## AND ORGANIZER

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include your last year's return (only if you are a new client), all W-2 and 1099 forms, and name & address labels provided by the government, if available.

## Upon completing this Tax Organizer, please read and sign below

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(	Please Sign)			

## PERSONAL DATA TAXPAYER AND SPOUSE **DEPENDENTS** SPOUSE **TAXPAYER (OR SINGLE)** student # of mos lived in Last Name D.OB. Last Name Last Name First, Initial & Last Social Secu no. Relationsh First Name & Initial First Name & Initial Occupation Occupation Phone (Home) Phone (Home) (Work) (Mork) Social Security numbers are required for all dependents. If filing Head of Household and qualifying person is your child but not your dependent above, Soc. Sec. # (Last 4 digits) Date of Birth Soc. Sec. # (Last 4 digits) Date of Birth If filing Head of Household and qualifying person is your child but not your dependent above, 1. Did your name, address, or marital status change during the year? □Yes □No Mailing Address ☐ Check if address is new County 2. Are you being claimed as a dependent on another tax return? □Yes □No 3. Are you (or your spouse) blind or permanently disabled? □Yes □No City, State, & Zip Email Address 4. Did you claim children above that don't live with you? □Yes □No 5. Did you carry forward or incur any adoption expenses during the year? ☐ Yes ☐ No

Noseworthy Financial Services 83 Old Princeton Rd Hubbardston, MA 01452

(978) 820-1253

Tax Year 2023
Tax Information
Organizer

							INC	ONE						100	
V	AGES/SAL	ARIES	/W-2 F	ORN	AS			INTE	REST IN	COME	(Use pa	ayer name lis	ited on 10	991NT & attac	ch). C
		Taxable	Taxable Withheld			ces Withheld		T/S/J	Name of Payer				Interest Amount	Exempt	DE
IS	Name of Employer	Wages	Fed. Tax	Soc. Sec.	Medicare	State	Local						Amount		
T/5	6/J Code: T — Taxpayer	S — Spou	se J — Joint	Use thes	se codes if i	narried filis	ng Jointly								
	IISCELLANE	OUS	INCOL	AE			v Losses ackets)		ty for early withdraw			(		)	
SU		ource of Inco				_	nount	List interest in OID forms.	ncome reported on all 1099	-INT and 1099-	MB MU	INICIPAL BONDS		LIST	1
	Alimony (Pre-2019 Agreem	ents. if you pay	Alimony - list in	misc. dedu	ctions)				9 forms reporting Tax With A or Retirement Plan report		US U.S	STALLMENT SALE S BONDS X EXMMPT (explain		COD	E
	Jury Duty (Or Other Public		, reality total	THOSE GOOD	0001107						MF MC	AFTGAGE FINANC	ED BY SELLE	R (list name, eddres	a & SSN
			-					DIVI	DEND INC	COME	(please		099 DIV 1	forms)	
	Tips/Gratuities (Not Repo	-	1841	100 11100	F. wide			T/S/J	Name of Payer		Ordinary lends	Oualified Dividends	Capital C Distribution		V
	Contest/Awards/Gamblin		-	ISC, W2G	or Explain)										
	-Commissions/ Bonuses					-									
_	Pensions/Annuities (Fun	nish 1099-R F	orms)							3					
	IRA/Keogh (Attach Form	1099-R)													
	Profit Sharing Distribution	ns (Attach Fo	orm 1099-R)		-			List Gross Di     Attach all 109	vidends above as reported 9 DIV forms.			* Related to mutual funds.			
	Unemployment Compens	sation (Attac	th 1099-G Form)		1*						_		_	please check her	(0. —
	Partnerships/Estates/Tru	sts (Furnish	K-1 Forms)						ITAL GAII s and Mulual Funds (Altach					Form 1000.S)	
	Small Business Corporat	ions/Sub Ch	napter S (Fumi	sh K-1 For	ms)			T			Date	Date	Sale		or S
Business/Self-Employed (Fumish Schedule or Details)								S J (# s	Description hares, name or stock symb		quired v/dd/yy	Sold mm/dd/yy	Price		
	Farm (Furnish Schedule or	Details)			*			1.							
	Rental (Furnish Schedule	or Details)			*			2.							
	Forgiven Debt (Attach Fo	m 1099-A or	C)					3.							
	Other (Explain):							4.							
	* it you did not actively or	materially par	rticipate in eamin	g the incon	ne (or loss) l	isted			ord ALL fund transactions	s Use T	nese Code	s below if from	indicated sou	TD85	
C	ALE OF PER	ROS	AI DE	SIDE	NCE			including mi			B 1099	B Received; N	lo Box 3 basi	ost) s (cost)	UST CODE KERE
Ĭ					HOL			1. List line	# if items sold on ins	tallment basis		099-B Receive	u, dasis is riiy	#	
-	e Old Residence Acquired		Cost or						e interest above. ncipal Received: this	s vear \$		prior y	ear \$		
Ė	rovements (Additions, Land							2. If anythi	ing above was inherit B stated basis (cost)	ed and sold, I		umber(s).		#	
ixir	ng-Up Expenses (Painting,	Repairs, etc.,	To Prepare for	Sale)					nd provide the correc				ct value w	nul the codes	
ate	e Old Residence Sold		Selling F	Price				* For new insidepreciation	stallment sale, also report s and include copy of settler	alling expenses, n nent papers.	norigage a	ssumed and if I	used in busin	ess, accumulated	i
÷	enses of Sale (Commission							NON	-TAXABL	E INC	OMI	E		(Important to even if not tax	
Was any part of residence rented or used for business?     Did you own and use the home as your principal residence for					Yes L	No No	Pre-20	19 Child Support/Pa	yments/Assis	tance	(Not Alimony	1)			
at least 2 of the last five years? Spouse:						: Yes [		Vetera	ns Benefits/Disability	y Income					
<ol><li>Have you rolled over a gain from the sale of a prior residence into the home sold? If so, please provide Form 2119 from tax return for year prior home sold.</li></ol>							No □	Workn	nen's Compensation	Loss of Time	Payme	nts			
. W	as sale required due to jo	b transfer, n	nedical or unfo	reseen ci	rcumstand	e? Yes [	No 🗆	Other	(Explain):						
Date New Residence Acquired (Or Construction Began)								SOC	IAL SECU	RITY	Bene	fits (from box	5) F	ederal tax wit	thheld
Date Of Occupancy Cost of New Residence								MADODA		Taxpayer					
If married, do you and your spouse have the same proportionate nterest in the new residence as in the old?						Yes No provide SSA-1			INI:						
Attach Copy of Real Estate Closing Papers for both the sale and purchase							, ,,,	provide	33A-1033	Spouse					
_											_				
			INC	OM	ET	AXE	S P	AID OF	REFUN	IDED				1	
	omeone else prepared your ta	xes last year.			State	Lo	ocal	ESTIMATE	D TAX PAID	Fede	ral	Sta	ate	Loca	,
	ase provide a copy.		Federal		Olulo			14 4 4 4							
ple	ance paid on last year's re (or prior years)	etum	Federal		Oldio			If not paid by due dates, list actual	1st Qtr. 4/15 2nd Qtr. 6/15						

## **DEDUCTIONS**

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar.

Please circle any deduction that is a disproportionate amount for only you or only your spouse (It may be to your advantage to file separately).

Only the amount of un-reimbursed medical expenses that exceeds 10%

CONTRIBUTIONS

Receipts/canceled checks are now required for

MEDICAL	of Adju	sted Gross Inc	ome is allowed	d.		241345 1611	CONT	RIBU	TIONS	all cash donations.	to are non requ	into to
Descrip	Description of Medical Expenses				1	Amount	Cash Contribu	tions (must ha	ve receipts of bac	records for all donations)		Amount
Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.								Church/Temple (name)				
Prescriptions & Drugs (doct	for prescribed or	nly)					Cancer / Heart	Easter / Chr	istmas Seals, et	C. (attach list if more than one)		
Insulin (general drugs not allow	ed)									ch list if more than one)		
Eye Glasses / Contact Len				_			Public TV / Rad					
Hearing Aids, Supplies, &		al Aids					Veteran's Org. (					
X-Ray / Lab Fees							Schools (name		Y			
Ambulance, Paramedic							Other:	and debende	/			
Nurses (board & room)								Ontional_	a mman total for a	ash/check contributions may be u	nad .	
Equipment (prescribed & rente	adl		-	_			Political contributions	1560.				
Nursing Home Medical Car							Non-Cash Co	ntributions -	- Property Cloti	ning, Furniture, Food, etc.		
Medicare Part B Service Pa							Attach explanation	listing name &	address of donee of	rganization, items donated, o		
		_	_				of donation, and fa	00				
Smoking Cessation Progra	NH .	_					If you donated a v			5,000 require an appraisal). s form 1098-C.		
Other:							70/2000/00/00/00/00/00			explanation listing date, name		
Other:										s driven, and parking fees.		
Other:							INTER	FST		es, and Social Security nur	mbers must mat	tch Form 1098
Medical Insurance Co	ode: Pre-Tax	= P After Ta	x = A Unsi	ure = U				1	-	ncial institutions		
Important: Provide p	proof of healti	h insurance (	Form 1095 or e	quiv.)			Mortgage	Paid to Fir	nancial Institution	7 (Form 1098)		
Insurance - paid by y				*			Interest Principal	-	fividual (List nam	e, address, Soc. Sec. no. belo	w)	
Group Health Plans (d	deduct from sala	ary)		1			Residence	Name		Address==		Soc. Sec.
Medicare Premiums				1			110	Doid to Civ	nancial Institution	7 /Form 1000)		
Other Insurance (long)	term healthcare	, MSA, other)					Mortgage Interest					
Summary Total (Optional)							Principal	Paid to Inc	ividual (List nam	e, address, Soc. Sec. no. belo Address	IW)	Dec De
Lodging (while away from hom	ne)						Residence	Name		Address		Soc. Sec.
Transportation (total miles di	riven for medica	I reasons or act	ual cost)				Did you acquire	a new morto	age or borrow o	n an existing mortgage d	uring the year	7
TAXES							The second secon			d mortgage debt?	S	4
IAAES							Points paid to a				-	
Descrip	ption of Taxe	es Paid		State	B /	Amount	Home Equity Lo		or tgago (il not lile	dued above)		
Real Estate Taxes, Home (i	include if you ite	emize or not)					(used to buy, build,					
Real Estate Taxes, Other (n	not included on F	Rental Schedule	)				Student Loan In	terest (attach F	orm 1096-E + detail	s: who for, loan date, loan purp	pose)	
Property Tax Rebates (if any	/)						Other:					
Personal Property Taxes (if any)							Other:					
Property Taxes (if any)							Deductible Inves	stment Interes	st			
Auto Licenses (not a deduction	n in all states)			-						partment stores, autos, bank lo	ans, etc., is not d	deductible.
State of Local Income Taxe		alsewhere)					CHILD	AND	DEDEN	DENT CAR	- Drityo	ou have employer p
Sales Tax / Other								THE OWNER OF TAXABLE PARTY.	The second second	A CONTRACTOR OF STREET	vioca dop	pendent care benef
If you paid any special assessments or s	substantial sales tax	x, please attach su	porting document	S						me student) vif service p	erformed in you	ir home (Nanny
CASUALTY	THE	FTIO	SSES			ust be in a Federally	Name	Address of	Provider	Soc. Sec. or ID Nur	mber	Paid
					declared disa	ister area.						
Only the TOTAL NET RESU												
Fire, Storm, Theft, and Aut	to Damage –	Data Assulted	ne, provide s	imilar del	all for each.							
Date Acquired		Date Acquired	Cost or l	Basis								
			Insuranc	e Paid			Federal ID No, if requi			Paid During the Year	\$	
Describe How or What Happened		Date of Loss Mkt.		Mkt. Value Before			to file IRS wages repo	No.		Children Under Age 13	#	
			Mkt. Valu	e After			Use Form W	-10 for provider	details. Allocate exp	enses by dependent. Attach de	atails if more span	ce is needed.
			la constant									
The same of the sa	-	The same	-		September 1			-	A-1-2			
			R		REM	ENT C	ONTRI	BUTI	DNS			
if covered by a retirem	ant alon at u	unek D	ate Tradi	tional ID	A SEP/SIM	IPLE Roth IR.	A (f			List total union of ALI	IDA 101	04
10	ient plan at v	VOIK D	20.000	lional In/	A SEF/SIIV	IFLE HOUTIN	A If you want the tion, write MAX			List total value of ALI	LIMAS ON 12/	31
Single or Taxpayer		- 1	1				You will be info			Single or Taxpayer		
Spouse			1				Tod Will be lille	iniou or union	ant to doposit.	Spouse		_
			1000	5000	STATE OF	12.20	CONTRACTOR OF THE PARTY OF	9 - 50 - 50	No. 1554	All the last of the last		
			HI	GH	ER E	DUCA	TION EX	KPEN	SES			
						Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i		1000	The Park Street			
Note: Many of your higher educati sions from income for tax-free and							deduction, or U.S. S			quality for tax/penalty-free IRA	withdrawals, stu	dent loan interes
information individually for each st				Hen saville	lo accounto. F	ease provide	uduscilor, or 0,5, 5	avings bond inte	HEST HIGHINE CACIUS	1st Student	2nd Student	3rd Stude
							Room and Boar	d				
Note: " If student is attendir	ng less than 1/	2 time	1st Str	udent	2nd Student	3rd Student	Amount of any C					
Code (T=Taxpayer, S=Spouse, D	1= Dependent 1,	D2=Dependent	2)					JO	B RELAT	ED EDUCAT	ION	
			Amou	int	Amount	Amount			(May only be	available at the state level.)		
Tuition							Miles Driven			Taxpaye	er	Spouse
Fees, Books Supplies							Room and Board	d				
Other:							Books and Supp	olies				
Other							2					