

2023 INDIVIDUAL ORGANIZER



PERSONAL INFORMATION

Name _____ Spouse's Name _____
 Address _____ City _____ County _____ Zip Code _____
 Your Social Security Number _____ - _____ - _____ Spouse's Social Security Number _____ - _____ - _____
 Your Occupation _____ Spouse's Occupation _____
 Your Birth Date ____/____/____ Spouse's Birth Date ____/____/____
 Best Contact# _____ Cellphone _____ Business _____ Home _____
Your E-Mail Address _____ **Spouse's E-Mail Address** _____
 Single _____ Joint _____ Head Of Household _____ Married filing separately _____ Widow(er) _____
 Presidential Election Campaign - Taxpayer: _____ Yes _____ No Spouse: _____ Yes _____ No

DEPENDENT INFORMATION

Dependent's Names (First, Initial, Last)	Birth Date	Grade	Soc. Sec. #	Relationship	# Months Lived in Home in 2023		Child Care Expenses
					Yes	No	
#1	/ /						\$
#2	/ /						\$
#3	/ /						\$
#4	/ /						\$

PERSONAL ESTIMATED INCOME TAXES PAID (Do not include payments for business taxes from bus. account)

Estimated taxes paid:	Date Paid	Federal	Date Paid	State
Balance	____/____/____	\$ _____	____/____/____	\$ _____
4th Quarter	____/____/____	\$ _____	____/____/____	\$ _____
1st Quarter 2023 due 4/18/23	____/____/____	\$ _____	____/____/____	\$ _____
2nd Quarter 2023 due 6/15/23	____/____/____	\$ _____	____/____/____	\$ _____
3rd Quarter 2023 due 9/15/23	____/____/____	\$ _____	____/____/____	\$ _____
4th Quarter 2023 due 1/16/24	____/____/____	\$ _____	____/____/____	\$ _____

INCOME

We will need all pertinent records, all forms received (W-2's, 1099's), broker's summary of sales activities (Form 1099-B), etc, and/or attach a detailed listing

Check the type(s) of income you had.

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Wages | <input type="checkbox"/> IRA Distribution (Rollover, Conversion, etc.) | <input type="checkbox"/> Sick Pay |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Pensions | <input type="checkbox"/> Workmen's Compensation |
| <input type="checkbox"/> Tax Exempt Interest | <input type="checkbox"/> Annuities | <input type="checkbox"/> Director Fees |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Rental Income and Expenses | <input type="checkbox"/> Commissions |
| <input type="checkbox"/> State Tax Refunds | <input type="checkbox"/> Royalties | <input type="checkbox"/> Gambling (lottery/prizes/awards/raffles) |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Partnerships Form K-1 | <input type="checkbox"/> Barter and Exchanges |
| <input type="checkbox"/> Business Income and Expenses | <input type="checkbox"/> Estate Form K-1 | <input type="checkbox"/> Farm Income and Expenses |
| <input type="checkbox"/> Trusts Form K-1 | <input type="checkbox"/> S - Corporation Form K-1 | <input type="checkbox"/> Veterans Benefits |
| <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Social Security | <input type="checkbox"/> Foreclosure |
| <input type="checkbox"/> Health Insurance Forms 1095-A, 1095-B, 1095-C (Health ins. premium tax credit) | | <input type="checkbox"/> Debt Forgiveness |
| <input type="checkbox"/> Sales of securities, personal residence or other property (description, # of shares, date acquired, date sold, sales price, purchase cost, and expense of sale) | | <input type="checkbox"/> Other Income (Explain) |
| | | <input type="checkbox"/> Home Energy Credit |

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ADJUSTMENTS TO INCOME, TAX CREDITS, AND EMPLOYMENT TAXES (Indicate amounts for which you are entitled)

\$ _____ School Supplies purchased BY Teachers	\$ _____ College Tuition Expense (1098-T)
\$ _____ Retirement (IRA, Keogh) – Taxpayer	\$ _____ Qualifying Adoption Expenses
\$ _____ Retirement (IRA, Keogh) – Spouse	\$ _____ Wages Paid to Household Employee(s)
\$ _____ Archer Savings Account (MSA)	\$ _____ Health Insurance (Sole Proprietor only)
\$ _____ Student Loan Interest	\$ _____ Sole Proprietor SEP, Simple, or Qualified Plans
\$ _____ Health Savings Account (Need 5498-SA & 1099-SA)	\$ _____ Child Care (List each provider's name, address, Soc. Sec. No. or Federal I.D. No., and amount paid.)
\$ _____ Penalty (early withdrawal savings)	\$ _____ Moving Expenses
	\$ _____ Alimony Paid (include name & SS#)

DEDUCTIONS (Indicate the amounts you paid during 2023)

Deductible amount is based on income limitations

Medical (do not include expenses reimbursed, paid by others or HSA)

\$ _____ Prescription drugs

\$ _____ Nonprescription drugs (Must have Dr. prescription)

\$ _____ Equipment, supplies, and diagnostic

\$ _____ Surgical Fees (Except Cosmetic)

\$ _____ Vision correction surgery

\$ _____ Doctors, dentists, nurses, hospitals

\$ _____ Long-term care services

\$ _____ Health Insurance Premiums (not shown elsewhere)

\$ _____ Long-Term Care insurance

\$ _____ Medicare Premiums (A, B, C and D)

\$ _____ Transportation and lodging

\$ _____ Other medical expenses (hearing aids, dentures, eyewear)

Miscellaneous Employee Expenses (W-2 employees only)

\$ _____ Un-reimbursed employee business expenses

\$ _____ Union and professional dues

\$ _____ Supplies for work

\$ _____ Union and professional dues

\$ _____ Uniforms

\$ _____ Physical exams for employer

\$ _____ Subscriptions to professional journals

Miscellaneous Expenses – Other

\$ _____ Casualty or theft losses

\$ _____ Job seeking expenses

\$ _____ Tax preparation fees – paid personally

\$ _____ Safe deposit box rental

\$ _____ Certain legal and accounting fees

\$ _____ Custodial (trust account) fees

\$ _____ Non-business bad debts

\$ _____ Education expenses current occupation

\$ _____ Gambling losses up to gains

\$ _____ Other deductions (explain)

PROPERTY TAXES PAID – list each vehicle separately

\$ _____ On your residence

\$ _____ Other property (2nd home only. Rentals list on rental organizer)

\$ _____ Vehicle #1 Tabs (Include only tax & wheelage tax)

\$ _____ Vehicle #2 \$ _____ Vehicle #3

INTEREST (attach all 1098 forms you received. If you paid to an Individual-provide name, address and Soc. Sec. #.)

\$ _____ On your principal residence (Limit \$1,000,000 Debt)

\$ _____ On your second home (Limit \$100,000 Equity)

\$ _____ Deductible points-HUD statement

\$ _____ PMI Mortgage Insurance (Contracts after 12/31/06)

\$ _____ On your investment loans (Not Rental)

CONTRIBUTIONS to IRS approved charities (receipt is required on gifts)

\$ _____ Contributions of money – written verification required

\$ _____ Gifts other than cash (i.e. Goodwill, etc.) (If total of all non-cash contributions exceed \$500 in 2023 then itemize and provide name, address, date and cost. Items in good or better condition.)

\$ _____ Donation of Auto Generally FMV – IRS Notice 2005-44
Contact the charitable organization. (Need 1098C)

***** MINNESOTA RESIDENTS ONLY *****

STATE ELECTIONS FUNDS

Designate \$5.00 to State Elections Campaign Fund? (Indicating a party will not increase or decrease your refund/payment)

_____ Independent _____ Republican _____ Democratic Farmer-Labor _____ Green _____ General Campaign Fund

\$ _____ Amount for Non-Game Wildlife Fund (Reduces Refund or Increases Amount Due)

LONG TERM CARE INSURANCE CREDIT

Policy Number _____ Insurance Company _____ Premiums Paid _____ (Taxpayer)

Policy Number _____ Insurance Company _____ Premiums Paid _____ (Spouse)

EDUCATION EXPENSES - (K-12 Subtraction or Credit) – List separately for each child, complete Instructor Name & Address for Ind. Fees lessons

	Child #1 \$Amt	Child #2 \$Amt	Child #3 \$Amt	Child #4 \$Amt
Class Fees (Supplies, field trips)				
Individual Fees (Tutoring, music/dance lessons)				
Name of Institution / Instructor		Address:		
Textbook Material				
Musical Instruments (Purchase or rental fees during tax year)				
List instrument purchased				
Computer Hardware/Software (Educational programs)				
Private School Tuition (K-12 only)				