RETURNING CLIENT ORGANIZER
TAX YEAR 2023

In addition to this organizer, we have additional organizers for self-employed income, rental property, vehicle usage, home offices, college/university expenses, and more. These, and much more, are available on our website at **oneilsteiner.com/tax-documents.html**, at the front desk, or by email upon request.

A) Income Information:

The following is a list of popular income reports for tax purposes. Please review and include all forms you have received for income with your tax packet.

1. Forms W-2 for wages,
2. Forms 1099-Int or 1099-Div for interest/dividends,
3. Forms 1099-B for capital gains from sale of stocks, bonds, etc.,
4. Forms 1099-R if you received money from a retirement account,
5. Forms SSA-1099 if you received Social Security,
6. Forms 1099-Misc if you were self-employed (complete Self-Employed Organizer),
7. Schedule K-1's for income from a partnership, corporation, or LLC,
8. Forms 1099-G for income from a government institution (state refunds, unemployment, etc.),
9. W-2G for gambling winnings (all gambling winnings are taxable, if no W-2G received please provide other records, gambling winnings are measured per bet placed not per year)

* Please submit all tax documents & income-related information.

B) Deduction Information: (Tables in bold are on page 2)

1. *Medical expenses*: Regardless of the federal limitations (7.5% of AGI) medical expenses are deductible as itemized deductions on your AZ taxes. Please provide totals for each category of table **B1**.

2. *Vehicle Registration*: If you paid to register your vehicle with the Department of Motor Vehicles, please include the amount paid for vehicle license tax (VLT), a description of the vehicle, and how many years you paid for (1, 2, or 5) in table **B2**.

3. *Mortgage Interest & Real Estate Taxes*: Please provide all forms 1098 Mortgage Interest Statements. For non-mortgaged property, please complete real estate tax table **B3.**

4. *Charitable Contributions*: Complete table **B4** for donations to qualified charitable entities.

*Additional, less common, deductible items may exist (qualified teacher expenses see page 3 #3, retirement and/or health savings account contributions, etc.) based on your activity during the year. Please review prior year records and submit all necessary information (descriptions, total amounts, etc.) related to items you believe may be tax-deductible.

B1) **Medical Expenses**: (**<u>***Do not*** *include portions paid or reimbursed by insurance, health savings accounts-HSAs, flexible spending accounts-FSAs, etc.***</u>)

a. Health Insurance Premiums Paid (Do not include Medicare withheld from Social Security Benefits or premiums withheld pretax by your employer) $____________
b. Long-Term Care Premiums Paid $____________
c. Prescriptions Paid $____________
d. Fees Paid for Doctors & Dentists $____________
e. Fees paid for Hospitals, Clinics, Laboratories, etc. $____________
f. Glasses/Eye care Fees Paid $____________
g. Please total your mileage to/from Medical Services _____________miles
h. Distributions/reimbursements from HSA and/or FSA $____________
i. Please provide a list of descriptions and totals for other categories as needed.

B2) **Vehicle Information**:

	Description (ex: 03 Ford F-150)	Vehicle License Tax paid	# of years paid this year.
a.	____________________________	$____________	____________
b.	____________________________	$____________	____________
c.	____________________________	$____________	____________
d.	____________________________	$____________	____________

B3) **Real Estate Taxes** <u>not</u> reported on Forms 1098 Mortgage Interest Statements:
(Use Code "<u>H</u>" is for your primary and second home, "<u>R</u>" for rentals and "<u>I</u>" for property that are neither, but held for investment/future sale only)

	Description (ex: address or last 4 of parcel #)	Real estate taxes paid	Use Code.
a.	_______________________________________	$_____________	___
b.	_______________________________________	$_____________	___
c.	_______________________________________	$_____________	___

B4) **Charitable Contributions**: *If your contribution is eligible for <u>Arizona tax credits,</u> we need the exact date of the contribution below. For all other donations you can leave the third column blank.

**Cash Only*

	Name of Nonprofit/Charity	Total Amount Given	If AZ Tax Credit - Date.
a.	_____________________	$_____________	____/______/________
b.	_____________________	$_____________	____/______/________
c.	_____________________	$_____________	____/______/________
d.	_____________________	$_____________	____/______/________

***Non-Cash Only*- Please provide names, addresses, dates, and descriptions if the total for the year exceeds $500. If the total is $500 or less, only total fair market value is needed.

	Name of Nonprofit/Charity	Date	Fair Market Value	Description of items
a.	_____________________	_______	$__________	_________________________
b.	_____________________	_______	$__________	_________________________
c.	_____________________	_______	$__________	_________________________

C) Credits, Payments, and other items:

1. **Child/dependent care credit:** If you paid for child/dependent care please provide the information below for each child/dependent:

Provider Name	Phone Number	Address	Taxpayer ID	Name of dependent	Total Paid.

2. **Education Expenses:** If you or one of your dependents paid for student loan interest (1098E) or tuition (1098T) please provide the tax forms listed and complete an Educational Expense Organizer.

3. **Educator Expenses:** If you are a qualified educator (K-12) and paid for unreimbursed books, supplies, materials, etc. used in the classroom please total amount: $___________

4. **Energy efficiency credits:** If you purchased windows, doors, insulation, solar panels, home audits, etc. that were installed last year and met federal credit guidelines at: https://www.energy.gov/policy/articles/making-our-homes-more-efficient-clean-energy-tax-credits-consumers please provide the following:

Item Description	Date of Installation	Total Cost
____________________________	_______________	$______

5. **Estimated Payments:** If you made estimated payments toward your **2023** taxes, please provide the details below. Please remember the fourth estimated payment was due in January of 2024. Also include payments made with your extension if applicable.

	*Payments to the IRS		**Payments to Arizona (or other state)	
	Date of Payment	Amount Paid	Date of Payment	Amount Paid
1.	______________	$__________	______________	$__________
2.	______________	$__________	______________	$__________
3.	______________	$__________	______________	$__________
4.	______________	$__________	______________	$__________

D) Changes to prior year information:

Please alert us to any changes in the following categories for you or your spouse:

1. Job title, mailing address, phone number, email address, marital status.
2. Change to Dependents to be included: (See Dependent Information Sheet for more info)
   a. Please provide dependent's full name (last/first/MI), Social Security Number, date of birth, relationship to you, income, and number of months in your home.
   b. If you would like to discuss dependents with income, college students, or non-disabled adult children to be considered for qualification please alert a staff member.
3. Bank account for direct deposit: Please bring a voided check if using new account this year.
4. Property use changes (example: rental became my residence, vice versa, purchased new home or rental, etc.)
5. Real estate sold: Please provide settlement statements from the purchase and the sale.

E) General Questions:

If you answer yes to any, please provide as much detail as possible in notes. If you have any questions, please do not hesitate to ask a staff member to expedite preparation.

1. Did you operate your own business or receive income reported on Form 1099-Misc or NEC? (If yes, please obtain a Self-Employed Business Organizer) □ YES □ NO
2. Did you use your vehicle(s) for your business or rental property? (If yes, please obtain a Vehicle Recap) □ YES □ NO
3. Do you meet, or would you like information regarding, the strict regulations regarding in-home offices? (If yes, please obtain a Home Office Organizer) □ YES □ NO
4. Did you own any property held for rent? (If yes, please obtain a Rental Property Organizer) □ YES □ NO
5. Did you have any cancellation of debt income from a short sale, foreclosure, modification, bankruptcy, etc.? (If yes, please obtain a Cancellation of Debt Organizer) □ YES □ NO
6. Did you have any income not included elsewhere to consider? □ YES □ NO
7. Did you have questions on any deductible item in section B of this form? □ YES □ NO
8. Did you have questions related to any other deduction or credit item? □ YES □ NO
9. Did you contribute to an HSA or IRA this year? Please provide forms 5498. □ YES □ NO
10. Would you like to, and do you have funds set aside to, consider making a retirement plan contribution by the April 15th deadline if it would save money on your taxes? □ YES □ NO
11. Did you receive, sell, or otherwise dispose of virtual/cryptocurrency this year? □ YES □ NO
12. Do you want $3 ($6 if joint return) of your taxes applied to the Presidential Campaign Fund? □ YES □ NO
13. Did you reside in or have income from any state other than Arizona this year? □ YES □ NO

Special Retirement Savings Changes that require additional careful reporting:

14. Did you receive any funds from an IRA/Qualified Plan that you later rolled over partially or totally into another IRA/Qualified Plan? (Within 60 days of distribution) □ YES □ NO

15. Did you convert all or part of your Traditional IRA funds into Roth IRAs? □ YES □ NO

*If you answered yes to items #14 or #15 above, please include all relevant forms and notes regarding your rollovers and/or conversions. If additional information is needed your CPA will contact you to discuss.

As always, we would cherish the opportunity to answer your questions. It is always cheaper and less stressful to file your first return correctly rather than having to respond to correspondence, file amended returns and pay additional taxes, penalties, and interest. Please contact the office to schedule a tax consultation, email your preparer, or include a list of your questions with your tax packet and we will do our best to meet your needs.