NOTES: 1) 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.
- 3) Please do not send 5498 forms, 1095-B or C, receipts, annual statements or anything not specifically requested.
 - 4) If you own a small business or rental property, please use the organizers found at www.gmbookkeeping.com

		Taxpayer		<u>_</u>			Spouse	
Name				1	Name			
SSN					SSN			
Occupation				1	Occupation			
Date of Birth				1	Date of Birth			
Email				1	Email			
_				1	-			
Phone #			a. I	-	Phone #			
FILING STATUS	MFS	MFJ	Single	4				
				If Married, Spo	•			
Driver's License: S	tate, License #	, issue Date, Exp	Date	4	Driver's License	e: State, Licens	e #, Issue Date, I	хр Date
Mailing Address (d	ity, state, zip)	: Г						
Direct Deposit Info		•						
Bank Name			Routing #			Account #		
If you want your re	efund split bety		•	purchase US Sa	vings Bonds, ple		V.	
				•	-	of Birth		
Бере	endents' Name	<u> </u>	3	SSN	Date o	or Birth	Age 12/31/23	1
Do any dependent	s have earned	income > \$12,9	50 or investme	ent income > \$1,	150? If so, a ret	urn may be rec	quired.	
For Daycare and Su	ummer/Sports	Camps (under a	age 13)					
	•			: list amount paid	l per child			
Child		Provider	•	•	s Address	Tax ID#	Amount Paid	
				•				
For College & Grad	Students:							
*	Attach 1098-T	, 1099-Q, and S	_	nfo				
		# of year's cor					Other Exp Paid	
Studer	nt	12/3:	1/23	Name o	of School	in 2023	in 2023	•
Total Ann	ual Contributio	ons to State's 52	9 Plan			1		<u>I</u>
Total Alli	aar correrbatio	7113 to State 3 32	.5 1 1011			1		
Any notes on item	s listed on this	page?						
NOTES:								

ves

no

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 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

HSA Out of Pocket Contribution Amt Was this a high deductible health plan? Was this plan for an individual or family?

do not include amounts listed on your W-2, only those made out of pocket							
Taxpayer's (Contribution	_		Spouse's Contribution			
\$	-		\$	-			
	yes /	no					
		Individual	/	Family			

RETIREMENT CONTRIBUTIONS

- do not include amounts listed on your W-2, only those made out of pocket

Trad'l IRA Contributions ALREADY made for 2023 Roth IRA Contributions ALREADY made for 2023 SEP Contributions ALREADY made for 2023

Taxpayer's Contribution		Spouse's Contribution	Date Made
\$	-	\$ -	
\$	-	\$ -	
\$	-	\$ -	

If you want GMB to calculate your allowable contributions, please make note below of how much you plan to contribute before 4/15/2024 (or just write "MAXIMIZE")

Student Loan Interest Deduction	- do not include interest statements from student loan companies					
Loan Company Name		Taxpayer's Interest Paid	Spouse's Interest Paid			
	\$	-	\$ -			
	\$	-	\$ -			

Did you receive, sell, send, exchange or acquire any interest in any virtual currency? yes / no 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? ves / no Did you purchase an Electric or Hybrid Vehicle? Please provide copy of sales invoice & registration. yes / no

If taxpayer/spouse is a K-12 educator, did you spend \$300 or more on supplies?

Did you add heat pumps, boiler/furnace/fan, insulation, roof, water heater, or windows/doors to your home?								
	Cost	\$ -	Description					
	Cost	\$ -	Description					
Amount of alimony paid?			\$ -	Recipient's SSN				
Amount of alimony received?			\$ -	Payor's SSN				
Date of Divorce								
Did you adopt a child? ves / no			To	otal adoption expenses incurred? \$ -				

Did you adopt a child?	yes / no	Total adoption expenses incurred?	\$ -
NOTES:			

## ACTION CONTRIBUTIONS: A CHARITABLE CONTRIBUTIONS: Attach list if add'l space is needed. Please include whether you itemize or not. **CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records **S. CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records Name of Charity S donated **S. CASH: Do not send receipts, but keep for your records **S. CASH: Do not send receipts, but keep for your records **S. CASH: Do not send receipts, but keep for your records **S. CASH: Do not send receipts, but keep for your records **S. CASH: Do not send receipts, but keep for your records **S. CASH: Do not send receipts, but keep for your records **S. CASH: Do not send receipts, but keep for your records **S. CASH: Do not send receipts, but keep for your records **S. C	iumora, vi 05501						
LongTerm Care-taxpayer Species, Dentists Species, Dentists Species, Dentists Species, Contacts Species	TEMIZED DEDUCTIONS			Actuals only, estir	nates are	not acceptab	le.
LongTerm Care-spouse S S S S S S S S S	MEDICAL EXPENSES: (only list if you	u feel they may exceed 7.59	% of your income	, or if you are self-	employed)		
Medical Eqpt & Supplies S	Prescription Drugs \$	-		LongTerm Care-tax	payer	\$	-
yeglasses, Contacts S	Ooctors, Dentists \$	-		LongTerm Care-spo	use	\$	-
AXES: Ob you claim a home office for business? (If yes, complete page 2 of small business organizer) So you claim a home office for business? (If yes, complete page 2 of small business organizer) So you claim a home office for business? (If yes, complete page 2 of small business organizer) So you claim a home office for business? (If yes, complete page 2 of small business organizer) Yes / no So	Hospitals, Clinics \$	-		Medical Eqpt & Sup	plies	\$	-
Charity Name and Address Good not include Medicare or premiums paid through an employer or paycheck	Eyeglasses, Contacts \$	-					
AXES: No you claim a home office for business? (If yes, complete page 2 of small business organizer) Ves / no ves	nsurance Premiums paid out of poc	ket		# Miles Driven for N	∕ledical		
Solution	\$ - (do	not include Medicare or p	remiums paid th	rough an employer	or payche	ck)	
teal estate taxes paid on principal residence leal estate taxes paid on add'l homes or land (NOT RENTAL PROPERTIES) \$	TAXES:						
teal estate taxes paid on add'l homes or land (NOT RENTAL PROPERTIES) tar Registration Taxes S otal sales tax paid on large purchases (if greater than state income tax paid) S interest Paid S - Date Paid Length of Mortgage Tr Residents: Do you claim Homestead? Yes / no **If yes, please provide tax bill otal Rent Payments Made in 2023: CHARITABLE CONTRIBUTIONS: Attach list if add'l space is needed. Please include whether you itemize or not. CASH: Do not send receipts, but keep for your records Name of Charity \$ S -	Oo you claim a home office for busi	ness? (If yes, complete pag	ge 2 of small bus	ness organizer)			yes / no
Ar Registration Taxes Fotal sales tax paid on large purchases (if greater than state income tax paid) FOME MORTGAGE INTEREST - Please include copies of Form 1098 for each loan: Mortgage Lender/Bank Interest Paid S - S - S - S - S - S - S - S - S - S	Real estate taxes paid on principal re	esidence		\$		-	
otal sales tax paid on large purchases (if greater than state income tax paid) S	Real estate taxes paid on add'l home	es or land (NOT RENTAL PR	OPERTIES)	\$		-	
IOME MORTGAGE INTEREST - Please include copies of Form 1098 for each loan: Mortgage Lender/Bank	Car Registration Taxes	\$	-				
Mortgage Lender/Bank Interest Paid \$ - \$ - \$ Soints Paid on Mortgage \$ - Date Paid Length of Mortgage To Residents: Do you claim Homestead? Yes / no **If yes, please provide tax bill Sotal Rent Payments Made in 2023: CHARITABLE CONTRIBUTIONS: Attach list if add'l space is needed. Please include whether you itemize or not. CASH: Do not send receipts, but keep for your records Name of Charity \$ donated \$ \$ - \$	otal sales tax paid on large purchas	ses (if greater than state inc	come tax paid)	\$		-	
Mortgage Lender/Bank Interest Paid \$ - \$ - \$ Soints Paid on Mortgage \$ - Date Paid Length of Mortgage To Residents: Do you claim Homestead? Yes / no **If yes, please provide tax bill Sotal Rent Payments Made in 2023: CHARITABLE CONTRIBUTIONS: Attach list if add'l space is needed. Please include whether you itemize or not. CASH: Do not send receipts, but keep for your records Name of Charity \$ donated \$ \$ - \$	IOME MORTGAGE INTEREST - Plea	se include copies of Form 1	1098 for each loa	n:			
S S S S S S S S S S		-	2030 101 cacil loa				
S Date Paid Length of Mortgage S Date Paid S Date Paid S Date Paid S Date Paid Date Donated S Date Donated Date Donated S Date Donated S Date Donated S Date Donated S Date Donated Date D			-				
S Date Paid Length of Mortgage S Date Paid S Date Paid S Date Paid S Date Paid Date Donated S Date Donated Date Donated S Date Donated S Date Donated S Date Donated S Date Donated Date D		\$	-				
Points Paid on Mortgage \$ - Date Paid Length of Mortgage TT Residents: Do you claim Homestead? Yes / no **If yes, please provide tax bill Potal Rent Payments Made in 2023: CHARITABLE CONTRIBUTIONS: Attach list if add'l space is needed. Please include whether you itemize or not. CASH: Do not send receipts, but keep for your records Name of Charity \$ donated \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$			-				
TResidents: Do you claim Homestead? Otal Rent Payments Made in 2023: CHARITABLE CONTRIBUTIONS: Attach list if add'l space is needed. Please include whether you itemize or not. CASH: Do not send receipts, but keep for your records Name of Charity \$ donated \$ -		<u> </u>					
CHARITABLE CONTRIBUTIONS: Attach list if add'l space is needed. Please include whether you itemize or not. CASH: Do not send receipts, but keep for your records Name of Charity \$ donated	Points Paid on Mortgage \$		Date Paid		Length of	f Mortgage	
CHARITABLE CONTRIBUTIONS: Attach list if add'l space is needed. Please include whether you itemize or not. CASH: Do not send receipts, but keep for your records Name of Charity \$ donated	/T Residents: Do you claim Homest	ead? yes / no	**If yes, please	provide tax bill			
CHARITABLE CONTRIBUTIONS: Attach list if add'l space is needed. Please include whether you itemize or not. CASH: Do not send receipts, but keep for your records Name of Charity \$ donated \$ - \$ \$	Total Pent Dayments Made in 2022		<u>-</u> 1				
CASH: Do not send receipts, but keep for your records Name of Charity \$ donated \$ -	·						
Name of Charity \$ donated \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	* CHARITABLE CONTRIBUTIONS: At			-	emize or no	ot.	
\$ - \$ -	Name of Charity		receipts, but kee		o of Charit	v	¢ donatod
S	Name of Charty	·	۱ ۱	INAIII	e or Charit	У	
\$ - \$ - #Charitable Miles Driven? Store Value Price Date Donated Store Value Price Date Donated Store Value Store			-				
S # Charitable Miles Driven?			1				
NON-CASH: Est. Thrift Est. Purch Store Value Price Date Donated \$ - \$ - \$ - \$ \$ - \$ - \$ \$ - \$ - \$ \$ - \$ -			-	# Chawitah	ala Nailaa D	niu an 2	\$ -
Est. Thrift Est. Purch Store Value Price Date Donated \$ - \$ - \$ - \$ \$ - \$ - \$ \$ - \$ - \$ \$ - \$ -		\$ -	J	# Charitat	Die Milies D	rivenr	
Est. Thrift Est. Purch Store Value Price Date Donated \$ - \$ - \$ - \$ \$ - \$ - \$ \$ - \$ - \$ \$ - \$ -			NON-CASH:				
\$ - \$ - \$ - \$ - \$ - \$ -				E	st. Thrift	Est. Purch	
\$ - \$ - \$	Cł	narity Name and Address		Sto	ore Value	Price	Date Donated
\$ - \$ -				\$	-	\$ -	
				\$	-	\$ -	
NOTES:				\$	-	\$ -	
NOTES:							
	NOTES:						
•	l						
	•						