

2023 TAX ORGANIZER

| Tax Return Copy: ☐ Paper or ☐ Cloud PDF Notifications: ☐ Phone or ☐ Text | | | | | | | | t | | | | | | | | |
|---|---|---|--------------------------|---------------------------|--|----------------------|-------------------------|---|------------|---------------------------|---|-------------|--------------------------------|-------------------------------|--|-------------|
| Refund | : | | Check | or _ |] Direc | t Deposi | t | 2024 Ta | ax Orga | anizer: | | | E-mail | or [| Mail | |
| _ | _ | | - | | | | | _ | - | _ | - 0 | | - | | | |
| Primary Contact? TAXPAYER | | | | | | | Primary Contact? SPOUSE | | | | | | | | | |
| Name: | | | | | | | l | Name: | | | | | | | | |
| SS#: | | | | D/ | O/B: | | , | SS#: | | | | [| D/O/B | : | | |
| Occupation: | | | | | (| Occupation: | | | | | | | | | | |
| Phone: | | | | Bli | ind | Y N |] | Phone: | | | | E | Blind | Y | N | |
| E-mail: | | | | | | | l | E-mail: | | | | | | | | |
| Mailing A | Addre | ss: | | | | | | | | | | Z | Zip: | | | |
| | | | | | | | | | | | | | | | | |
| YES N | 10 | | | | | | | | | | | | S MF | J MFS | HH C | QW |
| | Are you married? If yes, do you want to file jointly? YES NO UNSURE | | | | | | | | | | | | | | | |
| | | your ma | | | ange ir | า 2023? | | MA | RRIED | ∐ DI | VORCE | D 📙 | DAT | E: | | |
| | Are | you a d | epende | ent'? | | | | | | | | | | | | |
| House | HOLI | МЕМЕ | BERS | and / | or DE | PENDE | ENTS | 3 | | | | | BC S | S DR | DC So | :h |
| HOUSEHOLD MEMBERS and / or DEPENDENTS BC SS DR DC Sch Who lived with you? Check all that apply SPOUSE RELATED ADULT UNRELATED ADULT NO ADULTS | | | | | | | | | | | | | | | | |
| Who live | ed with | ı vou? C | heck all t | hat appl | v SPO | USE | RELA | TED ADI | JLT□ | UNREL | _ATED A | ADUL | .Τ□ | NO A | DULTS | $\neg \bot$ |
| | | | | that appl | | USE Security | | Relation | | UNREI te of | LATED A | _ | T | e Fu | II-time | |
| Name on | | | | hat appl | | | | | - Da | | | ı | | e Fu | | |
| Name on | | | | that appl | | | | Relation | - Da | te of | U.S. | า? | | e Fu | II-time | |
| Name on 1 2 | | | | hat appl | | | | Relation | - Da | te of | U.S. Citizer | n? | | e Fu Stu | II-time ident? | |
| Name on 1 2 3 | | | | that appl | | | | Relation | - Da | te of | U.S. Citizer | n? | | e Fu Stu Y | II-time ident? | |
| Name on 1 2 3 4 | | | | that appl | | | | Relation | - Da | te of | U.S. Citizer Y N | n? | | e Fu Stu 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 | n? | | e Fu Stu Y Y | II-time ident? N 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 | n? | Incom | e Fu Stu Y_ Y_ Y_ | II-time ident? N N N N N N N N | |
| Name on 1 2 3 4 5 Did any | Social | Security ecceive So | Card Ocial Se | ecurity | Social | Security s? | , # | Relation | Da B | te of irth | U.S. Citizer Y N Y N Y N Y N | n? | e? | e Fu Stu Y C | II-time ident? N 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? | e Fu Stu Y C | II-time ident? 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? ts use | 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? ts use | 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 | dcardenefit | e? ts use ome? ne sch | e 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 yo | dcardenefit | e? ts use | e 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 | dcardenefit | e? ts use ome? ne sch | e Fu Stu Y C | | |

| | | BRING ALL TAX | STATEMENTS | Taxpayer | Spouse | | | | |
|---------------------------------|------------|---|---|-----------------------------|----------------|--|--|--|--|
| YES | NO | How many W-2s did you | ı receive? | | | | | | |
| | | Did you receive interest | Enter on | Enter on last page. | | | | | |
| | | Did get money from a re | Enter on | Enter on last page. | | | | | |
| | | Did you pay quarterly es | | Enter on last page. | | | | | |
| | | Did you receive Social S | \$ | \$ | | | | | |
| | | Did you receive unemple | • | \$ | \$ | | | | |
| | | , | 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? Legal Settlement Gig Hobb | \$ | \$ | | | | |
| 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 loan 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 bank account or signature authority over a foreign account? | | | | | | | |
| | | Did you gift or transfer money, investments, or property to another person? | | | | | | | |
| | | Did you receive money, investments, or property as a gift, inheritance, or trust beneficiary? | | | | | | | |
| | | Did you receive a notice from the IRS or a state taxing authority? | | | | | | | |
| | | | | | | | | | |
| STA | TE T | AX QUESTIONS | | | | | | | |
| | | | Taxpayer: | Spouse: | | | | | |
| County of employment on 1-1-23: | | | Taxpayer: | Spouse: | | | | | |
| Rent | Paid: | \$ # Months: | Landlord/Address: | · | | | | | |
| YES | NO | · | | | | | | | |
| | | Did you pay Indiana long term care (nursing home) insurance premiums? \$ | | | | | | | |
| | _ <u>_</u> | | 529 college savings account? \$ | \$ | | | | | |
| | <u> </u> | Did you donate to an Indiana college? School: Date: | | | | | | | |
| | | Did you buy on-line without paying sales tax? Amount purchased: \$ | | | | | | | |

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)