

## TAX INFORMATION ORGANIZER

Taxpayer Name		SSN	DOB
Spouse Name		SSN	DOB
Address	Home Phone Number		
	Mobile Phone Number (T)		
	Mobile Phone Number (S)		
Email Address (T)			
Email Address (S)			

### DEPENDENTS

Name	Social Security #	Relationship to you	Date of Birth	# months in home	College Student?

### CHILDCARE

Provider	Address	EIN or SSN	Amount Pd

### ESTIMATED TAX PAID FOR 2023

<u>Federal</u>		<u>Resident State</u>		<u>Other State-</u>	
Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpmt fr 2022		Overpmt fr 2022		Overpmt fr 2022	
/ /		/ /		/ /	
/ /		/ /		/ /	
/ /		/ /		/ /	
/ /		/ /		/ /	
Total paid for 2023		Total paid for 2023		Total paid for 2023	

### UNEMPLOYMENT

	SC/NC Other -	Amount Received	Federal With- holding	State With- holding
Taxpayer				
Spouse				
Total Received				

### SOCIAL SECURITY

	Amount Received	Federal With-holding
Taxpayer		
Spouse		
Total		

**W-2 Information**

Employer	(T)axpayer (S)ouse	Box 1 Gross Wages	Box 2 Federal WH	Box 15 State	Box 17 State WH
<b>Total</b>					

**Interest Income**

**Dividend Income**

Source of Interest	Taxable Interest	Non Taxable Interest	Withdrawal Penalty
<b>Total</b>			

Source of Dividend	Ordinary	Qualified	Cap. Gain	Div	Foreign Tax Paid
<b>Total</b>					

**Retirement Income (1099-R)**

Name of Retirement Plan	(T)axpayer (S)ouse	Distribution Code	IRA ? (Y/ N)	Gross Distribution	Taxable Distribution	Federal WH	State WH
<b>Total</b>							

**Sales of Stocks (1099-B), Real Estate (1099-S), Etc.**

Description	Acquired	Date Sold	Sales Price Wash	Cost/Basis	Gain/ Loss	ST/LT	Basis to IRS? Y/N

**PLEASE CHECK IF ANY OF THESE APPLY FOR 2023:**

- Did you start a business or rent property to others during the year?
- Do you own foreign accounts that total \$50,000 or more?
- Did you buy or sell stocks, bonds, or investment property?
- If you purchased, sold, or refinanced any real estate, bring the closing statements.
- Did you started or completed an adoption process,? Documents and receipts are required.
- If a **noncustodial** parent claiming a child, **Form 8332** is required.
- Did you have a child under age 19 or a fulltime students under the age of 24 on January 1, 2023 with gross income over \$1,250 or total investment income over \$2,500?\*
- Did you contribute to a 529 plan?

- Did you make total gifts to a person or trust that were more than \$17,000?
  - Did you pay or receive alimony? (Do not include child support)
- (Check One)**     Received     Paid
- Name \_\_\_\_\_  
 SS# \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Divorce Date \_\_\_\_\_
- Can we discuss your tax return with the IRS or state?
  - Other income:  
 Form 1099C or A \_\_\_\_\_  
 Jury Duty \_\_\_\_\_  
 Form 1099 PATR \_\_\_\_\_  
 Other: \_\_\_\_\_

Medical Deductions	
Medical Insurance Premiums (Not paid thru employer)	
Long Term Care Insurance Premiums (T)	
	(S)
Medical Miles: _____ x 22¢	
Prescriptions _____	
Eyeglasses /Contacts _____	
Doctors/Dentists _____	
Hospitals _____	
Nursing Home _____	
In-Home Care _____	
Lodging Expenses _____	
Total Other Medical Expenses:	
<b>TOTAL</b>	

Interest Paid	
Home Mortgage Interest (1st Mortgage)	
Home Mortgage Interest (2nd Mortgage)	
Equity Line of Credit if used to buy, build or improve the home that secures the loan	
Points Paid for Home Loan	
Mortgage Insurance Premiums-PMI	
Investment/Margin Interest	
Required Infomation/Seller Financed	
Name: _____	
Address: _____	
SSN #: _____	
<b>TOTAL</b>	

Taxes Paid	
2023 Additional State Tax Paid	
Real Estate Taxes	
Personal Property Taxes	
Sales Tax Paid on Large Items	
<b>TOTAL</b>	

Charitable Contributions- Receipts Required	
Cash or Check Contributions	
Property or Clothes Contributions (Must fill out Non-Cash form)	
Mileage Driven for Charitable Activities	
(T) _____ x .14	
(S) _____ x .14	

- Fuel Credits**
- Did you purchase gas for off-road business use? # of gallons \_\_\_\_\_
  - Did you purchase diesel for off-road business use? # of gallons \_\_\_\_\_
  - Did you purchase kerosene or propane for off-road busi-

- SC Motor Fuel Income Tax Credit**
- To claim the SC Motor Fuel Income Tax Credit you must complete Form SC I-385. This can be found on our webpage. Receipts for gas and maintenance are required.

**Adjustments to Income**

Did you contribute to a health savings account (HSA) in 2023?  
 (Check One) Individual \_\_\_\_\_ Family Plan \_\_\_\_\_  
 Amt. contributed that was NOT DEDUCTED from wages \_\_\_\_\_  
 HSA Distribution \_\_\_\_\_  
 Education Loan Interest \$ \_\_\_\_\_

Self-Employed Health Ins (T) \_\_\_\_\_ (S) \_\_\_\_\_  
 Educator Expenses Paid (T) \_\_\_\_\_ (S) \_\_\_\_\_  
 Traditional IRA Contributions (T) \_\_\_\_\_ (S) \_\_\_\_\_  
 ROTH IRA Contributions (T) \_\_\_\_\_ (S) \_\_\_\_\_  
 SEP Contributions (T) \_\_\_\_\_ (S) \_\_\_\_\_

Miscellaneous Deductions	
Gambling Losses	

Casualty Loss
Description of Event:
Date of Casualty/Loss:
Original Cost
Fair Market Value before Casualty
Fair Market Value after Casualty
Insurance Proceeds Received

Education (Form 1098-T - Required)			
Student	Tuition	Scholarship	Books and Fees

South Carolina Education Credit			
<i>Transcript Required for SC Tuition Credit</i>	Spring	Summer	Fall
Tuition			
Credit Hours			
Scholarships /Grants			
Did student receive Life or Palmetto Scholarship? (YES) ___ (NO) ___			
Yr of HS graduation _____ Name of HS _____			
1st College Attended _____ Date _____			

Insurance	
What Type of Insurance Do You Carry	
<b>*If You Have Market Place Insurance You Must Bring Your Form 1095 A or 1095 C</b>	

**South Carolina - Additional Information**

Homeowners Insurance on Primary Residence	
Total Years in Active Military Service	
Total Years in Inactive or National Guard Service	
Cost of Economic Impact Zone Stock	
Amount of Fed Estate Tax in Paid 2023	

SC Police/Officers - # of Work Days	
SC Firefighters/Volunteer Points	
Military Retiree ?	
Have you adopted a special needs child?	

Do you expect significant changes in income, expenses, or dependents in 2024? If yes, please explain below.

**NOTES:**

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The information supplied in this organizer is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date \_\_\_\_\_