

Instructions: Print out this organizer, then complete it and mail it or scan it to **TEDDER CONSULTING** along with your W-2's, 1099's and other required documents.

Email me at diane@tedderconsulting.com, call me on my cell phone or text me at (919) 724-7967. Our fax is (919) 964-3350. I am working at home except when I have appointments with clients. I can meet you at my office or a closer coffee shop or library Mon. through Sat. as late as 7 pm. I am available for a phone call or zoom conference to discuss any questions or concerns you would like to address now. Please send your return information and all payments to my home at 701 Lakeview Rd., Durham, NC 27712. Thank You

Tax Organizer for 2023

Taxpayer's Name

Tax Organizer for 2023 tax year

Please complete this organizer and email or mail to me. Your last year's tax return is an excellent guide for completing this organizer. Make a special note wherever you have additional information not on last year's return. I have your 2022 return and detail on file so you do not need to send me your prior year return if I prepared it.

Personal Information

Taxpayer

Name _____ Social Security # _____
 Date of Birth _____ Occupation _____
 Mailing Address _____ City _____
 _____ ST _____ Zip _____
 Home Phone _____ Cell Phone _____
 E-mail Address _____

Spouse

Name _____ Social Security # _____
 Date of Birth _____ Occupation _____
 Mailing Address _____ City _____
 _____ ST _____ Zip _____
 Cell Phone _____ E-mail Address _____

	Taxpayer		Spouse		Marital Status	
	Yes	No	Yes	No	Married	
Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Widow(er)	<input type="checkbox"/>

Do you want to contribute \$3 to the Presidential Campaign Fund Yes No

Children and other dependents

Name	Social Security Number	Date of Birth	Relationship	Dependent's Income

Please send me the following for review when I prepare your return:

Last year's tax return, unless we prepared it.

Copies of all W-2s, 1099s, supporting documents of income and expense.

Please answer the following questions:

Did you receive any notices from the IRS this past year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a foreign bank account?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you pay to attend classes beyond high school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you pay interest on a student loan this past year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive any rental income from property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive any farm income?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have self-employment income or expense?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were there any births, adoptions, or deaths in the family?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Income

Wages (attach W-2s)

Name of Employer

Taxpayer

Spouse

Interest Income (attach 1099-INT)

Payor (bank, etc.)

Amount

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
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Dividends (attach 1099-Div)

Payor (company name)

Ordinary Div.

Capital Gain

Nontaxable

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Partnership, S-Corp., and Other Income (attach K-1)

List the sources

USE RENTAL PROPERTY INCOME & EXPENSE ACTIVITY FORMS FOR EACH PROPERTY. PROVIDE CLOSING STATEMENTS FOR ALL PROPERTY SALES & PURCHASES

Recap of Property Activity

Real Estate Sold (home, vacation property, bare land, etc.)

Description	Selling Price	Date Purchased	Cost

Investments Sold (stocks, bonds, mutual funds, other) (Attach all 1099's)

Name	Cost	Date Acquired	Date Sold	Selling Price

Individual Retirement Account (IRA)

Contributions for this past year	Amount	Roth	Regular
Taxpayer			
Spouse			

Withdrawals from IRA (attach 1099-R)

Reason for withdrawals:

Other Pension or Annuity Income (attach 1099-R)

Payor	Reason for withdrawal

Other Income

Source	Amount
State income tax refund	
Commissions	
Unreported tips	
Installment sales payments received	
Alimony received	
Scholarships or grants	
Unemployment compensation	
Worker's compensation	
Disability income	
Other _____	

Expenses

Medical Expense (insurance, drugs, equipment, nursing, hospital, doctors, etc.)

List type:	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Did you and your family have health insurance for all twelve months of the tax year?
Yes No

If less than twelve months health coverage, please give brief reason:

Did you receive Form 1095-A, -B, or -C health insurance coverage?
Yes No

Taxes Paid (other than on W-2 wage statements)

Type of tax	Amount	List each 4 payments	
Federal income tax estimates (Form 1040-ES)	Total _____	Federal	State
State income tax	Total _____		
Real estate tax	_____		
Personal property tax	_____		
Other _____	_____		

Interest Paid

	Amount
Mortgage paid to: _____	_____
Investment interest paid to: _____	_____

Child or Other Dependent Care Expenses

Did you pay for dependent care this past year? Yes No

Details: (Care provider, social security number, amount)

CHARITABLE CONTRIBUTIONS

Paid by cash (check) Organization: _____	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

See below for non-cash charitable deductions

Moving Expenses (job related)

Did you move this past year due to change in job locations?

Yes No

Details: _____

Casual and theft losses

Generally a property damage due to fire, accident or natural disaster can only be deductible for losses from a federally declared disaster.

You can take a small deduction for any type of loss that is covered by insurance.

Please list type of loss, amount of loss and amount of insurance coverage.

Other non-cash charitable deductions: List name of charity, date, description of items and FMV

Self-Employment Income and Expenses

**USE THE SEPARATE TAX
RECORDKEEPING WORKSHEET FOR
THE SELF-EMPLOYED TAXPAYER OR
THE REAL ESTATE AGENT WORKSHEET**