2023 Client Organizer

Wheeler's Tax Service 110 S Joseph St Appleton, WI 54915-3144 (920)731-7859

www.wheelerstax.com info@wheelerstax.com

PERSONAL INFORMATION

If filing status, dependents or con-	tact inform	ation changed f	rom prio	or year, check here 🔘	
Taxpayer					
Legal First Name & Initial					
Preferred Name					
Last Name					
Social Security No.					
Date of Birth					
Occupation					
Pronouns Used					
Home Phone					
Work Phone					
Other Phone					
E-mail Address					
Street Address					
City		St	Zip		
Driver's License/ID No.		_		State	
	Iss Date			Exp Date	
Spouse					
Legal First Name & Initial					
Preferred Name					
Last Name					
Social Security No.					
Date of Birth					
Occupation					
Pronouns Used					
Home Phone					
Work Phone					
Other Phone					
E-mail Address					
Street Address					
City		St	Zip		
Driver's License/ID No.				State	
	Iss Date			Exp Date	

If you moved during 2023, enter your previous address.

Marital Status at 12/3 Did you become divor		_		Separated year?	Surviv Yes	ving Spouse No	Unsure
Were there any death	•		.0 -	, :	Yes	No	
Have you received any notice from the IRS or state revenue department in the past year?						ast year?	
·				Yes	No .	•	
		Bank info	rmatio	n for direct	deposi	t or debit	
Bank							
			Acct				
Account is		Checking		Savings			
Do you want to use ar	ny of your re	fund to pu	ırchase	e Series I Bo	nds?	Yes	No
		equired D	ocume	nt Checklist	• •	• •	- (: (22 + 222)
All Wage Statemer		(1200 B)			Social Security/RR Benefits (SSA-1099)		
All Pension, Annuit	•	-			Interest Income Statements (1099-INT)		
All Trust and Estate		• •			Dividend Income Documenst (1099-DIV)		
Property Sold Doc		99-S)			Day Care Statements		
Real Estate Tax Bill					Home Refinancing Documents		
Health Ins Market					Education Forms (1098-T, 1099-Q)		
Unemployment Income Statement (1099-G)				Other Income Statements			
Last 2 years of returns if new client				(1099-Misc, 1099-NEC, W-2G, 1099-K)			
			l	Dependents	5		
Months							
	Relation-			living with		Check if	
Name	ship	DOB	SSN	you	Student	Disabled	Dep Gross Income

•		QUESTIONS
Yes	No	Are you or your spouse legally blind?
Yes	No	Did you purchase health insurance through a public exchange? Include 1095-A
Yes	No	Did you receive unemployment or disabilty income?
Yes	No	Are you a member of the military? Please include your end of year LES and state of residency.
Yes	No	Did you purchase, sell, or refinance any of your homes or take an equity loan?
Yes	No	Did you convert a traditional/SEP/SIMPLE IRA to a Roth IRS?
Yes	No	Did you, or will you, contribute to an IRA for 2023 (outside of payroll contributions)?
		TraditionalRoth
Yes	No	Can you be claimed as a dependent on another person's tax return?
Yes	No	Did you make any clean energy home improvements or purchase an electric vehicle?
Yes	No	Did you use any mortgage loan proceeds for purposes other than to buy, build or improve your home?
Yes	No	Did you receive income from a sharing/gig ecomony activity? (e.g. Airbnb, Uber,etc)
		Did you forclose, file bankruptcy, have repossession, debt forgiveness, or debt consolidation
Yes	No	procedures? Bring 1099-C
Yes	No	Do you have any financial interest in a foreign bank account or foreign trust?
Yes	No	Do you have any income from or did you live in a foreign country?
Yes	No	Did you make any purchases from a catalog or internet and not pay sales tax?
Yes	No	Have you purchased any Series I Bonds, Series EE Bonds, or Treasuries in the last few years?
		If so, check your TreasuryDirect account for any 1099-INT forms
Yes	No	Did you have any education expenses for you or dependents?
Yes	No	Do you expect any significant changes in income or deductions in 2023?
Yes	No	Did you pay anyone for domestic services (e.g., nanny, housekeeper, cook, caretaker) in your home?
Yes	No	Did you (A) receive (as a reward, award, or payment for property or services); or (B) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (Digital assets include cryptocurrencies, NFTs, and stablecoins)

Adjustments to Income Alimony Paid \$ Date of Divorce:// Name:	Other Income Alimony Received \$ Date of Divorce:/ Gambling/Lottery Winnings \$ *Bring W-2Gs* Jury Duty \$ Disabilty Income \$ State Income Tax Refund \$ Other \$			
Student Loan Interest Health Savings Account	\$ \$ \$ \$	_ Other)
Tuition paid K-12 Private School College tuition paid	\$ \$	Include	e statement from e 1098-T, 1099-Q,	school school account statement
D		ments Sold	on Clina	
Investment	ring all 1099-Bs a Date Acq	Date Sold	Basis (Cost)	Sale Price
	State Ir	nformation		
If rent paid: Amount \$		Number of M	onths	Heat included Yes No
	Health/Long Te	erm Care Insura	ince	
Paid for health Insurance - Employer Paid for health insurance - not employer Paid for health insurance - employer	oyed or retired	ute	\$ \$ \$	\$pouse \$ \$ \$
Amount paid for Long Term Care Ins	urance		\$	\$
NOTE_ If health insurance premums	are deducted p	ore-tax, disrega	rd.	
Did you make any contributions to a Beneficiary	n Edvest or Tom	orrow's Scholar	Amount	
Children cared for: Was a flex spending acct used to pay		of the care exp		
Yes Amount \$ or No Provider Name	TOT SOME OF AIR		Provider Name Address	
SSN/FIN	Amount Pd:		SSN/FIN	Amount Pd:

Estimated Tax Payments (if applicable)

		ayments (ii applicable)
	Federal	State
Prior Year - Jan 17,	2023	Prior Year - Jan 17, 2023
1st Qtr - Apr 18, 20)23	1st Qtr - Apr 18, 2023
2nd Qtr - June 15,	2023	2nd Qtr - June 15, 2023
3rd Qtr - Sep 15. 20	023	3rd Qtr - Sep 15, 2023
4th Qtr - Jan 16, 20)24	4th Qtr - Jan 16, 2024
To	otal	Total
		
	Itemiz	ed Deductions
Medical/Dental Ex	penses	Charitable Contributions (Receipts Req)
Medical Ins Prem (Church Cash Contributions
Long Term Care Ins	· · · · · —	Other Cash Contributions
Prescription Drugs		_
Glasses, Contacts		 Donted Goods
Hearing Aids, Batte	eries	Orgaqnization Donated To and Address
Medical Equipmen		
Hospital		
Doctor, Dentist, Sp	ecialist	
Medical Miles	Jan - June	Volunteer Miles
	July - Dec	
Other		_
Real Estate Taxes I	Paid	Miscellaneous Expenses (not work related)
	Primary Residence	Gambling Losses
	Tax Bills	Losses require documentee substantiation
Other Real Estate		Other
Personal Property		Other
	bile home, Vehicles (depends on s	
Sales Tax	blie florife, verifices (depends of s	Other
Other		
Other		_
Mortgage Interest	Evnança	·
Mort Int Paid - Brir		_
Equity Line of Cred		_
		_
Use of Equity Loan		_
Interest pd to othe		_
Paid to		
	Address	<u> </u>
		<u> </u>
	SSN-EIN	
Investment Interes	it	