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2023 Tax Organizer

Call to schedule your Appointment: Day _____ Date _____ Time _____ Preparer _____ or Drop Off Web Portal*
 We also offer virtual appointments via: Phone or Internet webcam meeting

Taxpayer	Spouse
Name _____	Name _____
SSN _____ Birthday _____	SSN _____ Birthday _____
Occupation _____ IP-PIN _____	Occupation _____ IP-PIN _____
e-mail _____	e-mail _____
Cell _____ Daytime _____	Cell _____ Evening _____
Address <input type="checkbox"/> New address this year _____	<input type="checkbox"/> Yes, Direct Deposit My Refund to: Bank Name _____ <input type="checkbox"/> Ck <input type="checkbox"/> Sav Rtn # _____ Acct # _____ I prefer my finished tax return: <input type="checkbox"/> Printed <input type="checkbox"/> PDF <input type="checkbox"/> Both
City _____ ST _____ Zip _____	
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> MFJ <input type="checkbox"/> HOH <input type="checkbox"/> QW <input type="checkbox"/> MFS	

Did you and/or your spouse purchase health insurance thru the Marketplace (exchange)? Yes No (If YES, 1095-A required)

DEPENDENTS

Name (First Last) (exactly as shown on SS card)	Soc. Sec. No.	Relationship	#Months in Home	Birthdate	Full Time Student
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N

TAX DOCUMENTS ENCLOSED *

* To send digital documents, use our web portal: login.atomanager.com/atom_1ST	Taxpayer	Spouse
Picture ID (or copy) required for both Taxpayer & Spouse by new industry regulations	<input type="checkbox"/>	<input type="checkbox"/>
Wages W2 <input type="checkbox"/> Employment change this year		
Pensions and IRAs 1099R <input type="checkbox"/> Charitable Contribution from IRA RMD \$ _____		
Social Security 1099SSA		
Interest Income 1099INT		
Dividend Income 1099DIV		
Sales of Capital – 1099B <input type="checkbox"/> enclose 1099 broker statement <input type="checkbox"/> ALTA Stmt-Sale of Real Estate		
Unemployment Compensation 1099G		
Gambling Winnings W2G (see page 2 for gambling losses)		
<input type="checkbox"/> Estate, <input type="checkbox"/> Trust <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> PTP K-1		
<input type="checkbox"/> Rents, <input type="checkbox"/> Royalties <input type="checkbox"/> Prizes, <input type="checkbox"/> Self Employment – <input type="checkbox"/> 1099MISC <input type="checkbox"/> 1099NEC (see page 3)		
Mortgage Interest 1098 (see page 2)		
Education Expense – <input type="checkbox"/> 1098T & <input type="checkbox"/> Proof of Payment Student Loan <input type="checkbox"/> 1098E		
Other 1099s: <input type="checkbox"/> 1099A <input type="checkbox"/> 1099C <input type="checkbox"/> 1099K <input type="checkbox"/> 1099SA <input type="checkbox"/> 1099LTC <input type="checkbox"/> 1099Q <input type="checkbox"/> 1099OID		

New Clients: Please provide: copy of prior two year's tax returns Picture IDs Social Security Cards for all Dependents

(Standard Ded: \$27,700 Married \$20,800 HOH \$13,850 Single)

ITEMIZED DEDUCTIONS INTEREST

Home Mortgage <input type="checkbox"/> 1098 <input type="checkbox"/> Over \$750K	
2 nd Home/Motor Home <input type="checkbox"/> 1098	
HELOC <input type="checkbox"/> 1098 <input type="checkbox"/> Acquisition Debt?	
P.M.I. (Private Mortgage Insurance)	
Private Mortgage <input type="checkbox"/> No 1098	
Name _____	
SSN _____	
Address _____	
Points on Refi. <input type="checkbox"/> ALTA Stmt	
Margin Acct Interest <input type="checkbox"/> 1099	
Other Investment Interest	

ESTIMATED TAXES PAID

Due	Mailed	IRS	Ariz.	_____
Applied from last yr				
April 15				
June 15				
Sept 15				
Jan 15				
Total				

MEDICAL

Medical Ins. (no Pre-Tax or Medicare)	
Dental/Vision Ins.(no Pre-Tax or Medic.)	
Long-term Care Ins. - Taxpayer	
Long-term Care Ins. - Spouse	
DR	
DDS	
Rx Meds	
X-Ray, Labs, Hospital	
Eye care & Supplies	
Hearing Aids & Supplies	
Medical or Diabetic Supplies	
Smoking, Weight Loss, Rehab Prog	
Assisted Living/Nursing Home	
(Less Insurance or HSA Reimbursements) (_____)	
(Deduction limited by 7½% AGI) Total	
Medical Miles (# miles _____)	

MISCELLANEOUS

Gambling Losses (<= winnings)	
Casualty Loss <input type="checkbox"/> Fed Disaster Area	
Educator Expense (\$300 max per)	

CHARITABLE CONTRIBUTIONS

Even if you do not have enough total deductions to exceed the Standard Deduction amounts listed above, you are allowed an additional deduction on your AZ tax return based on your charitable giving.
Please list all charitable donations here:

\$ AZ "Dollar for Dollar" Tax Credits \$

<input type="checkbox"/> AZ321 Qual Charitable Org-QCO (# _____)*	
(# _____)*	
<input type="checkbox"/> AZ322 Public/Charter School (# _____)*	
(# _____)*	
<input type="checkbox"/> AZ323 Private School Tuition Org (# n/a)*	
<input type="checkbox"/> AZ352 Qual Foster Care Org-QFCO (# _____)*	
<input type="checkbox"/> AZ340 Military Family Relief Fund	

(* provide AZ DOR code #, or donation receipt)

NON-CASH CONTRIBUTIONS **

1)	
2)	
3)	
Charity Miles (# Miles _____) Total**	

(** If over \$500 additional detail required)

TAXES

AZ Tax Paid	
_____ State Tax Paid	
Real Estate Tax:	
Auto License (VLT)	
Sales Tax paid on Large Purchases <input type="checkbox"/> Auto <input type="checkbox"/> Boat <input type="checkbox"/> Airplane <input type="checkbox"/> _____	
Non-taxable income for addl Sales Tax deduction <input type="checkbox"/> Adoption <input type="checkbox"/> Foster <input type="checkbox"/> Child Support <input type="checkbox"/> VA <input type="checkbox"/> _____	

\$ CONTRIBUTIONS \$

Organization Name	\$ Contributed
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
Total	

SELF EMPLOYMENT INCOME

Business Name		
EIN (if available)		
Owner (<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse) <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC
Home Office? Sq Ft ___ Office ___ Home	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Gross Receipts or Sales <input type="checkbox"/> 1099MISC/NEC	\$	\$
Purchases of Inventory		
EOY Ending Inventory		
Auto - Yr: _____ Make: _____	# Miles: _____	# Miles: _____
Gas, Oil Mtce \$ _____ Total:	_____	_____
Interest Pd \$ _____ Business:	_____	_____
License/Reg \$ _____ Other:	_____	_____
Advertising & Marketing		
Contract Labor Paid (1099NEC Issued <input type="checkbox"/> Y <input type="checkbox"/> N)		
Insurance (not health)		
Insurance (<input type="checkbox"/> SE Health)		
Interest (not auto)		
Legal, Professional, Tax Prep		
Office Expense		
Rent – Equipment		
Rent – Building		
Repairs & Maintenance		
Supplies		
Taxes & License		
Travel		
Meals		
Utilities & Telephone		
Wages		
Payroll Taxes		
Business Assets purchased/sold this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached

RENTALS / ROYALTIES

Property Description:	1	2	3
Gross Rents /Royalties	\$	\$	\$
Advertising			
Auto (# miles)			
Cleaning			
Commissions			
Insurance – Real Estate			
Insurance – Mortgage (PMI)			
Legal, Professional, Tax Prep			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Other Interest			
Property Management Fees *			
Repairs / Maintenance			
Supplies			
Taxes – Real Estate			
Taxes – Other (<input type="checkbox"/> Sales Tax)			
Travel			
Utilities & Telephone			
HOA Fees			
Bank / Collection Fees			
* Property Manager Stmt enclosed	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
1099s Issued?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
Improvements made this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached
If new/sold-provide ALTA stmt.	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale

NOTES

GAINS & LOSSES FROM SALES OF REAL ESTATE, PERSONAL PROPERTY & COLLECTIBLES

IRS Requires Form 1099B Broker Statements for all sales of Stocks, Bonds, and Mutual Funds

Description	Buy Date	Sell Date	Sale Price	Cost

Provide 1099S and ALTA closing documents (both purchase and sale) for any Real Estate transactions

OTHER INFORMATION, INCOME, ADJUSTMENTS or CREDITS

Answer any of the following that apply:	Taxpayer	Spouse
Did anyone else other than your spouse or dependents live in your home	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have a Foster Child <input type="checkbox"/> Caseworker Placement Letter (required)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have a Foreign Financial Account or interest in a Foreign Trust	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you own/trade/learn any Crypto-Currency <input type="checkbox"/> Exchange Spreadsheet	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you receive any notices from the <input type="checkbox"/> IRS or <input type="checkbox"/> AZ DOR <input type="checkbox"/> Copy Attached	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you foreclose or abandon any Real Estate <input type="checkbox"/> Primary Res <input type="checkbox"/> Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have any debt cancelled or forgiven this year <input type="checkbox"/> 1099C	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you purchase an Electric Vehicle	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you install solar or other energy efficient home improvements	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Sharing Economy Income <input type="checkbox"/> Airbnb <input type="checkbox"/> Lyft <input type="checkbox"/> Uber <input type="checkbox"/> _____ <input type="checkbox"/> 1099K	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Tips not Reported to Employer	\$	\$
Taxable Grants, Scholarships or Fellowships	\$	\$
Jury Duty payments received	\$	\$
Alimony Received (Alimony does not include child support)	\$	\$
Alimony Paid to: Name _____ SSN _____	\$	\$
Date your Alimony Decree was finalized or last modified:	___/___/___	___/___/___
IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
Roth IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
SEP or Solo 401K <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$	\$
529 Education Savings Plan Contributions (Deductible for AZ up to \$4,000/child)	\$	\$
Health Savings Account: <input type="checkbox"/> 5498SA (Contributions) <input type="checkbox"/> 1099SA (Distributions)		
College Tuition & Fees Paid <input type="checkbox"/> 1098T <input type="checkbox"/> Proof of Payment (required)	\$	\$
If paid by Student Loan, who's responsible to repay <input type="checkbox"/> Parent <input type="checkbox"/> Student		
Claimed American Opportunity or Hope Credits before <input type="checkbox"/> Y <input type="checkbox"/> N # years: 1 2 3 4		
Student Loan Interest Paid <input type="checkbox"/> 1098E	\$	\$
<input type="checkbox"/> Adoption Credit <input type="checkbox"/> Special Needs (<input type="checkbox"/> Adoption Order <input type="checkbox"/> Subsidy Agreement)		
Did you gift more than \$17,000 to any one individual	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you a member of an LLC	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

DAYCARE EXPENSES (Limits \$3K or \$6K two or more children)

Provider _____ SSN/EIN _____ Amount Pd \$ _____ Address _____ Zip _____ For Dependent(s) _____	Provider _____ SSN/EIN _____ Amount Pd \$ _____ Address _____ Zip _____ For Dependent(s) _____
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OTHER ITEMS or NEXT YEAR CHANGES YOU'D LIKE TO DISCUSS

Thank you for your continued business. We look forward to seeing you soon!