

2023	1040	US	Tax Organizer
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Telephone number: **(501) 664-5434**
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 E-mail address:

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	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	Miscellaneous Questions
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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.

YES

NO

PERSONAL INFORMATION☐☐

Did your marital status change during the year?

☐☐

Did your address change during the year?

☐☐

Could you be claimed as a dependent on another person's tax return for \${Y+00}?

DEPENDENTS☐☐

Were there any changes in dependents?

☐☐

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?

☐☐

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?

HEALTH CARE COVERAGE☐☐

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

INCOME☐☐

Did you receive unreported tip income of \$20 or more in any month?

☐☐

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?

☐☐

Did you receive any disability income?

☐☐

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT☐☐

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

☐☐

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

☐☐

Did you buy or sell any stocks, bonds or other investment property in \${Y+00}?

☐☐

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

☐☐

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

☐☐

Did you have any debts cancelled or forgiven?

☐☐

Does anyone owe you money which has become uncollectible?

2023	1040	US	Miscellaneous Questions (continued)
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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.

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?

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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

MISCELLANEOUS (continued)☐☐

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

☐☐

Was your home rented out or used for business?

☐☐

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?

☐☐

Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?

☐☐

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?

☐☐

Did you engage the services of any household employees?

☐☐

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

☐☐

Did you or your spouse make any gifts to an individual that total more than \$17,000, or any gifts to a trust?

☐☐

Did your bank account information change within the last twelve months?

☐☐

At any time during 2023, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

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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**

	Amount Paid	Date Paid	TS	2023 Voucher Amount
Overpayment applied from 2022				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
<div style="border: 1px solid black; padding: 5px; text-align: center;">Additional Estimated Tax Payments</div>				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2023 Voucher Amount
Overpayment applied from 2022				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
<div style="border: 1px solid black; padding: 5px; text-align: center;">Additional Estimated Tax Payments</div>				
Paid with extension				

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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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:

		2023 Amount	2022 Amount
<input type="checkbox"/>		Attach Forms W-2	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

INTEREST INCOME

Payer name:

<input type="checkbox"/>		Attach Forms 1099-INT	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>		Attach Forms 1099-DIV	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>		Attach Forms 1099-R & W-2G	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
	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)	Attach Forms 1099
<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)	

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

<input type="checkbox"/>	Form SSA-1099 - Social security benefits	Attach Forms 1099
<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)	

Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits	Attach Forms 1099
<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)	

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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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2023 Amount

2022 Amount

[illegible]

Attach Tax Notice

Attach Forms 1098

Attach Forms 1098	

CASH CONTRIBUTIONS

NONCASH CONTRIBUTIONS

Series: Additional Information