## Prepared By:

Bee, Bergvall \& Co.
PO Box 754
Warrington, PA 18976-0754

## Prepared For:

## 2023 Client Organizer

## From:

To:

Bee, Bergvall \& Co.<br>PO Box 754<br>Warrington, PA 18976-0754<br>

## 2023 Client Organizer

This information is complete and correct to the best of my (our) knowledge.
$\qquad$ Date $\qquad$
$\qquad$ Date $\qquad$

Please check the appropriate box and include all necessary details and documentation.

Yes No

## Required Questions

Would you like to receive your return via SafeSend with digital signing?
Did you at any time during 2023:
Buy, sell, trade or mine cryptocurrency, move cryptocurrency between exchanges or wallets?
Receive units of cryptocurrency from another individual, business, crypto exchanges or other entity?
Use cryptocurrency to make any purchases of goods or services?
Receive cryptocurrency as wages, interest income,
or from mining or staking income?
Did you incur any storm damage due to a federally declared disaster?
If yes, please provide us with documentation of damage.

## Personal Information

Did your marital status change during the year? If yes, explain:
Did your address change from last year?

## Dependent Information

Were there any changes in dependents from the prior year?
If yes, explain:
Did you pay for child care while you worked or looked for work?

## Purchases, Sales and Debt Information

Did you start a new business or purchase rental property during the year?
Did you acquire a new or additional interest in a partnership or $S$ corporation?
Did you sell, exchange, or purchase any real estate during the year?
Did you refinance a principal residence or second home this year?
Did you sell an existing business, rental, or other property this year?

## Itemized Deduction Information

Did you pay any large out-of-pocket medical expenses?
If yes, please provide a summary.
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
If yes, please provide a summary of these contributions and evidence such
as a receipt from donee organization, a canceled check, or record of payment, to substantiate all contributions made.

## Income Information

Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
Did you make any withdrawals from an education savings or 529 Plan account?
Did you receive any unemployment benefits during the year?
Did you receive any disability income during the year?
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
Do you expect a large fluctuation in income, deductions, or withholding next year?
Did you have any foreign income or pay any foreign taxes during the year, directly
or indirectly, such as investment accounts or partnerships?
Did you receive any income from property sold prior to this year?

## Miscellaneous Information

Did you make gifts of more than $\$ 16,000$ to any individual?
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
Did you make any contributions to an education savings or 529 Plan account?
Did you utilize part of your home as your principal place of business?
Did your employer requre you to have a suitable work area in your home AND
were you required to work from home?
Did you retire or change jobs this year?
Did you receive correspondence from the State or the Internal Revenue Service?
If yes, explain:
Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter.
Do you want to designate $\$ 3$ to the Presidential Election Campaign Fund/?
If you check yes, it will not change your tax or reduce your refund.
May the IRS discuss your return with your preparer?
Are you a New Jersey resident and if so are you a veteran?

If you paid Federal, State or Local estimates please fill the section below:


## Please also provide us with the following information, if applicable:

W-2s for wages, salaries and tips.
Any 1099 forms for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
Brokerage statements showing investment transactions for stocks, bonds, etc.
Schedule K-1 from partnerships, S corporations, estates and trusts.
Statements for mortgage interest, student loan interest, taxes, and charitable contributions.
Copies of closing statements regarding the sale or purchase of real property.
Statements regarding healthcare and the premiums paid (e.g. 1095A, 1095B, 1095C).
Any statements provided by a college regarding qualified tuition payments.
Legal papers for adoption, divorce, or separation involving custody of your dependent children.
Any tax notices sent to you by the IRS or other taxing authorities.
A copy of your tax return from last, if it was not prepared by this office.

Provider information:
Business name
First and Last name
Street address
City, state, and zip code
Social security number OR Employer identification number
Tax Exempt or Living Abroad Foreign Care Provider $(1=\mathrm{TE}, 2=\mathrm{LAFCP})$
Amount paid to care provider in 2023
Employer-provided dependent care benefits that were forfeited

## NOTES/QUESTIONS:

## Salary and Wages

Please provide all copies of Form W-2 that you receive.
Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.
T/S

Retirement: 1099R

## Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive. Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.
T/S

## Income: K1, K1T <br> Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J
Description
Form
Mark if no longer
— $\qquad$
$\qquad$ applicable


Income: W2G

## Gambling Income

Please provide all copies of Form W-2G that you receive.
Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S $\quad$ Description $\quad$\begin{tabular}{c}

| Prior Year |
| :---: |
| Information |

\end{tabular}

## Educate: 1099Q <br> Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S
Description
$\qquad$
$\qquad$

Prior Year Mark if no longer Information
applicable


## NOTES/QUESTIONS:

Please provide all copies of Form 1099-INT or other statements reporting interest income.

| Income: B 3 |  | Payer Name | Prior Year <br> Information |
| :--- | :--- | :--- | :--- | :--- |
| Interest |  |  |  |
| Income |  |  |  |


Income: B2 $\quad$ Dividend Income


## Income: D <br> Sales of Stocks, Securities, and Other Investment Property

| Please provide copies of all Forms 1099-B and 1099-S. |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| T/S/J | Description of Property | Date Acquired | Date Sold | Gross Sales Price (Less expenses of sale) | Cost or Other Basis |
| - |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| - |  |  |  |  |  |
| Income: Income | Other Income |  |  |  |  |

Please provide copies of all supporting documentation.


Traditional IRA Contributions for 2023-
If you want to contribute the maximum allowable traditional IRA contribution amount,
enter the applicable code: ( $1=$ Deductible only, $2=$ Both deductible and nondeductible)
Enter the total traditional IRA contributions made for use in 2023
Roth IRA Contributions for 2023 -
Mark if you want to contribute the maximum Roth IRA contribution
Enter the total Roth IRA contributions made for use in 2023



| T/S/J |  | 2023 Information | Prior Year Information |
| :---: | :---: | :---: | :---: |
| - | Medical and dental expenses |  | 1 |
| - | Medical insurance premiums you paid*** |  |  |
| - | Long-term care premiums you paid*** |  |  |
|  | Prescription medicines and drugs |  |  |
|  | Miles driven for medical items (22 cents) |  |  |


| Itemized: A1 | Tax Expenses |  |  |
| :---: | :---: | :---: | :---: |
| T/S/J |  |  |  |
| - | State/local income taxes paid |  |  |
| - | 2023 Information |  |  |
| - | Sales tax paid on actual expenses |  |  |
| - | Real estate taxes paid |  |  |
| - | Personal property taxes |  |  |
| - | Other taxes |  |  |

Itemized: A2 Interest Expenses

| T/S/J | Home mortgage interest From Form 1098 |  | 2023 Information | Prior Year Information |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
| T/S/J | Other home mortgage interest paid to individuals: Payee's Name | SSN or EIN | 2023 Information | Prior Year Information |  |
| Address |  | City |  | State | Zip Code |
| T/S/J |  |  | 2023 Information |  | ar Information |
| Investment interest expense, other than on Sch K-1s: |  |  |  |  |  |
| Refinancing Information: Refinance \#1T/S/J |  |  | Refinance \#2 |  |  |
|  |  | - |  |  | - |
| Recipient/Lender name |  |  |  |  |  |
| Total points paid at time of refinance |  |  |  |  |  |
| Date of refinance |  |  |  |  |  |
| Term of new loan (in months) |  |  |  |  |  |
| Reported on Form 1098 in 2023 |  |  |  |  |  |




Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct.
Primary account:
Financial institution routing transit number
Name of financial institution
Your account number
Type of account ( $1=$ Savings, $2=$ Checking, $\left.3=\operatorname{IRA} A^{*}\right)$


Secondary account \#1:
Financial institution routing transit number
Name of financial institution $\qquad$
Your account number
Type of account ( $1=$ Savings, $2=$ Checking, $\left.3=\operatorname{IRA} A^{*}\right)$
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)
Enter the maximum dollar amount, or percentage of total refund
Dollar $\qquad$ or Percent (xxx.xx)

Secondary account \#2:
Financial institution routing transit number
Name of financial institution
Your account number
Type of account ( $1=$ Savings, $2=$ Checking, $\left.3=\operatorname{IRA} A^{*}\right)$
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)
Enter the maximum dollar amount, or percentage of total refund Dollar
or Percent (xxx.xx)
*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

## Identity Authentication

## Taxpayer -

Form of identification ( 1 = Driver's license, $2=$ State issued identification card, $3=$ No applicable identification, $4=$ Identification not provided)
Identification number
Issue date
Expiration date
Location of issuance
Document number (New York only)

## Spouse -

Form of identification ( $1=$ Driver's license, $2=$ State issued identification card, $3=$ No applicable identification, $4=$ Identification not provided)
Identification number
Issue date
Expiration date
Location of issuance
Document number (New York only)

## NOTES/QUESTIONS:

If you have an overpayment of 2023 taxes, do you want the excess:
Refunded
Applied to 2024 estimated tax liability
Do you expect a considerable change in your 2024 income? (Y, N)
If yes, please explain any differences:
$\qquad$
Do you expect a considerable change in your deductions for 2024? (Y, N)
If yes, please explain any differences:

If yes, please explain any differences:
$\qquad$
$\qquad$
$\qquad$
Do you expect a change in the number of dependents claimed for 2024? (Y, N)
If yes, please explain any differences:

| [70] |
| :--- |
| [71] |
| [72] |
| [73] |
| [74] |

## 2023 Federal Estimated Tax Payments

2022 overpayment applied to 2023 estimates
$+$[1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields.

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

|  | Date Due | Date Paid if After Date Due |  | Amount Paid | Calculated Amount | Method* |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1st quarter payment | 04/18/23 | $\underline{[6]}$ | $+$ | [_[7] |  |  |
| 2nd quarter payment | 06/15/23 | [8] | + | [ [9] |  |  |
| 3 rd quarter payment | 09/15/23 | [10] | + | [11] |  |  |
| 4th quarter payment | 01/16/24 | [12] | + | [ [13] |  |  |
| Additional payment |  | [14] | + | _[15] |  |  |


| *Method of payment indicated in prior year |
| :--- | :--- |
| EFW = Electronic funds withdrawal $\quad$ EFTPS = Electronic Federal Tax Payment System |
| Voucher = Form 1040-ES estimated tax payment voucher |

## NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J)

Amount paid with 2022 return
2022 overpayment applied to ' 23 estimates
Treat calculated amounts as paid
$\qquad$

| Date Paid | Amount Paid |  | Calculated Amount |
| :---: | :---: | :---: | :---: |
| 1st quarter payment |  |  |  |
| 2nd quarter payment | + |  |  |
| 3rd quarter payment | + |  |  |
| 4th quarter payment | + |  |  |
| Additional payment | + |  |  |

## 2023 City Estimated Tax Payments

## City \#1

| City name | [28] | City name | [50] |
| :---: | :---: | :---: | :---: |
| Amount paid with 2022 return | [31] | Amount paid with 2022 return |  |
| 2022 overpayment applied to '23 estimates | [32] | 2022 overpayment applied to '23 estimates | + |
| Treat calculated amounts as paid | _[36] | Treat calculated amounts as paid | [58] |


|  | Date Paid |  | Amount Paid |  | Date Paid |  | Amount Paid |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1st quarter payment | [37] |  | [ [38] | 1st quarter payment | _[59] |  | _[60] |
| 2nd quarter payment | [39] |  | [40] | 2nd quarter payment | [61] | + | ${ }^{[62]}$ |
| 3 rd quarter payment | [41] | + | $\sim^{[42]}$ | 3rd quarter payment | [63] | + | [64] |
| 4th quarter payment | [43] | + | _[44] | 4th quarter payment | [65] | + | [66] |

## Calculated Amount

1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment

## Calculated Amount

1st quarter payment 2nd quarter payment
3rd quarter payment
4th quarter payment

## City \#3


$\qquad$ [72] City name
City \#4

## Calculated Amount

1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment


| Amount Paid |
| :---: |
| + |
| + |
| + |
| $+$ |

## Calculated Amount



Taxpayer name(s)
Social security number

