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2023 1040 US Tax Organizer

Bayerkohler Ltd 11132 Zealand Ave N Champlin MN 55316

Telephone number: 763-762-4401 Fax number: 763-762-4418

E-mail address:

Tax Return Appointment

Date: Time: Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2023 tax return. Please enter all pertinent 2023 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMA	TiON Taxpayer	Spouse
First name and initial		
Last name		
Title/suffix		
Social security number		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
1=blind		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		
	In care of	·
	Street address	
A -l -l	Apartment number.	
Address	City	
	State	
	ZIP code	
DEDENDENTS	·	
DEPENDENTS	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		
	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

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23	1040	US	Tax Or	ganizer			
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Ш							
Щ						Attach Forms W-2	2
Н							
	EREST INC r name:	OME					
	name.						
П							
						Attach Forms 1099-I	NT
DIVI	DEND INC	OME					
Payer	r name:						
Н							
\dashv						Attach Forms 1099-I	
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П							
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	·	A AND GAN	/IBLING INC	COME		Attach Forms 1099-R & W-2G	
	·	A AND GAN	/IBLING INC	COME			
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Payer	r name:	reported on W	/-2G				
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ORGANIZER **Tax Organizer** US 1040 2023 **MISCELLANEOUS INCOME** Taxpayer: Alimony received Spouse: Alimony received Other: RETIREMENT PLAN CONTRIBUTIONS 2023 Amount 2022 Amount Taxpaver: Traditional IRA contributions (1=maximum) Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) Spouse: Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) OTHER GOVERNMENT FORMS - DEDUCTIONS Attach Forms 1098 Form 1098-T - Tuition and related expenses AFFORDABLE CARE ACT **Attach Forms 1095** Form 1095-A - Health Insurance Marketplace Statement **ADJUSTMENTS TO INCOME** Taxpayer: Educator expenses..... Other adjustments to income: Spouse: Self-employed health insurance premiums Educator expenses..... Other adjustments to income: **MEDICAL AND DENTAL EXPENSES** Prescription medicines and drugs..... Doctors, dentists and nurses..... Hospitals and nursing homes Insurance premiums..... Insurance reimbursement..... Out-of-pocket lodging and transportation expenses Number of medical miles..... Other:

TAXES PAID

State income taxes - 1/23 payment on 2022 state estimate

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TAX				
	(ES PAID (continued)		2023 Amount	2022 Amount
State	income taxes - paid with 20	22 state extension		
State	income taxes - paid with 20	22 state return		
	•	r years and/or to other states		
	· ·	ment on 2022 city/local estimate		
-		ith 2022 city/local extension		
-	ocal income taxes - paid w			
-	·	ept autos and special items)		
		ses		
	axes paid on 2022 state re			
	•	above		
		aft, and other special items		
	·	idence		
	· ·			
	· · · · · ·	d for investment		
	•		Attack Toy Notice	
_	'ersonal property taxes (inc EREST PAID	cluding automobile fees in some states)	Attach Tax Notice	
Home	e mortgage interest and poi	ints paid:		
Н-			Attach Forms 1098	
Home I	mortgage interest not on Form 109	8 (include name, SSN, & address of payee):		
TIOTIC	mortgage interest not on roim 100	o (morado namo, 3311, & address of payee).		
=				
Point	s not reported on Form 109	∌8:		
_				
Inves	tment interest (interest on	margin accounts):		
CAS	SH CONTRIBUTIONS E: No deduction is allowed	for cash or check contributions unless the do the name of the organization, contribution d	nor maintains a bank record, or a ate(s), and contribution amount(s)	written communication
NOTE	SH CONTRIBUTIONS E: No deduction is allowed from the donee, showing	for cash or check contributions unless the do the name of the organization, contribution d	nor maintains a bank record, or a ate(s), and contribution amount(s)	written communication
NOTE	SH CONTRIBUTIONS E: No deduction is allowed from the donee, showing	for cash or check contributions unless the do	nor maintains a bank record, or a ate(s), and contribution amount(s)	written communication).
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