



INCOME TAX ORGANIZER FOR TAX YEAR 2023

General Information

Name (First, M.I., Last)		Soc. Sec. No.	Date of Birth	Occupation
Taxpayer:		- -	/ /	
Spouse:		- -	/ /	
Street Address:		City, State, Zip:		
Preferred E-mail Address:		Alternate E-Mail:		
Preferred Phone: () -		Cell Phone: () -		
Other Phone: () -		Fax: () -		

Filing Status: (check one)

Single
 Married Filing Joint
 Married Filing Separately*
 Head of Household**
 Qualifying Widow(er) Date of Spouse's Death ____/____/____

Other: (check all that apply as of 12/31/23)

Blind (Taxpayer)
 Blind (Spouse)
 Age 65 or older (Taxpayer)
 Age 65 or older (Spouse)

* **If Married Filing Separate:** did you live with your spouse any time after June 30, 2023? Yes No

** **If you are Head of Household** and have no dependents, list the name _____ and Social Security Number _____ of your qualified child who lives with you and qualifies you for this status.

** **If you are Head of Household** verify the following statements are true:

Yes No I am unmarried or considered unmarried as of December 31, 2023.

Yes No I have maintained a household and provided over half the cost which was the principal place of abode for my qualifying child in 2023

Dependent Information

If any dependents do not live with you we **MUST** have Form 8332 (Release of Claim) signed by the custodial parent.

If you are claiming an additional dependent this year or this is the first year we are preparing your individual tax return you **Must** provide a copy of the dependent(s) Social Security card or birth certificate

Name (First,Last)	Date of Birth	Social Security Number	Relationship	Months Lived With You in 2023	Full Time Student?	Dependent's Gross Income
	/ /	- -				
	/ /	- -				
	/ /	- -				
	/ /	- -				
	/ /	- -				

State Residency Information

Please complete as either full or part-year resident of your state:

Full Year	County	School District
State of Residency:		
Part Year	County	School District
1st State of Residency: (Dates lived) from: / / to: / /		
2nd State of Residency: (Dates lived) from: / / to: / /		

2023 TAX QUESTIONS

AT ANY TIME DURING THE YEAR:

Did you or your spouse:

YES	NO

Make estimated payments (IRS/state) to prepay your current year tax liability? Pg. 5

--	--

Purchase health insurance through the Marketplace (healthcare.gov)? (enclose 1095-A)

--	--

Receive (as a reward, award, or payment for property or services); or sell, exchange, or otherwise dispose of cryptocurrency or other digital asset? (include statements or explanation below)

--	--

Make or plan to make any contributions to a health savings account (HSA)? Pg. 8

--	--

Use your health savings account (HSA) to pay for qualified medical expenses? (enclose 1099-SA)

--	--

Make or plan to make any IRA contributions? (nonemployer-sponsored retirement plans) Pg. 8

--	--

Make any Roth IRA conversions or backdoor Roth IRA contributions? (enclose 1099-R)

--	--

Pay for child care while you worked, looked for work, or while a full-time student? Pg. 10

--	--

Pay or receive alimony? Do not include child support. Pay Receive

To/From: Name _____ SSN: _____ Amount: \$ _____

Date of original divorce or separation agreement (Required): ____ / ____ / ____

--	--

Purchase a new or used Clean vehicle eligible for the new clean vehicle credit? If yes, enclose the vehicle statement from the dealer

--	--

Make energy efficient improvements to your primary residence? If yes, explain below and enclose receipts/invoices from purchases

--	--

Pay tuition for you, your spouse, or dependent to attend a post-secondary school? Pg. 8

--	--

Rollover any of your retirement accounts? (enclose 1099-R) Pg. 4

--	--

Have any interest in a partnership, S-corporation, estate or trust? (enclose K-1) Pg. 4

--	--

Have credit card, mortgage, or other debt cancelled? (enclose 1099C) Pg. 5

--	--

Make gift(s) to any person that total more than \$17,000?

--	--

Buy or refinance a home? Include settlement statement/closing disclosure

--	--

Expect a large fluctuation in income, deductions, or withholding next year? (explain below)

--	--

Own any foreign financial accounts, foreign assets, or hold interest in a foreign entity? If yes, explain below and enclose statements showing maximum account balances in 2023

--	--

Want \$3 of you and/or your spouse's taxes allocated to the Presidential Election Campaign Fund?

Did you or your spouse sell or dispose of any of the following property:

Please include cost basis information

--	--

Your personal residence? (enclose settlement statement from sale)

--	--

Rental or investment property? (enclose settlement statement from sale)

--	--

Property relating to a business or farm? (use pg. 6 - comments section)

Please use the following space for any comments you wish to make to your preparer:

Additional Information

DIRECT DEPOSIT - NO FEE FOR THIS SERVICE

YES, have my refund(s) deposited (Available whether you e-file or not).

Per IRS Security Summit requirements, verify the bank name, routing transit number, account number, and type of account below or send a check from the account you want the deposit to go into and write "VOID" across it.

Bank Name:

Routing Number:

Account Type:

Account Number:

NO, do not have my refund deposited into my account.

FINAL CHECK LIST

- W-2s
- Forms 1099-NEC if you are self-employed/independent contractor
- Interest and/or dividend statements from investments & brokerage accounts - 1099-INT & 1099-DIV
- 1099-B, Proceeds from Sales of Stocks/Bonds
- Forms 1099-R, distributions from pensions, IRAs, annuities, etc.
- Mortgage interest statements - Form 1098
- College tuition payment statements - Form 1098T
- 1099G and/or W-2G (unemployment benefits, state tax refunds, gambling, etc.)
- Closing statements if you bought/sold/refinanced a residential, investment, or rental property
- Copy of last year's federal & state tax returns (*if you are a new client*)
- K-1s from Partnerships, S-Corp's, Trusts
- Forms 1099-SA and 5498-SA from H.S.A. or M.S.A. accounts
- Copy of dependents' birth certificate or social security card (*if you are a new client or have new dependent*)
- Copy of any statement or information of which you are unsure

Payment Information

*****Full payment is required for new Clients before your return is finalized.*****

Check/Cash

E-Check/ACH (payment will be pulled from your account listed above but not until we call with your results)

Credit/Debit Card (your card will not be charged until we call you with results)

Select one:

Visa

MasterCard

Discover

Security Code: _____

Card No. _____ Exp Date ____ / ____ Zip code _____

Name on Card _____ Signature _____

Income

Interest Income - List only items not included on enclosed 1099 forms.

Enclose 1099 interest statements

Name of Payer & Amount of 2023 Interest Income: Taxpayer Spouse Joint

	□	□	□
	□	□	□
	□	□	□
	□	□	□

Dividend Income - List only items not included on enclosed 1099 forms.

Enclose 1099 dividend statements

Name of Payer & Amount of 2023 Dividend Income: Taxpayer Spouse Joint

	□	□	□
	□	□	□
	□	□	□
	□	□	□

Capital Gains & Losses

Enclose 1099-B and broker statements reflecting purchases and sales. While not always listed on the 1099-B, purchase date and price (cost basis) must be provided. List sales below only for which no 1099-B is provided.

Description & Quantity	Date Acquired	Date Sold	Sales Price (net of commissions)	Aquisition Price (plus commissions)
	/ /	/ / 2023	\$	\$
	/ /	/ / 2023	\$	\$
	/ /	/ / 2023	\$	\$
	/ /	/ / 2023	\$	\$

Partnership, Trust & Estate Income - List only items not included on enclosed K-1 forms.

Enclose K-1 statements

Name of Payer: Taxpayer Spouse

	□	□
	□	□
	□	□

Retirement Income, IRA Distributions & Rollovers

2023 Distributions & Rollovers - Enclose 1099R

	Taxpayer	Spouse
Annuity	\$ _____	\$ _____
Traditional IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Self-employed retirement	\$ _____	\$ _____
Pension Payments	\$ _____	\$ _____

Income (continued)**Social Security Benefits**

Enclose SSA statement(s)

Taxpayer amount: \$ _____

Spouse amount: \$ _____

Other Income

List all other income (i.e. alimony, unemployment compensation, royalties, rental of land and property for agricultural purposes, and any miscellaneous income such as cancellation of debt, prizes, jury duty pay, etc.) Enclose statements and forms if applicable.

Name of Payer & Amount of Income Received:	Taxpayer	Spouse	Joint
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gambling Winnings & Losses

Enclose W-2G

Amount of winnings \$ _____ Amount of losses for which you have documentation \$ _____

Estimated Tax Payments

Enter only the payments to be applied to the current tax year.

Federal

	<u>Due Date</u>	<u>Date Paid (if not due date)</u>	<u>Amount Paid</u>
2023 1st Quarter Estimate	4/18/2023	___/___/___	\$ _____
2023 2nd Quarter Estimate	6/15/2023	___/___/___	\$ _____
2023 3rd Quarter Estimate	9/15/2023	___/___/___	\$ _____
2023 4th Quarter Estimate	1/16/2024	___/___/___	\$ _____

State/Local Name of state/local: _____

	<u>Due Date</u>	<u>Date Paid (if not due date)</u>	<u>State Amount Paid</u>	<u>Local Amount Paid</u>
2023 1st Quarter Estimate	4/18/2023	___/___/___	\$ _____	\$ _____
2023 2nd Quarter Estimate	6/15/2023	___/___/___	\$ _____	\$ _____
2023 3rd Quarter Estimate	9/15/2023	___/___/___	\$ _____	\$ _____
2023 4th Quarter Estimate	1/16/2024	___/___/___	\$ _____	\$ _____

State income tax balance due for previous years paid in 2023: \$ _____

Only needed if balance due was from a tax return not prepared by Wagner & Wetzel or was from an adjustment made to a prior year return

Small Business Worksheet

Name of Business:		Type/Nature of Business:	
Taxpayer Name:		EIN:	
Date operations began: / /		Date your business closed (if applicable): / /	
Gross Income (provide any 1099's)	\$	Returns and Refunds	\$
Cost of Inventory at Beginning of Year	\$	Cost of Inventory Purchased	\$
Cost of Inventory Withdrawn for Personal Use	\$	Cost of Inventory at End of Year	\$
Advertising	\$	Taxes & Licenses	\$
Contract Labor	\$	Travel (airfare, lodging, tolls, parking, etc.)	\$
Insurance (other than health)	\$	Meals	\$
Interest-Mortgage (Commercial building)	\$	Utilities (other than home)	\$
Interest-Other	\$	Wages Paid (W-2 employees)	\$
Legal & Professional Services	\$	Employee and/or Owner Health Insurance Premiums Paid	\$
Office Supplies	\$	Dues & Publications	\$
Rent or Lease (other than home)	\$	Telephone	\$
Repairs & Maintenance (other than home)	\$	Internet	\$
Supplies	\$	Other:	\$

Vehicle Expense

Type & Year of Vehicle:	Is this evidence written? Yes No	
Date First Used for Business: / /	Number of Miles Driven for Business	mi.
Do you have another car for personal use? Yes or No	Number of Miles Driven for Personal	mi.
Do you have evidence to support the deduction? Yes or No	Number of Miles Driven for Commuting	mi.

Home Office

Square Footage of Home		Cost of Utilities Except Water per Month	\$
Square Footage of Space/Room Used		Amount of Rent Paid per Month	\$
Cost of Home	\$	Insurance – Homeowners/Renters	\$
Number of Months Office was in Home		Other - Specify	\$

Equipment or Other Major Purchases in 2023	Date Purchased	Placed in Service	Cost
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$

** Please attach a list of all property sold or retired in 2023*

First-Year Startup & Organizational Expenses Paid

Payee	Date Paid	Purpose	Cost
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$

Comments and Other Expenses Not Included Above:

Rental Real Estate & Royalties

Enter the total amount for the year

	Property 1	Property 2	Property 3
Type of property (house, condo, etc.)			
Date placed in service	/ /	/ /	/ /
# of days used for personal (if any)			
Address of property			

Income

Rents received	\$	\$	\$
Royalties received	\$	\$	\$

Expenses

Advertising	\$	\$	\$
Auto and travel	\$	\$	\$
Cleaning and maintenance	\$	\$	\$
Commissions	\$	\$	\$
Insurance	\$	\$	\$
Legal, professional fees	\$	\$	\$
Management fees	\$	\$	\$
Mortgage interest	\$	\$	\$
Other interest	\$	\$	\$
Repairs and maintenance	\$	\$	\$
Supplies	\$	\$	\$
Taxes	\$	\$	\$
Telephone	\$	\$	\$
Utilities	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Did you make any payments that require filing Form(s) 1099?	Yes No	Yes No	Yes No
Did you actively participate in management of the property?	Yes No	Yes No	Yes No

Major Improvements

Do not include maintenance or repair expenses listed above

Date and description:	Property 1	Property 2	Property 3
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Sale of property

Enclose your settlement statement for both the purchase and sale of the property

Health Savings Account

Contributions for 2023 can be made through April 15th, 2024. Enclose Forms 1099-SA and 5498-SA

2023 Contributions \$ _____ 2023 Distributions/qualified medical expenses \$ _____

High Deductible Plan for Family or Self ?

Individual & Self-Employed Retirement Account Contributions

2023 Contributions made:

	Taxpayer	Spouse
Traditional IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Self-employed retirement	\$ _____	\$ _____

Education Savings & Expenses

Education Savings Account Contributions:

2023 contributions may be deductible on your state return - **Enclose the year-end statement for each account**

College Savings 529/Prepaid Plan-Account #:	_____	\$ _____	Beneficiary: _____	State: _____
College Savings 529/Prepaid Plan-Account #:	_____	\$ _____	Beneficiary: _____	State: _____
College Savings 529/Prepaid Plan-Account #:	_____	\$ _____	Beneficiary: _____	State: _____
College Savings 529/Prepaid Plan-Account #:	_____	\$ _____	Beneficiary: _____	State: _____

Tuition

Enclose Form(s) 1098-T. **Totals listed should only be for amounts PAID during the calendar year 2023**

Student name	_____	_____	_____
School name	_____	_____	_____
Tuition, fees & course materials	\$ _____	\$ _____	\$ _____
Education savings withdrawals	\$ _____	\$ _____	\$ _____
Was student at least halftime?	Yes No	Yes No	Yes No
Year in college	1 2 3 4+	1 2 3 4+	1 2 3 4+

Student Loan Interest - List only interest amounts not included on enclosed 1099 forms

Enclose Form(s) 1098-E.

Name of Payee:	Total Interest Paid:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other Adjustments

	Taxpayer	Spouse
Educator expenses *	\$ _____	\$ _____
Penalty on early withdrawal of savings	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

*Note: Educator must work 900+ hours/year in grades K-12.

Medical Expenses

Only list amounts **not** paid from H.S.A. funds, F.S.A.'s, or reimbursed by insurance. Include out-of-pocket expenses for:

Insurance premiums (Not Pre-tax)	\$ _____	Prescription drugs	\$ _____
Cobra premiums	\$ _____	Physician/Dentist/Chiropractor	\$ _____
Medicare premiums	\$ _____	Psychotherapy/Counseling	\$ _____
Long-term care insurance-Taxpayer	\$ _____	Contacts/Glasses/Lasik	\$ _____
Long-term care insurance-Spouse	\$ _____	Hospital & Lab Fees	\$ _____
Number of medical travel miles _____		Other _____	\$ _____

Taxes & Interest Paid

State & Local taxes

If you itemize your deductions, you may deduct the greater of state income tax or state sales tax paid. If you know the amount of state sales tax paid, enter that amount below. (Keep your receipts) If not, your deductible amount can be calculated using the IRS tables.

Sales tax paid on the purchase of a car, boat, aircraft, motor home, or home building materials	\$ _____
Sales tax paid on all other items purchased during 2023 (with proper documentation)	\$ _____

Property taxes

Enclose 1098 statements and any closing statements for purchase, sale or refinancing of your home. Include taxes paid on primary residence and vacation/other home, if applicable.

Real estate taxes - Primary Residence	\$ _____
Real estate taxes - All other real estate except rental properties listed on page 7	\$ _____
Personal property taxes (Auto Excise or Wheel Tax, based on value - do not include plate fee)	\$ _____

Interest

Enclose 1098 statements and any closing statements for purchase, sale or refinancing of your home. Include interest paid on primary residence and vacation/other home, if applicable.

Home mortgage interest	\$ _____
Points paid on purchase	\$ _____
* Home equity interest (Home equity loan balance: \$ _____)	\$ _____
Investment interest expense (taxable securities only)	\$ _____
Qualified mortgage insurance premiums paid (P.M.I.)	\$ _____

* Was the home equity loan used to buy, build, or improve your home? Yes No

Charitable Contributions - All cash donations require either a bank record or written receipt from the charity. Single contributions of \$250 or more require written acknowledgement stating that no goods or services were exchanged for your donation. This statement MUST be kept with your tax return.

Cash contributions

Church	\$ _____	College/University: _____	\$ _____
Official charities	\$ _____	Other: _____	\$ _____
Airline charity	\$ _____	Number of charity travel miles	_____

Non-cash contributions (used items must be in good condition)

	Date of donation	Original cost	Fair value
Name of Org. #1: _____	____/____/____	\$ _____	\$ _____
Name of Org. #2: _____	____/____/____	\$ _____	\$ _____
Name of Org. #3: _____	____/____/____	\$ _____	\$ _____

Items donated to Org. #1: _____

Items donated to Org. #2: _____

Items donated to Org. #3: _____

Vehicle Donation

Name of Org. _____ Date of donation: ____/____/____

Please send Form 1098C from the charity indicating the proceeds from vehicle sale. (**Required by IRS**)

Original purchase date: ____/____/____ Year, Make & Model of vehicle: _____, _____, _____

Child & Dependent Care Expenses

We must have all of the following:

Child's name: _____ Name of provider: _____ Address of provider: _____ SSN or EIN of provider: _____ Amount paid: _____
 _____ \$ _____

 _____ \$ _____

Casualty, Disaster, & Theft Losses ****Only applicable for federally declared disaster areas**

Enclose insurance statements and reports

Description of property:	Reason for loss or damage:	Date of loss:	Value prior to loss or damage:	Value after loss or damage:
_____	_____	____/____/____	\$ _____	\$ _____
_____	_____	____/____/____	\$ _____	\$ _____

Employee Expenses ****Only applicable for AL, AR, CA, HI, IA, MN, NY, and PA residents****

Pilot clients who reside in one of the above states: please use the "Pilot Professional Deductions" attached.

Amount Reimbursed: \$ _____ Employer name(s): _____

Professional and Union dues	\$ _____	Travel	\$ _____
Business publications	\$ _____	Meals and entertainment	\$ _____
Tools and supplies	\$ _____	Job-related education	\$ _____
Uniforms	\$ _____	Job-related phone calls	\$ _____
Other _____	\$ _____	Other _____	\$ _____

Employee vehicle (non-commuting): _____ miles Actual vehicle expense: \$ _____

Home Office - Must be required by your employer

Square footage of home	_____ sq.ft.	Amount paid for utilities	\$ _____
Square footage of home office	_____ sq.ft.	Amount of rent paid	\$ _____
Purchase price of home	\$ _____	Insurance - Homeowners/Renters	\$ _____
Value of the land	\$ _____	Repairs/Maintenance	\$ _____
Months used for work	_____	Other _____	\$ _____

Miscellaneous Expenses ****Only applicable for AL, AR, CA, HI, IA, MN, NY, and PA residents****

Tax preparation expense	\$ _____	Tax prep. books/software	\$ _____
Tax prep. mailing expense	\$ _____	Other _____	\$ _____
Investment fees and expenses	\$ _____	Other _____	\$ _____
Safe deposit box rental	\$ _____	Other _____	\$ _____

Renters Credits/Deductions

Landlord's Name : _____ Landlord's Address: _____

of months rented: _____ Total rent paid in 2023: \$ _____ Are utilities included in rent? Yes No

Apartment address: _____

NJ - Do you have roommates? If yes, list names & SSN's: _____

Provide your certificate of rent paid from your landlord

Indiana Residents

Are any of your children enrolled in a K-12 private school or home schooled? Yes No
 If yes, number of children enrolled _____

Did you make any contributions to an Indiana college or university? Yes No

Name of College/University:	Date of Contribution:	Amount Contributed:
_____	___/___/___	\$ _____
_____	___/___/___	\$ _____

Did you make any donations to a scholarship-granting organization (SGO)? Yes No

Name of SGO: _____ Scholarship Amount: \$ _____

Did you make contributions to an Indiana 529 Savings Plan? Yes No

Contributions for K-12 education expenses: \$ _____
 Contributions for post-secondary education expenses: \$ _____
 Total 2023 529 Contributions: \$ _____

Please provide year-end statements for all accounts

Other State/Local Information

Do you want us to prepare your local (city, county, or school district) tax return? Yes No (If yes, provide tax form)

Find your state of residence for additional applicable items

AZ - Contributions to AZ Long Term Care Savings Accounts: \$ _____

AZ - Solar Energy Device installed in your residence: Date in service: ___/___/___ \$ _____

CT - Amount and date of property tax paid on primary residence and automobiles:

Home Street Address: _____ Date Paid: ___/___/___ \$ _____

Auto 1 Year, Make, & Model: _____, _____, _____ Date Paid: ___/___/___ \$ _____

Auto 2 Year, Make, & Model: _____, _____, _____ Date Paid: ___/___/___ \$ _____

HI - Cost of renewable energy technology systems installed in 2023: \$ _____

ID - Cost of energy efficient upgrades to your primary residence, if built before 2002: \$ _____

IL - Property Index Number of your primary residence: _____ Taxes Paid: \$ _____

MA - Please provide the following information if you were enrolled in a health insurance plan:

Taxpayer: Name of insurance company: _____ Federal ID#: _____ Subscriber#: _____

Spouse: Name of insurance company: _____ Federal ID#: _____ Subscriber#: _____

MI - Provide the Property Tax Statement showing the 2023 taxable value of your home. Value: \$ _____

MN - Provide the Statement of Property Taxes Payable in 2024. You should receive this statement in March.

MT - Amount spent on alternative energy/conservation systems: Date in service: ___/___/___ \$ _____

MT - Contributions to a First-time Home buyers savings account: \$ _____

NY - Amount spent on qualified solar energy system equipment: Date in service: ___/___/___ \$ _____

SC - Amount spent on qualified solar energy system equipment: Date in service: ___/___/___ \$ _____

UT - Are you a stay-at-home parent providing full-time care of a dependent child? If yes, number of dependent children: _____

UT - Cost of renewable residential energy systems: Date in service: ___/___/___ \$ _____

K-12 Education Credits for AL, AZ, IA, IL, LA, MN, SC, & WI

Name of Student	Grade	Qualified Expenses	School Name	Address, State, Zip

AZ - Only fees or donations to a public or charter school located in Arizona for extracurricular activities or charter education programs qualify.

IL - Fees, book rental, band or lab equipment rental, or tuition paid directly to public, private or religious schools qualify. (must be over \$250)

IA - Fees for tuition and textbooks to an Iowa accredited school. Extracurricular expenses such as sporting events, musical & dramatic events, social events, and drivers education also apply.

MN - Tuition & fees paid to public or private schools. Other supplies, including up to \$400 of computer-related expenses, also qualify.