> <input type="checkbox"/> Phone or <input type="checkbox"/> Text
<b>Refund:</b> <input type="checkbox"/> Check or <input type="checkbox"/> Direct Deposit	<b>2024 Tax Organizer:</b> <input type="checkbox"/> E-mail or <input type="checkbox"/> Mail

Primary Contact? <input type="checkbox"/> <b>TAXPAYER</b>				Primary Contact? <input type="checkbox"/> <b>SPOUSE</b>			
<b>Name:</b>				<b>Name:</b>			
<b>SS#:</b>		<b>D/O/B:</b>		<b>SS#:</b>		<b>D/O/B:</b>	
<b>Occupation:</b>				<b>Occupation:</b>			
<b>Phone:</b>		<b>Blind</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Phone:</b>		<b>Blind</b> Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>E-mail:</b>				<b>E-mail:</b>			
<b>Mailing Address:</b>						<b>Zip:</b>	

YES	NO				S	MFJ	MFS	HH	QW
<input type="checkbox"/>	<input type="checkbox"/>	Are you married? If yes, do you want to file jointly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change in 2023?	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	DATE:				
<input type="checkbox"/>	<input type="checkbox"/>	Are you a dependent?							

HOUSEHOLD MEMBERS and / or DEPENDENTS							BC	SS	DR	DC	Sch
<b>Who lived with you?</b> Check all that apply <b>SPOUSE</b> <input type="checkbox"/> <b>RELATED ADULT</b> <input type="checkbox"/> <b>UNRELATED ADULT</b> <input type="checkbox"/> <b>NO ADULTS</b> <input type="checkbox"/>											
Name on Social Security Card	Social Security #	Relation-ship	Date of Birth	U.S. Citizen?	Income	Full-time Student?					
1				Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>					
2				Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>					
3				Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>					
4				Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>					
5				Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>					

Did any child receive Social Security benefits?	Y <input type="checkbox"/> N <input type="checkbox"/>	Did you pay for childcare?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did taxpayer / spouse / child take college classes?	Y <input type="checkbox"/> N <input type="checkbox"/>	Dependent Care Benefits used?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did taxpayer / spouse / child receive 529 money?	Y <input type="checkbox"/> N <input type="checkbox"/>	Was childcare in your home?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did your employer pay any education costs?	Y <input type="checkbox"/> N <input type="checkbox"/>	Enrolled in private / home school?	Y <input type="checkbox"/> N <input type="checkbox"/>

#	A	D	O	Data	Intvw	Prep	Ck/Prnt	IN Only	Asmb	Sign	Ph Txt	DD	P/U	Upload	Cl Sign	E-file	Post	R
PPR								8453 Folder										
Portal	Portal	Prt/Data		Intvw	Prep	Ck/Prnt		Paper A.M.D. Req \$	Asmb	Sign	Upload	Req Sig	Notify		Cl Sign	E-file	Post	R

		<b>BRING ALL TAX STATEMENTS</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>YES</b>	<b>NO</b>	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 <b>taxable or non-taxable</b> 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"/>			

<b>YES</b>	<b>NO</b>	<b>POTENTIAL TAX EVENTS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you <b>BUY</b> <input type="checkbox"/> <b>SELL</b> <input type="checkbox"/> <b>REFINANCE</b> <input type="checkbox"/> a house or land? <b>IF YES</b> , bring <b>Closing Disclosure</b> .
<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? <b>YES</b> <input type="checkbox"/> <b>NO</b> <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?

<b>STATE TAX QUESTIONS</b>		
County of residence on 1-1-23:	Taxpayer:	Spouse:
County of employment on 1-1-23:	Taxpayer:	Spouse:
Rent Paid: \$	# Months:	Landlord/Address:
<b>YES</b>	<b>NO</b>	
<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: \$

## ITEMIZED DEDUCTIONS

MEDICAL				Amount
Health Insurance	\$	Medical Expenses	\$	
Long Term Care Ins	\$	Medical Mileage		
<b>Do NOT</b> 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"/>
<b>If you refinanced...</b>			
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	<b>Do you have receipts or canceled checks for all donations?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$
Non-cash	<b>Do you have receipts listing item descriptions &amp; used values?</b>	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 <sup>st</sup> Qtr Date Pd:	2 <sup>nd</sup> Qtr Date Pd:	3 <sup>rd</sup> Qtr Date Pd:	4 <sup>th</sup> Qtr Date Pd:	Extension Payment	Apply 2023 refund to '24
Federal	\$	\$	\$	\$	\$	\$	\$
State	\$	\$	\$	\$	\$	\$	\$

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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