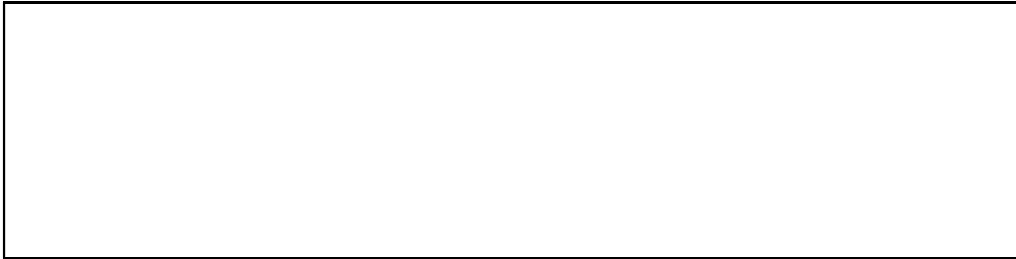


ACCOUNTING SPECIALISTS OF ASHEVILLE

2023 CLIENT ORGANIZER

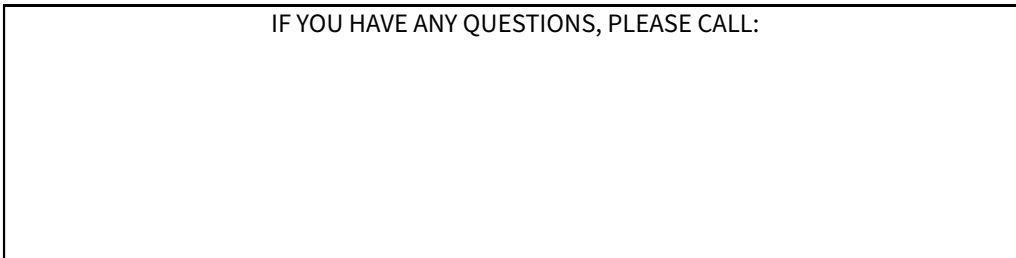


INCOME TAX ORGANIZER FOR TAX YEAR 2023

A large, empty rectangular box with a black border, intended for the user to provide tax information or write current year details.

We're providing this organizer to assist you in compiling your tax information for 2023. The enclosed pages include information from last year's tax return and spaces in which to write current year information and any questions or comments you have for us. We appreciate the opportunity to serve you.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:

An empty rectangular box with a black border, intended for the user to provide contact information if they have any questions.

GENERAL INFORMATION

2023 (MAIN
INFO) Spouse's

Taxpayer's First Name _____	M.I. _____	Spouse's First Name _____	M.I. _____
Taxpayer's Last Name _____	Suffix _____	Spouse's Last Name (if different) _____	
Taxpayer's Social Security Number _____		Spouse's Social Security Number _____	
Present Home Address _____		City, State, Zip Code _____	
E-Mail Address _____			

Filing Status: Please Check One

Single
 Married Filing Joint
 Married Filing Separately
 Head of Household
 Qualifying Widow(er)

If you selected head of household and have no dependents, list the name _____ and Social Security number _____ of your qualified child who lives with you and qualifies you for this status.

Dependents/Nondependents Qualifying for Child Care and/or EIC

Note: If any children listed below are nondependents then mark an 'X' in the column listed "Non Dep."

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months Non in home Dep.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you are claiming as a dependent a child who did not live with you, check the documents that substantiate this claim:

Pre-1985 divorce or separation agreement
 Signed Form 8332
 Post-1984 divorce or separation agreement WITHOUT CONDITIONS

Taxpayer's Birth Date _____	Spouse's Birth Date _____
Taxpayer's Occupation _____	Spouse's Occupation _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
Cell/FAX Phone _____	Cell/FAX Phone _____

State of Residency:(2-Letter Abbreviation) _____ State of Part-year Residency _____ 2nd State of Part-year Residency _____

Please use the following space for any comments you wish to make to your preparer.

W-2 INCOME

2023
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
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TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

* Please include a W-2 from each of your 2023 employers.

W-2G INCOME

2023
(W-2G)

Listed below are payers shown on your last year's income tax return.

*Please include any W-2G from each of your 2023 payers.

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____
 TAXPAYER SPOUSE

ESTIMATED TAX PAID FOR THE 2023 TAX YEAR

(FED/ST TAX)

*• Please enter only the payments to be applied to the current year tax, including any payments made in January of 2024.

Federal payments		State of ____ payments	
Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2023: _____

State/local estimate payment for 2022, due January 15, 2023, paid on or after January 1, 2023: _____

ITEMIZED DEDUCTIONS

2023
(SCH A)

	*T,S,J	2023	2022
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of medical miles	_____	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes	_____	_____	_____
Personal property taxes	_____	_____	_____
Other _____	_____	_____	_____
INTEREST PAID			
Home mortgage interest	_____	_____	_____
Points paid in purchasing new home	_____	_____	_____
Investment interest expense	_____	_____	_____
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Non-cash			
Number of charity miles	_____	_____	_____

CHILD AND DEPENDENT CARE EXPENSES

2023
(2441)

Please list all care providers and the amounts paid to them in 2023. Any information from the prior year is shown below.

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2022 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2022 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2022 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2022 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2022 AMOUNT	\$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*You may change or delete any information that does not apply to the current year.