

<b>2023</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**Solowitz & Associates CPA's Inc**  
**71650 Sahara Rd Ste 1**  
**Rancho Mirage CA 92270**  
**Telephone number: (760) 423-0133**  
**Fax number: (888) 327-5901**  
**E-mail address: nona@solowitzassociates.com**

**Tax Return Appointment**  
**Date:**  
**Time:**  
**Location:**

**This tax organizer will assist you in gathering information necessary for the preparation of your 2023 tax return. Please enter all pertinent 2023 information.**

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

	Taxpayer	Spouse
First name and initial. . . . .		
Last name. . . . .		
Title/suffix. . . . .		
Social security number. . . . .		
Occupation. . . . .		
Date of birth (m/d/y). . . . .		
Date of death (m/d/y). . . . .		
1=blind. . . . .		
Home phone. . . . .		
Work phone. . . . .		
Work extension. . . . .		
Cell phone. . . . .		
E-mail address. . . . .		

Address	<table style="width: 100%; border-collapse: collapse;"> <tr><td>In care of. . . . .</td><td></td></tr> <tr><td>Street address. . . . .</td><td></td></tr> <tr><td>Apartment number. . . . .</td><td></td></tr> <tr><td>City. . . . .</td><td></td></tr> <tr><td>State. . . . .</td><td></td></tr> <tr><td>ZIP code. . . . .</td><td></td></tr> </table>	In care of. . . . .		Street address. . . . .		Apartment number. . . . .		City. . . . .		State. . . . .		ZIP code. . . . .	
In care of. . . . .													
Street address. . . . .													
Apartment number. . . . .													
City. . . . .													
State. . . . .													
ZIP code. . . . .													

**DEPENDENTS**

	Dependent No.	Dependent No.
First name. . . . .		
Last name. . . . .		
Title/suffix. . . . .		
Date of birth (m/d/y). . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number. . . . .		
Relationship. . . . .		
Months lived at home. . . . .		

	Dependent No.	Dependent No.
First name. . . . .		
Last name. . . . .		
Title/suffix. . . . .		
Date of birth (m/d/y). . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number. . . . .		
Relationship. . . . .		
Months lived at home. . . . .		

**2023****1040****US****Tax Organizer**

Please enter all pertinent 2023 information. If you have attached a government form for an item, check the box and do not enter a 2023 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

2023 Amount

2022 Amount

<b>Attach Forms W-2</b>	

**INTEREST INCOME**

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

<b>Attach Forms 1099-INT</b>	

**DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

<b>Attach Forms 1099-DIV</b>	

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

<b>Attach Forms 1099-R &amp; W-2G</b>	

Winnings not reported on W-2G. ....  
Total gambling losses. ....

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history) .....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income .....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments .....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) .

<b>Attach Forms 1099</b>
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<input type="checkbox"/>	Form 1099-G - State tax refunds .....
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<b>Attach Forms 1099</b>	
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

<b>Attach Forms 1099</b>	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

<b>Attach Forms 1099</b>	
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**2023 1040 US Tax Organizer**

**MISCELLANEOUS INCOME**

Taxpayer: Alimony received .....

Spouse: Alimony received .....

Other: .....


**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum) .....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....

Spouse: Traditional IRA contributions (1=maximum) .....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....

2023 Amount

2022 Amount


**OTHER GOVERNMENT FORMS - DEDUCTIONS**

☐ Form 1098-E - Student loan interest .....

☐ Form 1098-T - Tuition and related expenses .....

**Attach Forms 1098**


**AFFORDABLE CARE ACT**

☐ Form 1095-A - Health Insurance Marketplace Statement .....

**Attach Forms 1095**


**ADJUSTMENTS TO INCOME**

Taxpayer:

Self-employed health insurance premiums .....

Educator expenses .....

Other adjustments to income:

.....

.....

Alimony paid - Recipient name & SSN .....

.....

.....



Spouse:

Self-employed health insurance premiums .....

Educator expenses .....

Other adjustments to income:

.....

.....

Alimony paid - Recipient name & SSN .....

.....

.....



**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs .....

Doctors, dentists and nurses .....

Hospitals and nursing homes .....

Insurance premiums .....

Long-term care premiums - taxpayer .....

Long-term care premiums - spouse .....

Insurance reimbursement .....

Out-of-pocket lodging and transportation expenses .....

Number of medical miles .....

Other: .....

.....


**TAXES PAID**

State income taxes - 1/23 payment on 2022 state estimate .....

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State income taxes - paid with 2022 state extension	.....
State income taxes - paid with 2022 state return	.....
State income taxes - paid for prior years and/or to other states	.....
City/local income taxes - 1/23 payment on 2022 city/local estimate	.....
City/local income taxes - paid with 2022 city/local extension	.....
City/local income taxes - paid with 2022 city/local return	.....
State and local sales taxes (except autos and special items)	.....
Use taxes paid on 2023 purchases	.....
Use taxes paid on 2022 state return	.....
Sales tax on autos not included above	.....
Sales taxes paid on boats, aircraft, and other special items	.....
Real estate taxes - principal residence	.....
Real estate taxes - property held for investment	.....
Foreign income taxes	.....

INTEREST PAID

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## CASH CONTRIBUTIONS

## CASH CONTRIBUTIONS

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Volunteer expenses (out-of-pocket) .....

## NONCASH CONTRIBUTIONS

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Union and professional dues.....

Tax return preparation fee.....

Safe deposit box rental.....

Investment expenses.....

Estate tax, section 691(c).....

Unreimbursed employee expenses:

Other: \_\_\_\_\_

Other: \_\_\_\_\_

2022 Amount

[illegible]

## Attach Forms 1098

[illegible]






2023	1040	US	Miscellaneous Questions
<p><b>If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.</b></p>			
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>PERSONAL INFORMATION</b> Did your marital status change during the year?	
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?	
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for \${Y+00}?	
<b>DEPENDENTS</b>			
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?	
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2023?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2023, with interest and dividend income in excess of \$1,250, or total investment income in excess of \$2,500?	
<b>HEALTH CARE COVERAGE</b>			
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement). If so, please attach.	
<b>INCOME</b>			
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?	
<b>PURCHASES, SALES AND DEBT</b>			
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in \${Y+00}?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?	
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone owe you money which has become uncollectible?	

**2023****1040****US****Miscellaneous Questions (continued)**

**If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.**

**YES****NO****RETIREMENT PLANS**☐☐

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

☐☐

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

☐☐

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

**EDUCATION**☐☐

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

☐☐

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

**ITEMIZED DEDUCTIONS**☐☐

Did you incur a loss because of damaged or stolen property?

☐☐

Did you work out of town for part of the year?

☐☐

Did you use your car on the job (other than to and from work)?

**ESTIMATED TAXES**☐☐

Did you apply an overpayment of 2022 taxes to your 2023 estimated tax (instead of being refunded)?

☐☐

If you have an overpayment of 2023 taxes, do you want the excess applied to your 2024 estimated tax (instead of being refunded)?

☐☐

Do you expect your 2024 taxable income and withholdings to be different from 2023?

**MISCELLANEOUS**☐☐

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

☐☐

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

☐☐

May the IRS discuss your tax return with your preparer?

☐☐

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

<b>2023</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions (continued)</b>
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**If any of the following items pertain to you or your spouse for 2023, please check the appropriate box and provide additional information if necessary.**

  

<b>YES</b>	<b>NO</b>	<b>MISCELLANEOUS (continued)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$17,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2023, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

<b>2023</b>	<b>1040</b>	<b>US</b>	<b>Direct Deposit &amp; Estimates (Form 1040 ES)</b>	<b>3, 6</b>
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Please enter all pertinent 2023 information.

### DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account .....

1=electronic payment of balance due .....

1=electronic payment of estimated tax .....


### BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

### 2023 ESTIMATED TAX / 1040-ES (6)

#### Federal

Overpayment applied from 2022 .....

1st quarter payment .....

2nd quarter payment .....

3rd quarter payment .....

4th quarter payment .....

Additional Estimated  
Tax Payments

Paid with extension .....

Former spouse SSN if joint estimates .....

Amount Paid	Date Paid	TS	2023 Voucher Amount

#### State

Overpayment applied from 2022 .....

1st quarter payment .....

2nd quarter payment .....

3rd quarter payment .....

4th quarter payment .....

Additional Estimated  
Tax Payments

Paid with extension .....

Amount Paid	Date Paid	TS	2023 Voucher Amount

1

#### Type of Account

- 1 = Savings  
2 = Checking

2

#### Type of Investment

- |                                       |  |
|---------------------------------------|--|
| 1 = Checking or savings (default)     | 6 = Coverdell savings account (ESA)      |
| 2 = Taxpayer's IRA (next year limits) | 7 = Other                                |
| 3 = Spouse's IRA (next year limits)   | 8 = Taxpayer's IRA (current year limits) |
| 4 = Health savings account (HSA)      | 9 = Spouse's IRA (current year limits)   |
| 5 = Archer MSA                        |  |

**3, 6**



2023	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2023 information.

**APPLICATION OF 2023 OVERPAYMENT (7.1)**

If you have an overpayment of 2023 taxes, do you want the excess refunded? ☐ or applied to 2024 estimate? ☐

Other (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2024 ESTIMATED TAX INFORMATION**

Do you expect your 2024 taxable income to be different from 2023? ..... Yes ☐ No ☐

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you expect your 2024 withholding to be different from 2023? ..... Yes ☐ No ☐

If "yes" explain any differences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

				7.1
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2023	1040	US	Partnership and S corporation Information	20.1,20.2
Please add, change or delete 2023 information as appropriate. Be sure to attach all Schedule K-1s.				
PARTNERSHIP INFORMATION (20.1)				
No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
S CORPORATION INFORMATION (20.2)				
No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
				20.1,20.2

2023	1040	US	Estate or Trust and REMIC Information	20.3,20.4
Please add, change or delete 2023 information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs.				
ESTATE OR TRUST INFORMATION (20.3)				
No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number	
REMIC INFORMATION (20.4)				
No.	Name of REMIC	Employer Identification Number		
				20.3,20.4

Series: Additional Information