STOP

If you work on this document in a web browser, it will not save.

- 1) Download to your computer.
- 2) Close the document.
- 3) Open from the saved location, and then begin to work.

Other helpful information

- Did you know the notes app on iPhone can scan documents into PDF? We highly prefer PDF format. Images clog the portal and are difficult to organize. Open the notes app, click new note, then click the camera button to scan to PDF.

Secure file Portal

- Please never send us sensitive information via email. We use Citrix ShareFile as our secure file sharing software. You can find a link to it on our website <u>www.cpabroomfield.com</u> or by clicking here. <u>Secure File Portal</u>

Joint returns must include two unique email addresses which will be used for digital signature.

TAX ORGANIZER

Taxpayer Informatic	on		-	e Information	
Last name		Last name			
First name		First name			
Middle Initial	dle Initial Suffix				Suffix
Social security number		Social security	number		
Occupation		Occupation			
Work phone	Ext				
Cell phone		Cell phone			
E-mail address					
Date of birth		Date of birth			
Address				Apartment nur	nber
City			·····	ZIP Code	
Home phone		number			
Dependent Information	I	1		1	
First name	MI	Social Security Number Relationship	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Julix	Relationship	of Birth		Expense
Child and Dependent Care Provider E	xpenses		I	1	
Name		Address		ID Number	Amount Paid
Education Tuition and Fees					
Attach all Form 1098-Ts and a list of your qualified	education expens	ses.			
Student Loan Interest Paid					
student loan interes	st				
				-	

Joint returns must include two unique email addresses which will be used for digital signature.

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation	
Employer Name	Amount
Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sha	ring IBAs ats
1099-R Payer Name	Amount
Attack Form(a) CCA 1000 Conside Constitute and Portofite T	
Attach Form(s) SSA-1099 – Social Security/Railroad Benefits Taxpayer	Spouse
Social Security Benefits from Form SSA-1099 Railroad Retirement Benefits from Form RRB-1099	<u> </u>
Medicare B premiums withheld	
Medicare C premiums withheld	
Medicare D premiums withheld	
Attach Form(s) 1099-MISC – Miscellaneous Income and 1099-NEC ATTACH SCHEDU	LE C ORGANIZER
1099-MISC Payer Name and 1099-NEC Payer Name	
Attach Form(s) 1099-INT – Interest Income	
1099-INT Payer Name	Amount
Attach Form(s) 1099-DIV – Dividend Income	
	A
1099-DIV Payer Name	Amount
Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc Attach all stock sale transaction information, including initial cost information.	
Other Government Forms to attach:	
Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate	e Income, Form(s) W-2G -
Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs	
Other Income:	
Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any busin Include a list of all new equipment acquired this year, including date of purchase and cost.	ness, rental or farm you own.
Тахрауег	Spouse
Retirement Plan Contributions	showse
Traditional IRA contributions made	
Roth IRA contributions made	
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	
Do not enter 401(k) contributions through an employer plan here. SEP and Individual 401(k) are for self	amployed individuals

Deductions

Medical and Dental Expenses	Amount
Prescription medicationsOut of pocket medical expenses must exceed	ed
Health insurance premiums7.5% of adjusted gross income in order to c	count
Doctors, dentists, etc as an itemized deduction. For example if you AGI is \$100k, the first \$7,500 of out of poor	011#
AGI is \$100k, the first \$7,500 of out of poor Hospitals, clinics, etcmedical expense is not deductible. The amo	cket
Eyeglasses and contact lensesover \$7,500 is deductible as an itemized	
Miles driven for medical purposesdeduction, assuming you qualify to itemize	
	·····
Other medical and dental expenses:	
Taxes	Amount
Real estate taxes paid on principal residence	
Real estate taxes paid on additional homes or land	
Auto license registration fees based on the value of the vehicle	
Other personal property taxes	
Interest Expenses Home mortgage interest paid – Attach Form(s) 1098. Lender's Name	Amount
Points paid on loan to buy, build or improve main home	
Lender's Name	Amount
Cash/Check/Credit Contributions	
	Amount
Noncash Charitable Contributions	
Attach all receipts with details listing the following information: Donee, donee address, descr your cost, value at time of donation, and how you acquired the property. List amount he	
Miscellaneous Deductions	Amount
Union and professional duesschedule	······
Professional subscriptions, books, supplies	
Uniforms and protective clothing (including cleaning)	
Job search costs	
Taxpayer educator expenses	
Spouse educator expenses	
Tax return preparation fees	
Safe deposit box rental	
Gambling losses (to the extent of gambling income)	
Other expenses (list):	

2023

Questions

2 3	Did a lender cancel any of your debt in2023? (Attach any Forms 1099-A or 1099-C) Did you make energy efficient improvements to your home or purchase any energy-saving property during 2023? If yes, please		
3	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2023? If yes, please		1
3			
	attach details Did you purchase a motor vehicle or boat during 2023 ?	H	
	If yes , attach documentation showing sales tax paid.		
4	Did you purchase a hybrid or electric vehicle in 2023? If yes, enter year, make, model, and date purchased:		
F	Please send VIN. proof of purchase, and proof of registration in Colorado		
	Did you donate a vehicle in 2023? If yes, attach Form 1098C		
6	What was the sales tax rate in your locality in 2023 ? % State ID	_	_
7	Did your marital status change during 2023?		
	If yes, explain:		_
	Were you or your spouse permanently and totally disabled in 2023?		
	Do you have dependents who must file?		
	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,500?		
	Did you provide over half the support for any other person during 2023?		Ļ
	Did you incur adoption expenses during 2023?		L
3	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?		
	Did you receive any disability payments in 2023?		
5	Did you receive tip income not reported to your employer?	\square	
6 a	Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2023? If yes , attach closing or escrow statements, 1099-C or 1099-A forms		
b	If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?		
	Did you incur any casualty or theft losses during 2023?		
8	Did you incur any non-business bad debts?		
9	Did you pay any individual for domestic services in 2023 ?		
0	Did you buy or sell any stocks or bonds in 2023 ?		
1	Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?.		
2	Did you incur any moving expenses? If yes, attach details		
3	Did you receive any income not included in this Tax Organizer?	\square	Γ
	If yes, please attach information.		_
	Do you expect your income and deductions in 2024 to be the same as 2023 ?		
	Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach		Г
	At any time during 2023, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?		F
	a Did you obtain a Paycheck Protection Program (PPP) Ioan?		F
		П	Γ
g			
28 29 30 a	b If yes, has any portion of that loan been forgiven? If you paid any alimony, enter recipient's SSN:		
	tronic rinny and Direct Deposit of Refund	Yes	N
	Ir tax return is eligible for Electronic Filing, would you like to file electronically?		L
γοι	nternal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. I receive a refund, would you like direct deposit?		
	s, please provide a voided check (not a deposit slip) if your bank account information has changed. type of account is this?	ivings	Г

ESTIMATED TAXES PAID

List dates and amounts paid for all federal estimated income taxes. Do not input W2 withholding. If you cannot remember the amounts of estimates made please create an account here. https://www.irs.gov/payments/your-online-account

Federal Estimate #1 Federal Estimate #2 Federal Estimate #3 Federal Estimate #4

Date Paid	Amount Paid			

List the dates and amounts paid for all Colorado estimated income taxes. Do not input W2 withholding. If you cannot remember the amounts of estimates made please create an account here. https://www.colorado.gov/revenueonline/_/

	Date Paid	Amount Paid
Colorado Estimate #1		
Colorado Estimate #2		
Colorado Estimate #3		
Colorado Estimate #4		

List dates and amounts for estimated state income taxes of other states. Do not input W2 withholding.

Name of State	Date Paid	Amount Paid

HEALTH INSURANCE REPORTING REQUIREMENTS

Did you purchase health insurance through a government marketplace exchange?

YES NO

If yes, please include a full copy of form 1095-A. It will look like the image below.

If you purchased insurance through a private plan or your workplace you would receive form 1095-B or 1095-C. We do not need to report B or C for Colorado residents. We only need form 1095-A.

Form 1095-A	Health	Insurance Marketplace	Statement	VOID		OMB No. 1545-2232	
Department of the Treasury Internal Revenue Service		Do not attach to your tax return. Keep for your records. ww.irs.gov/Form1095A for instructions and the latest information			RECTED	2023	
Part I Recipient Information							
1 Marketplace identifier 2 Marketplace-assigned policy number			3 Policy issuer's name				
4 Recipient's name		5 Recipient's SSN 6 Recipient's date of birth			ent's date of birth		
7 Recipient's spouse's name		8 Recipient's spouse's SSN 9 Recipient's spouse's date of			ent's spouse's date of birth		
10 Policy start date 11 Policy termination date		12 Street address (including apartment no.)					
13 City or town 14 State or province		14 State or province	15 Country and ZIP or f	oreign postal o	code		

OTHER REMINDERS

- Did you know that you can use the notes app on iPhone to scan documents into PDF? We highly prefer documents in PDF format as pictures clog the portal and are difficult to organize. Open the notes app, click new note, then click the camera button to scan to PDF.
- If you checked yes for direct deposit of refund. Please send us the bank and routing numbers.