

# INCOME TAX GUIDE 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	
<b>TAXPAYER (OR SINGLE)</b>	<b>SPOUSE</b>	Last Name First, Initial & Last	X if D.O.B. ↓ Social Secu no.
Last Name	Last Name	student no.	# of mos lived in Relationsh
First Name & Initial	First Name & Initial		r home ↓
Occupation	Occupation		
Phone (Home) (Work)	Phone (Home) (Work)	Social Security numbers are required for all dependents. If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here _____	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Are you being claimed as a dependent on another tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are you (or your spouse) blind or permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Did you claim children above that don't live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Did you carry forward or incur any adoption expenses during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address <input type="checkbox"/> Check if address is new		County	
City, State, & Zip	Email Address		

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# Tax Year 2023 Tax Information Organizer





# 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).

<b>MEDICAL</b>	Only the amount of un-reimbursed medical expenses that exceeds 10% of Adjusted Gross Income is allowed.	
<b>Description of Medical Expenses</b>	<b>Amount</b>	
Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.		
Prescriptions & Drugs (doctor prescribed only)		
Insulin (general drugs not allowed)		
Eye Glasses / Contact Lenses		
Hearing Aids, Supplies, & Other Medical Aids		
X-Ray / Lab Fees		
Ambulance, Paramedic		
Nurses (board & room)		
Equipment (prescribed & rented)		
Nursing Home Medical Care		
Medicare Part B Service Payments		
Smoking Cessation Program		
Other:		
Other:		
Other:		
<b>Medical Insurance</b>	Code: Pre-Tax = P After Tax = A Unsure = U	
<b>Important:</b> Provide proof of health insurance (Form 1095 or equiv.)		
Insurance – paid by you <span style="float: right;">▼</span>		
Group Health Plans (deduct from salary)		
Medicare Premiums		
Other Insurance (long term healthcare, MSA, other)		
<b>Summary Total (Optional)</b>		
<b>Lodging</b> (while away from home)		
<b>Transportation</b> (total miles driven for medical reasons or actual cost)		

<b>CONTRIBUTIONS</b>	Receipts/canceled checks are now required for all cash donations.
<b>Cash Contributions</b> (must have receipts of back records for all donations)	<b>Amount</b>
Church/Temple (name)	
Cancer / Heart / Easter / Christmas Seals, etc. (attach list if more than one)	
Red Cross / United Way / YMCA / YWCA (attach list if more than one)	
Public TV / Radio	
Veteran's Org. (name)	
Schools (name and describe)	
Other:	
<b>Summary Total Optional</b> – A summary total for cash/check contributions may be used. Political contributions are not deductible. Deduct value of gift received for any contributions.	
<b>Non-Cash Contributions</b> – Property, Clothing, Furniture, Food, etc. Attach explanation listing name & address of donee organization, items donated, date of donation, and fair market value. If total value of a single donation exceeds \$500 explain method used to arrive at value (Items over \$5,000 require an appraisal). If you donated a vehicle, please attach your charity's form 1098-C.	
<b>Volunteer Work</b> – Mileage & Parking Attach explanation listing date, name & address of donee organization, activity performed, miles driven, and parking fees.	

<b>TAXES</b>		
<b>Description of Taxes Paid</b>	<b>State</b>	<b>Amount</b>
Real Estate Taxes, Home (include if you itemize or not)		
Real Estate Taxes, Other (not included on Rental Schedule)		
Property Tax Rebates (if any)		
Personal Property Taxes (if any)		
Property Taxes (if any)		
Auto Licenses (not a deduction in all states)		
State of Local Income Taxes (if not listed elsewhere)		
Sales Tax / Other		
If you paid any special assessments or substantial sales tax, please attach supporting documents.		

<b>INTEREST</b>		
Amounts, names, and Social Security numbers must match Form 1098 issued by financial institutions		
<b>Mortgage Interest</b>	Paid to Financial Institution (Form 1098)	
	Paid to Individual (List name, address, Soc. Sec. no. below)	
<b>Principal Residence</b>	Name	Address Soc. Sec. No.
<b>Mortgage Interest</b>	Paid to Financial Institution (Form 1098)	
	Paid to Individual (List name, address, Soc. Sec. no. below)	
<b>Principal Residence</b>	Name	Address Soc. Sec. No.

<b>CASUALTY/THEFT LOSSES</b>		
Only the TOTAL NET RESULT that exceeds 10% of Adjusted Gross Income is allowed.		
Fire, Storm, Theft, and Auto Damage – If more than one, provide similar detail for each.		
Date Acquired	Date Acquired	Cost or Basis
		Insurance Paid
Describe How or What Happened	Date of Loss	Mkt. Value Before
		Mkt. Value After

Did you acquire a new mortgage or borrow on an existing mortgage during the year?  
 Yes  No  If yes, what is your combined mortgage debt? \$

Points paid to acquire new mortgage (if not included above)

Home Equity Loan Interest (used to buy, build, or substantially improve a qualified resident)

Student Loan Interest (attach Form 1098-E + details: who for, loan date, loan purpose)

Other:

Other:

Deductible Investment Interest

Note: Personal interest from credit cards, department stores, autos, bank loans, etc., is not deductible.

<b>CHILD AND DEPENDENT CARE</b>		
		<input type="checkbox"/> If you have employer provided dependent care benefits.
If required to be gainfully employed (or a full-time student) <input checked="" type="checkbox"/> if service performed in your home (Nanny)		
<b>Name/Address of Provider</b>	<b>Soc. Sec. or ID Number</b>	<b>Paid</b>
Federal ID No. # required to file IRS wages reports	<b>Total Paid During the Year</b> \$	
	<b>No. Children Under Age 13</b> #	

Use Form W-10 for provider details. Allocate expenses by dependent. Attach details if more space is needed.

## RETIREMENT CONTRIBUTIONS

<input checked="" type="checkbox"/> if covered by a retirement plan at work	Date	Traditional IRA	SEP/SIMPLE	Roth IRA	If you want the maximum allowable deduction, write MAX in the money column(s). You will be informed of amount to deposit.	List total value of ALL IRAs on 12/31	
Single or Taxpayer	/ /					Single or Taxpayer	
Spouse	/ /					Spouse	

## HIGHER EDUCATION EXPENSES

Note: Many of your higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax deferred savings accounts. Please provide information individually for each student and include all Form 1099-Q.			
Note: <input checked="" type="checkbox"/> If student is attending less than 1/2 time			
	1st Student	2nd Student	3rd Student
Code (T=Taxpayer, S=Spouse, D1=Dependent 1, D2=Dependent 2)			
	Amount	Amount	Amount
Tuition			
Fees, Books Supplies			
Other:			
Other:			

Other Expenses (Enter amounts as these expenses may qualify for tax/penalty-free IRA withdrawals, student loan interest deduction, or U.S. Savings Bond Interest Income Exclusion)			
	1st Student	2nd Student	3rd Student
Room and Board			
Amount of any Grants, Scholarships			

<b>JOB RELATED EDUCATION</b>			
(May only be available at the state level.)			
Miles Driven		Taxpayer	Spouse
Room and Board			
Books and Supplies			
Seminar Fees			