



4. **ESTIMATED TAX PAYMENTS**

	Federal	State
April 15, 2023	\$	\$
June 15, 2023	\$	\$
September 15, 2023	\$	\$
December 31, 2023	\$	\$
January 15, 2024	\$	\$
2022 overpayment applied to 2023	\$	\$

5. **WAGES & COMPENSATION** (Bring in all W-2 and 1099 forms)

6. **INTEREST & DIVIDEND INCOME** (Bring in all 1099 forms)

Name of Payer	Amount	Name of Payer	Amount
	\$		\$
	\$		\$
	\$		\$

7. **OTHER INCOME** (Bring in all 1099 forms)

	Taxpayer	Spouse
A. Unemployment Compensation Received	\$ _____	\$ _____
B. Alimony Received	\$ _____	\$ _____
C. Social Security Benefits ( <b>bring in Social Sec forms</b> )	\$ _____	\$ _____
D. Gambling Winnings ( <b>bring in W-2G forms</b> )	\$ _____	\$ _____
E. IRA Distributions, Pension & Annuity Income Received ( <b>bring in 1099-R forms</b> )		
F. Other Income (please list payee and amount)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Yes    No

- G. \_\_\_\_\_ Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?
- H. \_\_\_\_\_ Sale of Investments (**Bring in all 1099 forms**)  
Attach a list showing: Item Sold Date Sold Sale Proceeds Date Acquired Cost or Basis
- I. \_\_\_\_\_ Partnerships, S-Corporations, Trusts & LLC's (**Bring in all K-1 Forms**)
- J. \_\_\_\_\_ Did you Purchase or Sell your Personal Residence? (**Bring in Closing Statement**)
- K. \_\_\_\_\_ Did you receive employer sponsored dependent care benefits this year? (**flex benefits**)
- L. \_\_\_\_\_ Did you pay any student loan interest this year? (**Bring in Form 1098E**)
- M. \_\_\_\_\_ Did you pay college tuition for yourself or dependent this year? (**Bring in Form 1098-T and complete section on next page**)
- N. \_\_\_\_\_ Did you pay for college books for yourself or dependent this year? (**Bring in receipts**)
- O. \_\_\_\_\_ Did you or your employer contribute to a Health Savings Account? (**Bring in 1099-SA**)
- P. \_\_\_\_\_ Are you or your spouse insured by a long-term care "partnership plan"? (**Bring in certification**)  
\*\*You will need to contact your insurance company if you do not have a copy of the certificate\*\*
- Q. \_\_\_\_\_ Did you or your spouse receive Form 1099-K for income received? (**Bring in Form 1099-K**)  
\*\*We can help determine if the form applies to your tax situation.
- R. \_\_\_\_\_ Did you purchase health insurance through the Marketplace? (**Bring in Form 1095-A**)
- S. \_\_\_\_\_ Did you contribute to a College SAVE or 529 Plan? If so, what amount \$ \_\_\_\_\_
- T. \_\_\_\_\_ Are you a teacher that paid for unreimbursed teaching supplies? If so, what amount \$ \_\_\_\_\_

8. **TUITION**

<u>Student's Name</u>	<u>Dates Paid</u>	<u>Amount Paid</u>	Circle Year in College as of 01/01/23				
			1	2	3	4	5
_____	_____	\$ _____					
_____	_____	\$ _____					
_____	_____	\$ _____					

9. **IRA PLANS**

	<u>Taxpayer</u>	<u>Spouse</u>
A. If eligible, do you want to contribute to an IRA? (yes or no)	_____	_____
B. Amount already contributed for 2023 (if any)	\$ _____	\$ _____
C. Type of IRA (Roth, Traditional, Other)	_____	_____

10. **ALIMONY**

	<u>Amount</u>	<u>Social Sec #</u>
Amount paid this year and recipient's Social Security Number	\$ _____	_____

11. **CHILD CARE** – (Daycare Center or Baby Sitter)

*Amount flexed through your employer* \$ \_\_\_\_\_

1. Name \_\_\_\_\_ I.D or Soc Sec # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Amount Paid \$ \_\_\_\_\_ Name of children attending \_\_\_\_\_
  
2. Name \_\_\_\_\_ I.D or Soc Sec # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Amount Paid \$ \_\_\_\_\_ Name of children attending \_\_\_\_\_

12. **REFUND** – (If you are expecting a refund and would like direct deposit)

- Same as last year, **please verify:**  
 Bank Name \_\_\_\_\_ Last 4 digits of the account # \_\_\_\_\_
- New this year, **please attach a copy of a voided check:**  
 Routing # \_\_\_\_\_ Account # \_\_\_\_\_

*Please attached voided check here*