



## 2023 Tax Organizer

**All clients are required to complete and submit this organizer with their tax documents**

### CLIENT INFORMATION

	TAXPAYER:	SPOUSE:
<b>Name</b>	_____	_____
DOB	_____	_____
Social Security #	_____	_____
Primary Phone	_____	_____
Occupation	_____	_____
Email	_____	_____
Street Address	_____	City, State Zip _____
Was this your address for all of 2023?	Y <input type="checkbox"/> N <input type="checkbox"/>	If no, Date moved _____ City, State Zip _____
Prior Address:	_____	_____

**NYS Filers Only: provide a copy, front and back of your current state driver's license.**

### DEPENDENT INFORMATION

*List those whom you are claiming as a dependent. If you are unsure, please contact VTA.*

Name			
Relation			
Social Security #			
DOB			

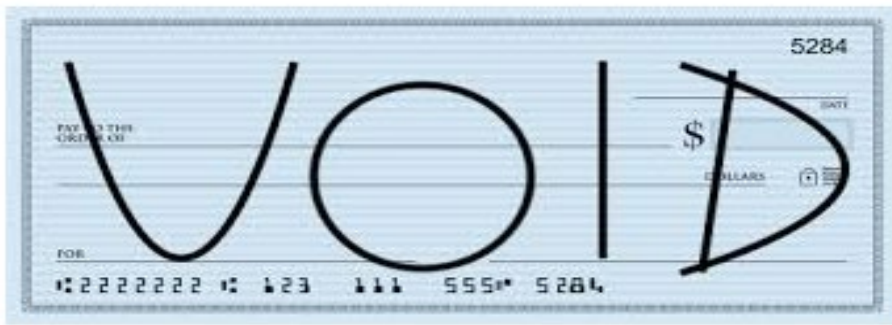
Lived with you for all of 2023?      Y  N       *\*\*Attach sheet for additional dependent\*\**      Y  N       Y  N

If not, how many months did they live with you?

Full-time college student in 2023 for a least 5 months?      Y  N       Y  N       Y  N

Filed own tax return for 2023?      Y  N       Y  N       Y  N

**Attach VOIDED check for direct deposit / electronic payment**



**IF NO CHECK**  
**Routing #**

\_\_\_\_\_

**Account #**

\_\_\_\_\_

**\*IMPORTANT – The last page of this organizer requires a signature**

**2023 STATUS CHANGES** - Check and effective date:Married  \_\_\_\_\_\*Separated  \_\_\_\_\_\*Divorced  \_\_\_\_\_Dependent Deceased  \_\_\_\_\_Spouse Deceased  \_\_\_\_\_Retired  \_\_\_\_\_**ESTIMATED TAXES PAID** - *Do not include amounts from your W-2's*

	Date Paid	Federal \$	State \$	Local \$
First Qtr (Apr 23)				
Second Qtr (Jun 23)				
Third Qtr (Sep 23)				
Fourth Qtr (Jan 24)				

Have ever been denied the Earned Income Credit by the IRS?			Y <input type="checkbox"/>	N <input type="checkbox"/>
Do you want to contribute \$3 to the Pres. Election Campaign Fund? (Does not affect refund)				
TAXPAYER	Y <input type="checkbox"/>	N <input type="checkbox"/>	SPOUSE	Y <input type="checkbox"/> N <input type="checkbox"/>

**SECURITY ISSUES**

In 2023, did you:		
Receive Identity Protection Pin (IP PIN) or been a victim of identity theft? <i>If yes, attach IRS doc</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive an IRS adjustment to your 2022 refund or balance due for any reason (e.g., UC benefits, stimulus tax credits, health premium tax credits)? <i>If yes, attach IRS letter</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Work as a telecommuting employee due to safety protocols while working at home for a job that normally was located outside of your home state?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive emergency sick pay or family leave wages?	Y <input type="checkbox"/>	N <input type="checkbox"/>

**GENERAL** - Provide supporting documents. If new to VTA, provide 2021 & 2022 federal & state returns.

Do you expect a large fluctuation in income for next tax year – 2024?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Can you be claimed as a dependent on another individual's return?	Y <input type="checkbox"/>	N <input type="checkbox"/>
In 2023, did you:		
Have debts canceled, forgiven, or refinanced?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Purchase a principal residence using funds withdrawn from an IRA or Roth IRA?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Sell, exchange, or purchase any real estate? <i>If yes, attach closing statements (HUD-1)</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Cash any U.S. Savings Bonds?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Make any gifts in excess of \$17,000 to any one donee/individual?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Have signature authority or named as a co-owner on a bank account in a foreign country even if the funds are not yours? <i>If yes, complete an FBAR Organizer</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive an inheritance from someone in a foreign country?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Have a foreign bank/financial account (over \$10,000)? <i>If yes, complete an FBAR Organizer</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Purchase an electric vehicle?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Spend any funds on your residence for energy saving purposes? <i>(If yes, please furnish details)</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>

**HEALTH CARE**

If insured thru the Marketplace/Pennie, provide **Form 1095-A**, and check here

If insured thru the Marketplace with dependents and a dependent filed his/her own return, check here an individual on your return was included on another's policy, provide that 1095-A.

Did you receive distributions from **OR** contribute to a Health Savings Account (HSA) Y N

**PROVIDE FORMS 1099-SA (DISTRIBUTION). 5498-SA (CONTRIBUTION) OR 1099H**

**NJ ONLY – Complete and provide your 1095A, 1095B, or 1095C**

Did you have health coverage via an employer or gov't plan (Medicare), or private policy? Y N

If you DID NOT have coverage for every month of 2023, check boxes for months you WERE insured.

Jan    Feb    March    April    May    June    July    August    Sept    Oct    Nov    Dec

**INCOME AND ADJUSTMENTS TO INCOME**

<i>In the event of a refund</i> , would you like to credit it towards your 2023 tax?	Y	N
In 2023, did you:		
Receive W-2s from employers?	Y	N
Receive Interest Income ( <b>1099-INT</b> )?	Y	N
Receive Dividends ( <b>1099-DIV</b> )?	Y	N
Receive a Prior year state/local tax refund ( <b>1099-G</b> )?	Y	N
Have capital gains/losses ( <b>1099-B</b> )? <i>If yes, ensure cost basis data is complete</i>	Y	N
Receive, sell, send, exchange, or acquire any financial interest in any virtual currency?	Y	N
Sell a personal residence?	Y	N
Receive distributions (i.e., withdrawals) from an IRA, Pension or Annuity ( <b>1099-R</b> )?	Y	N
Convert traditional IRA Funds to Roth IRA?	Y	N
Receive Unemployment Compensation (Form <b>1099-G</b> )?	Y	N
Receive Social Security Benefits (Form <b>SSA-1099</b> )?	Y	N
Receive gambling or contest winnings ( <b>W-2G</b> )? <i>If yes, provide win/loss documents</i>	Y	N
Receive Schedule <b>K-1</b> from Partnership or S corporation?	Y	N
Receive Schedule <b>K-1</b> from estates and trusts?	Y	N
Have Business Income (Self Employed)? <i>If yes, complete <b>Schedule C Organizer</b></i>	Y	N
Have Rental Real Estate income? <i>If yes, complete <b>Schedule E Organizer</b></i>	Y	N
Pay Student Loan Interest (Form <b>1098-E</b> )?	Y	N
Have a dependent attend college and/or post-high school educational training ( <b>1098-T</b> )?	Y	N
Or <b>will you</b> have contributed to a traditional IRA (Form 5498) by <b>4/15/2024</b> ?	Y	N
Receive Alimony (not including child support)? Date of Divorce _____	Y	N
Pay alimony that is covered by a <b>pre-2019</b> order (not including child support)? <i>If yes, provide amount paid _____ name of recipient _____ and recipient's social security number _____</i>	Y	N

Did you contribute to a qualified 529 College Plan? (**Attach Form 1099-Q**) Y  N

Amount \$ \_\_\_\_\_ Dependent Name \_\_\_\_\_

Amount \$ \_\_\_\_\_ Dependent Name \_\_\_\_\_

Did you pay someone else for childcare so that you could work? (**Tax ID or SSN required**) Y  N

Name of individual/organization providing care \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Tax ID # (or SSN of individual) \_\_\_\_\_

Amount paid (by dependent) \_\_\_\_\_

**IF YOU DO NOT ITEMIZE, YOUR ORGANIZER IS COMPLETE** - **\*Please sign the last page\***

### **ITEMIZED DEDUCTIONS**

*You itemize (generally) if you own your own home, pay real estate taxes and mortgage interest, incur large medical expenses, and/or give large sums to charity – or some combination thereof*

**If you wish to provide details via a hard copy attachment or an electronically transmitted spreadsheet, complete all Y/N questions and write “See Attached”.**

**Taxes** – Property - primary residence \$ \_\_\_\_\_ Property - secondary residence \$ \_\_\_\_\_

State/local income taxes not listed elsewhere \$ \_\_\_\_\_ (Do not include amounts from your W2)

Sales tax – If you made any **major purchases** and paid significant sales tax, please advise; you can deduct the higher of state income tax or sales tax paid during 2023, in most cases the income tax paid will be higher.

#### **Mortgage Interest**

Mortgage Interest (attach **Form 1098**) \$ \_\_\_\_\_ Equity interest (attach **Form 1098**) \$ \_\_\_\_\_

Were the equity loan proceeds used to buy, build, or substantially improve the home that secures the loan? Y  N

Other Mortgage Interest Paid \$ \_\_\_\_\_

Party to whom you paid this interest:

Name \_\_\_\_\_ Tax ID# - Required \_\_\_\_\_

Address \_\_\_\_\_

Did you refinance your home? *If yes, please enclose the closing statement (HUD-1).* Y  N

**Medical and Dental** (NOT reimbursed by insurance or HSA distributions). **Caution – medical expenses are only included as itemized deductions if they exceed 7.5% of your Adj. Gross Income**

Cost of prescribed drugs. \$ \_\_\_\_\_

Cost of all doctors, dentists, and nurses. \$ \_\_\_\_\_

Hospital \$ \_\_\_\_\_

**Medical and Dental Insurance\*\*** \$ \_\_\_\_\_

Hearing Aid/Contact/Eyeglasses/Dentures \$ \_\_\_\_\_

Ambulance Service \$ \_\_\_\_\_

X-Rays \$ \_\_\_\_\_

Clinic (Lab) \$ \_\_\_\_\_

Lodging for medical Care \$ \_\_\_\_\_

Long-term Care Insurance (taxpayer) \$ \_\_\_\_\_

Long-term Care Insurance (spouse) \$ \_\_\_\_\_

Miles traveled to doctors and hospitals \_\_\_\_\_

**\*\* If insurance is paid thru employment as a “pre-tax” deduction, do not include it - it is non-deductible**

**Charitable Contributions** - Provide details of any charitable contributions made including name of charity, address, and details of items donated. **Cash donations require a receipt, regardless of amount.**

**Cash Contributions**

Organization Name	Amount
_____	\$ _____
_____	\$ _____

**Non-Cash Contributions – acknowledgement & description required for value over \$250**

Organization Name	Address	Items	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Please provide any mileage incurred while traveling to perform work for any charity \_\_\_\_\_

**Other Deductions** include investment interest expense, gambling losses and amortizable bond premiums.

Description	Amount
_____	\$ _____
_____	\$ _____

**PA INCOME TAX ONLY**

**(Documented unreimbursed employee expenses reduce your PA and local earned income tax liability but PA may request details of expenses claimed, dated receipts and letter from employer)**

**Unreimbursed Employee Expenses (list in detail – attach sheet if needed):** Uniform, auto, union dues, meals, business gifts, cell phone, periodicals, subscriptions, internet, home office, office supplies, etc.

Description	Amount
_____	\$ _____
_____	\$ _____

Please provide any amount received as partial reimbursement for items listed above

**NOTE: The PA Department of Revenue requires the following with your E-Filed Tax Return:**

- Detailed documentation for each line item (including copies and a summary page)
- A letter from your employer indicating that the expenditures were necessary and not reimbursed (REV-757 – Employer Letter Template)

**If an employer letter is not available, submit one of the following:**

- A signed affidavit (REV-775 – Personal Income Tax Employee Business Expense Affidavit), or
- A copy of the employer’s employee expenses reimbursement policy

Unreimbursed mileage for employment purposes \_\_\_\_\_ (Do NOT include commuting mileage)

Total mileage driven in 2023 for any all purpose \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_