

Salabsky Financial Services
Tax Year 2023 Income Tax Organizer

OFFICE USE ONLY		Date: _____
Appt _____	Drop-in _____	Drop-off _____
Scanned _____	<input type="checkbox"/> Direct Deposit _____	

Client (& Spouse) First and Last name: _____ (New Existing Client)
 Phone #: _____ Email: _____ **Sign (at pick-up):** _____

Please review and complete this document. This will enable us to prepare your return promptly and efficiently.
 Please **bring to your tax appointment** or **include with your drop-off package**. Thank you.

Step 1: Filing Information

Filing Status:

- Single Married Filing Jointly Widow(er)
 Head of household Dependent of another Unsure
 Married Filing Separately (Spouse Name: _____ SSN: _____)

Moved in past year? Yes No If yes, when: _____ **Old local municipality:** _____

Address (if MOVED): _____ **New local municipality:** _____

Total # of dependents you are claiming (not including you or your spouse): _____

New dependent(s) for tax year 2023? **If yes**, enter below: (only for **new** dependents, or if **new clients**)
 Dependent name, social security number, date of birth and relationship to taxpayer

Step 2: Income

Question	YES (X)	NO (X)	If yes, enter # of forms (1, 2, 3...)	
			Name:	Spouse Name:
Did you have W-2 wages?				
Did you receive Interest and/or Dividend Income? (1099-INT, 1099-DIV forms from the financial institutions)				
Did you have retirement income or withdraw from a retirement plan? (1099-R forms from pensions, annuities, IRA's, 401k's, etc.)				
Did you receive Social Security/Railroad Benefits? (SSA-1099/RRB-1099 forms from Social Security Administration)				
Did you receive Other Income? Unemployment, 1099-NEC/MISC, Gambling/Lottery Winnings (W2G), State/Local Tax Refunds (1099G), Cancellation of Debt (1099-C, 1099-A), Partnership/Corp. (K-1) etc.				

Step 3: Mandatory Questions for ALL taxpayers

- Yes No At any time **during 2023**, did you receive, sell, send, exchange, or otherwise acquire interest in any **virtual currency**? **If yes**, must provide details.
- Yes No Did you sell any stock, real estate or other investments?
 Provide **Forms 1099-B, 1099-S, settlement statement** or other supporting information
(cost basis/acquisition price/tax statements for 2023).
- Yes No Do you and/or your spouse receive a 6 digit Identity Protection Pin (IPPIN) from the IRS?
 IPPIN for _____ : # _____ IPPIN for _____ : # _____

Tax Year 2023 Income Tax Organizer (continued)



Step 4: Itemized Deductions?

Yes No (Skip to step 5) Not Sure **For 2023, deductions must exceed the standard deduction amounts of: \$13,850 for singles and married individuals filing separately, \$27,700 for married individuals filing jointly and \$20,800 for head of household. Additional standard deduction amount for the aged or blind is \$1,850.

Unreimbursed medical expenses (that exceeds 7.5% of your Adjusted Gross Income)

Please separate it by category: medical, dental, vision, prescription, medical mileage, etc.)

Real estate taxes paid (on a primary residence \$ _____ or second/vacation home) \$ _____.

Mortgage Interest Paid (Provide 1098 Forms : total # of 1098 forms _____)

Did you purchase or refinance a property? **If yes, please provide closing disclosure** or settlement statement (HUD) to maximize deductions.

Charitable Contributions (If over \$250 in non-cash contributions, provide details of contributions. New rules require that taxpayer retain documentation for all cash contributions)

Cash/Check: \$ _____ Non-cash (clothing, materials, etc.): \$ _____ Charitable mileage: _____

Step 5: Questions for all Taxpayers

Yes No Did you pay **quarterly estimated income taxes?**

	1Q (4/15/23)	2Q (6/15/23)	3Q (9/15/23)	4Q (1/15/24)
Federal	\$ _____	\$ _____	\$ _____	\$ _____
State	\$ _____	\$ _____	\$ _____	\$ _____
Local	\$ _____	\$ _____	\$ _____	\$ _____

Yes No Did you pay **child or dependent care** so you could work or go to school? (If **yes**, please provide: name of provider, address, tax ID# or SS# and amount paid)

Yes No Did you pay **college expenses** for you or a dependent you are claiming? (If **yes**, please provide Form **1098-T** and **amount** of books, supplies, etc. \$ _____)

Yes No Did you pay any interest on **student loans?** (If **yes**, please provide Form **1098-E** or amount of interest paid and the name of the lender)

Yes No Did you in 2023 (or do you plan to before April 15, 2024) **contribute** to a: **Traditional IRA:** Self \$ _____ Spouse \$ _____ ; **Roth IRA:** Self \$ _____ Spouse \$ _____

Yes No Was your health insurance purchased through the Marketplace? (pennie.com (PA) or healthcare.gov) (If **yes**, **1095-A** is required to prepare your return; otherwise your refund may be delayed)

Yes No Did you contribute to a **Health Savings Account** (HSA) or use a HSA to pay medical expenses? (If **yes**, please bring forms **1099-SA:** # of forms: _____ and/or **5498-SA:** # of forms: _____)

Step 6: Self-Employment/Business and/or Rental Property

Yes No Do you operate your own business*? If so, please provide details on income/COGS/expenses.

Yes No Do you own a rental property*? (# of properties _____) Sold a rental last year.

*Please provide a **summary and details of expenses** by category, for each business or property. If more than one business or property, **separate by business/property.**

Employee Work Expenses (W-2 only)

Name: _____ Occupation: _____

- | | |
|---|---|
| 1. Union Dues: \$ _____ | 2. Clothes/Uniform: \$ _____ |
| 3. Small tools/Supplies: \$ _____ | 4. License Fees/Malpractice Insurance: \$ _____ |
| 5. Educator Expenses (max \$300): \$ _____ | |
| 6. Vehicle Mileage (work related and unreimbursed): _____ | |
| 7. Other Business Travel Expenses: | |
| Parking: _____ | Transportation: _____ |
| Tolls: _____ | Meals/Entertainment: _____ |
| Misc.: _____ | |

Home Office Deduction Sheet

(Check one) W-2 1099-NEC / Schedule C

Name of Business (if applicable): _____

To see if you qualify:

- Do you have a room or separate identifiable work space that is used exclusively for your business? YES NO
- Is this room/area the principal place of business? YES NO
- Is this space used exclusively for business purposes? YES NO
- Is this space used regularly for your business? YES NO

If you answered "YES" to all the questions above, please fill out the rest of this worksheet

What is the square footage of the room/area? _____
 What is the total square footage of the home? _____
 How many rooms are used at your home office? _____
 What is the total number of rooms in your home? _____

Expenses for your primary home used as your home office:

	Direct Expenses*	Indirect Expenses**
1. Total rents paid:		_____
2. Total mortgage interest paid:		_____
3. Total insurance expense:		_____
4. Total real estate taxes:		_____
5. Total homeowners association:		_____
6. Cleaning & Maintenance:	_____	_____
7. Repairs:	_____	_____
8. Utilities:	_____	_____
9. Internet:	_____	_____
10. Telephone:	_____	_____
11. Security:	_____	_____
12. Other: _____	_____	_____
13. Other: _____	_____	_____
14. Other: _____	_____	_____

*Direct Expenses benefit the business part of your home. (cost of painting, repairs made in the specific room used for business, installation of a bookshelf, etc.)

**Indirect Expenses are required for keeping up and running your entire home. (utility bills, mortgage interest or rent, insurance, HOA, real estate taxes, repairs, pest control, trash removal, security and maintenance)

Our Policies

Salabsky Financial Services would like to thank you very much for your business!



Preparation: We will prepare your tax return based on the information you provide us. We recommend you keep the information needed to verify the items reported for an extended period of time. Unless otherwise stated, **the fees for the preparation of your return do not include auditing or review.**

We will provide you **with one copy of your return** when it is completed.

****Additional copies** can be obtained for a **fee** and can be distributed via mail, fax or email.

\$15 for one year, \$5 each additional year.

Payment is due upon completion of your returns (cash, check, Paypal or major credit card).

Privacy: The nature of our work requires us to collect certain non-public information. All information we obtain about you will be provided by you or obtained with your permission. Our firm has procedures and policies in place to protect your confidential information. We will not disclose your personal information to a third party, except where required by law.

Contact Us!

There are many events during the year that can affect your tax situation. In most situations, treatment is established at the time the transaction occurs. However, negative tax effects can be avoided by proper planning. Please contact us **in advance** about the possible **tax effects of a transaction or event**, including any of the following:

- | | |
|-------------------------------------|--|
| IRA/401k/pension distributions | Job change/retirement |
| Notice from IRS or other tax bureau | Sale or purchase of residence/real estate |
| Marriage or birth of a child | Significant change in income or deductions |
| Divorce or separation | Sale/purchase/start of a business |
| Life insurance surrender/exchange | Debt cancellation/forgiveness |

Tax Preparation Checklist

Please provide the following documentation:

- 1. Your completed **Income Tax Organizer**
- 2. **All forms** W-2 (wages), 1099 (1099-INT for interest, 1099-DIV for dividends, 1099-B for sale of securities, 1099-R for annuities, pensions, IRA or other retirement plan withdrawals, 1099-G for state refund and/or unemployment compensation, 1099-SSA for Social Security, 1099-MISC for other income, 1099-C for Cancellation of Debt) and Schedules K-1 for partnerships and S-Corporations.
- 3. If you are a **NEW CLIENT**, provide copies of the **prior year’s tax returns (preferably 2 years)**.
- 4. If you bought or refinanced a home or property, bring in a copy of your closing statement.
- 5. Details of estimated tax payments made (federal, state, local), if any.
- 6. List of itemized deductions by category for medical, taxes, mortgage interest, charitable and miscellaneous deductions.
- 7. Proof of medical insurance (1095-A) if purchased through the marketplace.
- 8. List of income and expenses for business and/or rental activities.

Tax questions, concerns, feedback..... (Write down anything you would like to discuss further)

Salabsky Financial Services
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