

Tax Year 2023 Tax Organizer



Taxpayer Name: _____ Primary Occupation: _____

Spouse Name: _____ Primary Occupation: _____

**MILITARY PERSONNEL MUST PROVIDE ALL ORDERS/LES'S FOR ALL ACTIVE DUTY TO AVOID TAX!!!*

[[CONTACT INFORMATION FOR SONRISE COMMUNICATION ONLY - YOUR INFO STAYS WITH US!]]

Email Address _____

Best Phone # _____ (Home // Work // Cell) TEXT? YES // NO

Who? _____ Best Time to Call/Text: _____

Secondary Phone# _____ (Home // Work // Cell) TEXT? YES // NO

Who? _____ Best Time to Call/Text: _____

No Address Change? Yes **Please provide Settlement Sheets if you bought or sold!*

Address on 1/1/2023 _____

Next Address _____ Dates: _____ thru _____

Next Address _____ Dates: _____ thru _____

No Filing Status Change? Yes Date: _____ Married Separated Divorced Deceased
**We may need/ask for evidence (Marriage Cert, Divorce Decree, Death Cert, Etc.)*

No Name Change? Yes Provide Copy of SS Card and/or Court Order

No Change in Dependents? Yes For New Dependent(s) Need Copy of SS Card(s) (possibly birth certificate)
For Dropped Dependent(s) Please Note reason for Drop

Add	Drop	First Name	M.I.	Last Name	D.O.B.	Sex	Social Security	✓

Banking/Financial Questions & Direct Deposit/Debit Information:

No Yes Do you have any financial interest in virtual/cryptocurrency? (i.e. Bitcoin, NFT's) Yes Attach Transaction Reports

No Yes Do you have access to any out-of-country financial accounts?

No Yes Do you have immediate family or close relatives living in a foreign country?

No Yes Are you Power of Attorney for anyone outside the U.S.?

***We strongly recommend electronic payments if you owe tax instead of mailed checks/payments.**

No Yes Do you want to Direct Debit/Withdrawal your TAX DUE if less than \$ _____ Direct Debit Not Before Date _____

No Yes Do you want to Direct Debit/Withdrawal your TAX DUE if any amount? Direct Debit Not Before Date _____

Bank Name _____ Routing # _____

Account # _____ **CHECKING or SAVINGS**

Is the Account: **Joint // Taxpayer // Spouse** **Attach a voided check*

I verify that all information provided is true and correct to the best of my knowledge



No Do you have an Identity Theft IP Pin? Yes → Attach IP Pin Letter from IRS (CPO1A) or Provide Number from Letter _____

No Did you receive unemployment? Yes → Attach a Form UC-1099G

No Gambling Wins / Losses? Yes → Attach W-2G's / Casino Win Loss Reports / Other Docs Amount:\$ _____

No Retirement Contributions? Yes → Payroll Only → Attach a W-2 Reflecting Contributions
 Outside Payroll → Type _____ Amount:\$ _____ **Taxpayer // Spouse**

No Did you have Health Insurance Coverage? Yes → Was Insurance Through Pennie? Yes → Attach 1095-A

No Do you have an HSA (Health Savings Acct) Yes → **Self/Individual // Family**

Any HSA Distributions? No Yes → Attach 1099-SA

Any HSA Contributions? No Yes → Attach 5498-SA or Provide Amount \$ _____

No Medical Expenses exceeding 7.5% of your income? Yes → Amount \$ _____ or See Attach Receipts/Notes

No Real Estate Taxes? Yes → Amount \$ _____ or Attach Receipts / Mortgage Docs

** Seniors wanting to apply for Property Tax Rebate must have the Taxes stamped PAID by the Taxing Authority*

No Mortgage Interest/Home Equity Loans? Yes → Attach Mortgage Docs / 1098's / HUD-1 / Settlement etc.

No Charitable Giving? Yes → Amount \$ _____ Attach Documentation (for non-cash giving, need detailed list of charity, date, item type and dollar value of item(s))

No Work Expenses greater than \$1,000? Yes → Amount \$ _____

Attach Records/Receipts: Union dues, steel tips, tools, safety glasses, uniforms, truck driver overnights, mileage, etc.

School Teacher Class Expenses \$ _____

No Day Care Expenses? Yes → See attached Receipts Provide info on provider for each childcare provider

Child Name _____ Amount \$ _____ Provider Name _____
Provider ID# _____ Provider Address _____

No Adoptions Fees? Yes → Amount \$ _____ Date Finalized: _____ See attached Docs

No College Expenses? Yes → Tuition- 1098-T, Financial Transcript _____
 Interest- 1098-E _____

No Any TAP-529 Education Acct Contributions? Yes → Amount \$ _____ Owner Name _____
Beneficiary Name _____ SSN _____
Relation _____

No Any TAP-529 Education Acct Distributions? Yes → Attach 1099-Q Provide information on how spent/allocated for college expenses

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