NOTES: 1) Audits are on the rise, you must retain receipts and backup for all tax items & expenses for at least 7 years.
2) Please upload, email or mail all docs at the same time, rather than piecemeal. Copies are preferred over originals.

ph 303-598-4413 fax 303-374-5665

email cpa@cpamichele.com

3)	Please do not se			-					
	4) II you owil a	Taxpayer	or rental proper	ty, please use ti	ie organizers i	s found at www.cpamichele.com Spouse			
Name					Name		'		
SSN					SSN				
Occupation					Occupation				
Date of Birth					Date of Birth				
Email					Email				
Cell Phone #					Cell Phone #				
	icense: State, Lice	nce # Issue Dat	e Evn Date			ense: State Lice	ense #, Issue Dat	te Evn Date	
DIIVEI 3 L	icerise. State, Lice	ilise #, issue Dat	e, Exp Date		Dilver 3 Lic	ense. State, Lice	erise #, issue Dai	te, Exp Date	
	ess (city, state, zip	o):							
Direct Deposi	t Info:		i i			1			
Bank Name			Routing #			Account #			
If you want yo	our refund split be	etween bank acc	counts or used to	o purchase US Sa	avings Bonds, p	olease note belo	ow.		
					_			Lives with you	
Dependents' Name			SSN		Date of Birth		Age 12/31/23	50% or more?	
_									
Do any depen	dents have earne	ed income > \$13	,850 or investme	ent income > \$1,	250? If so, a re	eturn may be re	quired.		
For Daycare a	nd Summer/Spor	ts Camps (under	r age 13)						
	* Add list belov	-	•	list amount paid	•				
Child Provide		's Name	Provider's	Address	Tax ID#	Amount Paid	•		
Fan Callaga 0	Creat Chirdontos							•	
For College &	Grad Students:	T, 1099-Q, and S	Savings Rond Inf	io					
	Attach 1050-	-	mpleted as of	J		Tuition Paid	Other Exp Paid		
•			1/23 Name of Scho		f School	in 2023	in 2023		
			_,						
T	10 1 " "		1 520 51			1			
Total Annu	ual Contributions	to Colorado Sta	te's 529 Plan			J			
Any notes on	items listed on th	is page?							
NOTES:		, -							

## 2023 Individual Tax Organizer

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## **INCOME SOURCES - Please include copies of the following source documents:**

W-2 Wages or W-2G Gambling Income, SSA-1099 (Social Security Statement)

1099-R (pension), 1099-MISC (miscellaneous), 1099-INT (interest), 1099-DIV (dividends), 1099-G (government payments)

1099-B: Stocks, Bonds, Real Estate - must provide Purchase Price & Date, Sales Price & Date

Schedule K-1: Partnerships, S Corporations, Trust or Estate

Other Income: Alimony, jury duty, tips, prizes, awards, unreported tips

1095-A from Connect for Health (or state health insurance) Marketplace (1095-B and 1095-C are NOT needed)

ESTIMATED TAX PAYMENTS - only list amounts you paid to the IRS and state on 2023 estimated tax vouchers

- do not include amounts paid towards prior year taxes
- do not include items paid or withheld through payroll, W-2, 1099 or other withholdings

Date Amount Date Amount Date Amount Date Amount \$ Federal State \$ **HEALTH SAVINGS ACCOUNTS** - do not include amounts listed on your W-2, only those made out of pocket Taxpayer's Contribution Spouse's Contribution HSA Out of Pocket Contribution Amt \$ Was this a high deductible health plan? yes / no Was this plan for an individual or family? Individual Family RETIREMENT CONTRIBUTIONS - do not include amounts listed on your W-2, only those made out of pocket Taxpayer's Contribution Spouse's Contribution Date Made Trad'l IRA Contributions ALREADY made for 2023 \$ Roth IRA Contributions ALREADY made for 2023 \$ \$ SEP Contributions ALREADY made for 2023 If you want Knight Accounting to calculate your allowable contributions, please make note below of how much you plan to contribute before 4/15/2024 (or just write "MAXIMIZE") - do not include interest statements from student loan companies Student Loan Interest Deduction Loan Company Name Taxpayer's Interest Paid Spouse's Interest Paid Ś \$ \$ \$ Did you receive, sell, send, exchange or acquire any interest in any virtual currency? Do you have any foreign bank accounts that total \$10,000 or more? ves no If yes, did you complete the required FBAR disclosure forms to avoid IRS penalties? yes no If taxpayer/spouse is a K-12 educator, did you spend \$300 or more on supplies? Did you add central air, boiler/furnace/fan, insulation, roof, water heater, or windows/doors to your home? \$ Description Did you purchase an Electric or Hybrid Vehicle? Please provide copy of sales invoice & registration. yes nο Amount of alimony paid? Recipient's SSN \$ Amount of alimony received? Payor's SSN Date of Divorce

Total adoption expenses incurred? \$

NOTES:

Did you adopt a child?

yes / no

**Mailing Address:** 

Michele Knight, CPA Knight Accounting, LLC www.cpamichele.com

## 2023 Individual Tax Organizer

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ITEMIZED DEDUCTIONS		Actuals only,	estimates are	not accepta	ble.	
MEDICAL EXPENSES: (only lis	t if you feel they may exceed 7.5%	of your income, or if you are s	elf-employed)			
Prescription Drugs	\$ -	LongTerm Care	e-taxpayer	\$		-
Doctors, Dentists	\$ -	LongTerm Care	e-spouse	\$		-
Hospitals, Clinics	\$ -	Medical Eqpt 8	Medical Eqpt & Supplies \$			
Eyeglasses, Contacts	\$ -					
Insurance Premiums paid out	t of pocket	# Miles Driven	for Medical			
\$ -	(do not include Medicare or pre	emiums paid through an emp	loyer or paych	eck)		
TAXES:	_					
	for business? (If yes, complete pag	e 2 of small business organize	er)		yes	/ no
Real estate taxes paid on prin	• • • • • • •	, = = 0. 0	Ś	_	700	,
	d'I homes or land (NOT RENTAL PRO	OPERTIES)	\$	_		
Car Registration Taxes	Ś	-				
=	purchases (if greater than state inco	ome tax paid)	\$	-		
		. ,	<u> </u>			
	F - Please include copies of Form 10	98 for each loan:				
Mortgage Lei						
	\$	-				
	\$	-				
	\$	-				
Points Paid on Mortgage	\$ -	Date Paid	l angth o	f Mortgage		1
rollits raid off Wortgage	· -	Date Falu	Length	i wortgage		
	NS: Attach list if add'l space is need					
	H: Unless eligible for CO-specific cre	-			ć .i .	
Name of Char			Name of Chari	Ly		nated
	\$ -				\$	-
	\$ -				\$	-
	\$ -	II Ch.	: t - l - l - N A: l F	unit o a un O	\$	-
	\$ -	# Cna	aritable Miles D	riven?		
NON-C	CASH: Salvation Army Donation Guid	de posted on www.cpamichelo	e.com, under D	ownloads		
	•	•	Est. Thrift	Est. Purch	١	
	<b>Charity Name and Address</b>		Store Value	Price	Date D	onated
			\$ -	\$ -		
			\$ -	\$ -		
			\$ -	\$ -		
NOTES:						