

2023 Tax Checklist & Organizer

Preferred email: _____

Phone number: _____

- _____ Did you receive unemployment? If so, please bring the 1099 from IDES.
- _____ Did you purchase insurance on the Exchange? If so, please provide form 1095-A.
- _____ Did you receive a distribution from or make a contribution to an HSA? Provide the 1099-SA.
- _____ Did you contribute into Bright Start or Bright Directions? Provide account numbers and amounts.
- _____ Did you sell, purchase, or refinance a home this year? Please bring your closing papers.
- _____ Did you have an account overseas that exceeded \$10,000 at any time last year?
- _____ Did any births, adoptions, marriages, divorces, or deaths occur in your family this year?
- _____ Did you have a change in residence or job location during the year?
- _____ Did you participate in an employer's day care assistance plan-- FSA?
- _____ Did you receive any notification from the IRS or state? Please bring in correspondence.
- _____ Did you or your spouse rollover qualified retirement plans or convert IRAs to a Roth?
- _____ Do you anticipate significant changes in your financial situation next year?
- _____ Teachers, did you spend up to \$300 in teaching expenses?
- _____ Did you own any stock that became worthless this year?
- _____ Did you have energy efficient improvements this year or buy an EV? Please bring documents.
- _____ Do you want your refund to be directly deposited into the same account as last year?

New clients, please provide a copy of last year's tax return

INFORMATION FOR NEW CLIENTS OR NEW DEPENDENTS*			
Name _____		Spouse's Name _____	
Dependent Name*	SS#	Relationship	Birth date
1			
2			
3			
* Please attach a copy of a social security card for new dependents			

Income Sources (please enclose documents)

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----|---|--|-----|-----|----|-----|-----|---------------------------------|-----|-----|--------------------|-----|-----|----------|-----|-----|----------|-----|-----|---|-----|-----|----------------------|-----|-----|---------------------------|--|-----|----|--|-----|-----|--------|-----|-----|-----------------|-----|-----|--------------|-----|-----|-----------------|-----|-----|---------------------------------|-----|-----|---------------------------|-----|-----|---------|-----|-----|--------------|
| <table style="width: 100%; border: none;"> <tr> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 80%;"></td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>W2</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Capital gains (need cost basis)</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>1099 self employed</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Interest</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Dividend</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Investment property sales (need cost basis)</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Pension distribution</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>IRA / 401(k) distribution</td> </tr> </table> | Yes | No | | ___ | ___ | W2 | ___ | ___ | Capital gains (need cost basis) | ___ | ___ | 1099 self employed | ___ | ___ | Interest | ___ | ___ | Dividend | ___ | ___ | Investment property sales (need cost basis) | ___ | ___ | Pension distribution | ___ | ___ | IRA / 401(k) distribution | <table style="width: 100%; border: none;"> <tr> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 80%;"></td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Rental</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Roth Conversion</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Unemployment</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Social Security</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Gambling winnings (need losses)</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Partnership, S corps K1's</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Alimony</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Other income</td> </tr> </table> | Yes | No | | ___ | ___ | Rental | ___ | ___ | Roth Conversion | ___ | ___ | Unemployment | ___ | ___ | Social Security | ___ | ___ | Gambling winnings (need losses) | ___ | ___ | Partnership, S corps K1's | ___ | ___ | Alimony | ___ | ___ | Other income |
| Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | W2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Capital gains (need cost basis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | 1099 self employed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Interest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Dividend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Investment property sales (need cost basis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Pension distribution | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | IRA / 401(k) distribution | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Rental | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Roth Conversion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Unemployment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Social Security | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Gambling winnings (need losses) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Partnership, S corps K1's | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Alimony | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Other income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Driver's license information for e-filing (each spouse if married)

Date issued/ expires (him) _____ license # _____

Date issued/ expires (her) _____ license # _____

Estimated Tax	Federal		State	
	amount	date	amount	date
Q1	_____	_____	_____	_____
Q2	_____	_____	_____	_____
Q3	_____	_____	_____	_____
Q4	_____	_____	_____	_____

Unreimbursed Medical Expenses

Hospital & MD	_____	Long term care premiums	_____
DDS	_____	Nursing care	_____
Prescriptions	_____	Medical travel miles	_____
Medical insurance	_____	Lodging while receiving care	_____
Eye care	_____	Counseling	_____
Childbirth class fees	_____	Other expenses	_____

Real Estate Taxes Paid

Personal Residence _____ 2nd Home/ Vacant Land _____

List Parcel ID # (PIN) on residence for IL state credit _____

Mortgage Interest

Primary Residence _____

Second Home _____

Home Equity/ Second mortgage _____

Private mortgage insurance (deductible again) _____

Charitable Contributions (please indicate amounts and names of organizations)

Religious Organizations _____

Payroll Deductions _____

Cash/ Miscellaneous _____

Volunteer Service Mileage _____

Others _____

Donated Goods	Items donated	Value at Donation	Organization
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

please circle

IRA Contributions Roth or Traditional Husband _____ Wife _____

Student Loan Interest _____

Alimony Paid

Name _____ Social Security # _____ Amount _____

Post Secondary Educational Expenses *(Please enclose form 1098-T)*

Student name	_____	Student name	_____
Tuition & fees	_____	Tuition	_____
Books	_____	Books & fees	_____

K-12 Educational Expenses (total must exceed \$250 for IL credit)

Student Name	_____	Student Name	_____
Grade	_____	Grade	_____
School name	_____	School name	_____
School city	_____	School city	_____
Tuition	_____	Tuition	_____
Book & lab fees	_____	Book & lab fees	_____

Child Care Expenses

Amount paid through an employer's dependant care plan? _____

Child	_____	Child	_____
Amount Paid	_____	Amount Paid	_____
Organization	_____	Organization	_____
SS # or EIN	_____	SS # or EIN	_____

Self-Employment Income (Schedule C)

Gross Receipts _____
Ending Inventory _____
Purchases for Resale _____
Materials/Supplies _____
Subcontractors/Labor _____
Expenses: _____
 Advertising _____
 Vehicle _____
 Insurance _____
 Professional Servic _____
 Office Expenses _____
 Rent Expense _____
 Repairs/Maintenan _____
 Supplies _____
 Taxes/Licenses _____
 Travel/Lodging _____
 Meals & Entertainm _____
 Freight/Postage _____
 Telephone _____
 Parking/Tolls _____
 Dues/Subs/Books _____
 Utilities _____
 Other _____

Rental Properties (Schedule E)

Location of _____
Property _____

Rents Received _____

Advertising _____
Auto & Travel (Mileage) _____
Cleaning & Maintenance _____
Insurance _____
Legal & Professional Fees _____
Management Fees _____
Mortgage Interest _____
Repairs _____
Supplies _____
Taxes _____
Utilities _____
Association Fees _____
Telephone/Postage _____
Other _____