

TAX ORGANIZER

Tax Year _____ Filing Status _____
Taxpayer's Name _____ Date of Birth _____
Social Security No. _____ Occupation _____
Spouse's Name _____ Date of Birth _____
Social Security No. _____ Occupation _____
Taxpayer PTIN _____ Spouse PTIN _____

Dependents – List Names	Date of Birth	Social Security No.	Student 18 - 23
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Home Address _____ Telephone Numbers _____

E-Mail Address _____
Spouse's E-Mail _____

Bank Name _____
Routing # _____ Account # _____

At any time during the year, did you have a financial interest or signature authority over a financial account located in a foreign country? Yes ___ No ___

Have you received, sold, exchanged or acquired interest in virtual or crypto currency? _____

Health Insurance

How many months were you and your family covered by Healthcare Insurance? _____
Please attach the applicable Form 1095-A 1095-B or 1095-C

Driver License

Taxpayer Driver License # _____ Date Issued _____ Date Exp _____
Spouse Driver License # _____ Date Issued _____ Date Exp _____

Sources of Income and Wages – Attach W-2's

Employer	Wages	Federal W/H	State W/H	Local W/H
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total W-2s				
Other Withholdings				
Total Withholdings				

Estimated Tax Payments	Payment Date	Federal Tax	State Tax
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Credit from Prior Year	_____	_____	_____
1 st Quarter	_____	_____	_____
2 nd Quarter	_____	_____	_____
3 rd Quarter	_____	_____	_____
4 th Quarter	_____	_____	_____
Extension Payment	_____	_____	_____
Total Est. Payments			
Total Payments			

Interest Income

Attach Form 1099

Payor	Total Income	US Interest	Colorado Exempt	Federal Exempt	Early W/D Penalty
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Interest _____

Dividend Income

Attach Form 1099

Payor	Ordinary Income	Qualified Dividends	Capital Gains	Foreign Tax paid	Colorado Exempt	Federal Exempt	199A
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Total Dividends _____

Sale of Stock or Property

Description	C/NC	Date Acquired	Date Sold	Sales Price	Original Cost	WS	Gain or Loss
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Total Short Term Capital Gains/Losses \$ _____

Total Long Term Capital Gains/Losses \$ _____

Capital Gains (From Dividends) \$ _____

Total Capital Gains/Losses \$ _____

Short Term Capital Losses Carried Forward \$ _____

Long Term Capital Losses Carried Forward \$ _____

Net Gain/Loss \$ _____

Capital Loss Allowed \$ _____

Capital Loss Carried Forward \$ _____

IRA Distributions

Payor	Gross	Taxable	Fed W/H	State W/H	Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total IRA	_____	_____	_____	_____	_____

Pensions Distributions

Payor	Gross	Taxable	Fed W/H	State W/H	Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total Pension	_____	_____	_____	_____	_____

	Gross	Taxable	Fed W/H	State W/H	Medicare
Social Security Taxpayer	_____	_____	_____	_____	_____
Social Security Spouse	_____	_____	_____	_____	_____
Total SSA	_____	_____	_____	_____	_____

Schedule C	Business #1	Business #2
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Business Name		
Principal Activity		
Cash in Bank 12/31		
Income		

Expenses

Advertising Expense		
Car and Truck Expenses		
Commissions and Fees		
Contract Labor		
Insurance		
Mortgage		
Legal and Professional Services		
Office Expense		
Travel		
Meals		
Utilities		
Accounting Fees		
Postage		
Telephone		

Amortization		
Depreciation		
Total Expenses		
Tentative Profit		
Home Office		
Net Income/(Loss)		

Depreciation Schedule C	#1	#2	#3	#4
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Asset				
Date Acquired				
Original Cost				
Depreciation Method				

Business Auto Expense

	Business #1	Business #2
Automobile Expenses:		
Description of Vehicle		
Date Placed Into Service		
Original Cost		
Depreciation Method		
Total Miles Driven		
Business Miles		
Personal Miles		

Actual Auto Expenses

Gasoline & Oil		
Insurance & License		
Repairs		
Other – Detail		

Are any of your Employee Business Expenses reimbursed	Yes _____	No _____
If Yes, amount of reimbursement	\$ _____	

Home Office

Business Sq. Footage _____	Total Sq. Footage _____	Business % _____
Mortgage Interest		
Real Estate Taxes		
Insurance		
Utilities		

Rental Properties

Property Description – No. 1 _____

Property Description – No. 2 _____

Property Description – No. 3 _____

Property Description – No. 4 _____

	Property #1	Property #2	Property #3	Property #4
Rental Income	_____	_____	_____	_____
Expenses				
Auto	_____	_____	_____	_____
Cleaning and Maintenance	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Professional Services	_____	_____	_____	_____
Management Fees	_____	_____	_____	_____
Mortgage Interest Paid	_____	_____	_____	_____
Other Interest	_____	_____	_____	_____
Repairs	_____	_____	_____	_____
Supplies	_____	_____	_____	_____
Taxes	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Amortization	_____	_____	_____	_____
Depreciation	_____	_____	_____	_____
Total Expenses	_____	_____	_____	_____
Net Rental Income/(Loss)	_____			

Total Rentals _____

PY Carry Forward Loss _____

Allowable Loss _____

Carry Forward Loss _____

Depreciation Expense - Rental

	Property #1	Property #2	Property #3	Property #4
Asset	_____	_____	_____	_____
Date Acquired	_____	_____	_____	_____
Original Cost	_____	_____	_____	_____
Depreciation Method	_____	_____	_____	_____
Improvements Cost	_____	_____	_____	_____
Depreciation Method	_____	_____	_____	_____

Partnership / S Corporation Income /Fiduciary K-1's

Name

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Schedule E Page 2	_____	_____	_____	_____

QBI Deduction

K-1 _____
 Dividends _____

Total QBI _____
 X 20% _____

QBI Deduction before income limitation _____

Income before QBI Deduction _____
 Net Capital Gains _____
 Income Limitation _____
 20% _____
 Income Limitation _____

Enter the smaller of _____

Schedule 1 Other Income

State Refund	_____
Business Income/(Loss) Sch. C	_____
Other Gains/(Losses) Form 4797	_____
Rental Real Estate, Royalties, Partnerships, S Corp, etc. (Sch. E)	_____
Schedule F	_____
Unemployment Compensation	_____
Other Income	_____
Total Schedule 1 Income	_____

Schedule 2 Additional Taxes

Self Employment Tax	_____
Excess Advance Premium Tax Credit (Form 8962)	_____
Excess Social Security and Tier 1 RRTA Tax Withheld	_____
Additional Medical Form 8959	_____
Net Investment Form 8960	_____
Other Taxes _____	_____
Total Schedule 2	_____

Schedule 3 - Additional Credits and Payments

Foreign Tax Credit	_____
Credit for child and dependent care expense	_____
Education Credits – Form 8863	_____
Retirement savings – Form 8880	_____
Residential energy Credits – Form 5695	_____
Other Credits – Form 3800	_____
Total Schedule 3	_____

Adjustments to Income

	IRA Type (Circle One)	
IRA Deduction:	Regular / Roth / Educational	_____
IRA Deduction – Spouse:	Regular / Roth / Educational	_____
Retirement Plan/ SEP Deduction		_____
Educator Supplies		_____
Student Interest		_____
½ Self Employment Tax Deduction		_____
SE Health		_____
HSA/Contributions		_____
HSA/ Distributions – Form 1099 SA		_____
Qualified Medical Expense		_____
Alimony Paid:	Name: _____ SS#: _____	_____
Total Adjustments		_____

Colorado Adjustments to Income

State Income Tax	_____
Non-Colorado Exempt Interest Income	_____
Other Additions	_____
Total Additions to Colorado Income	_____
Subtractions	
US Government Interest	_____
Pension, Annuity, IRA Exclusion	_____
Social Security Adjustment	_____
Contribution to Colorado 529 Plan	_____
Charitable Contribution _____ <500>	_____
Other Subtraction	_____
Total Subtractions	_____

Itemized Deductions

Medical Expenses	_____
Doctors, Dentists, Hospitals	_____
Prescription Medicines & Drugs	_____
Medical Insurance	_____
Medical Mileage	_____
Other	_____
Sum of Medical	_____
7.5% / Floor	_____
Total Medical	_____

Taxes Paid

State and Local Income Taxes	Amount
Prior Year	_____
Estimated Taxes	_____
W-2 Withholding	_____
Total State & Local Taxes	_____
Real Estate Taxes Paid	_____
Personal Property Taxes /Auto Licenses	_____
Total Taxes	_____
Smaller of Total Taxes or \$10,000	_____

Interest Paid

	Amount
Home Mortgages – Institutions	_____
_____	_____
_____	_____
Total Mortgages	_____
Home Mortgages – Other	_____
Name & Social Security Number of Recipient	_____
Points Paid	_____
Investment Interest Expenses	_____
Total Interest Expense – Schedule A	_____

Contributions

Cash Contributions – Description	Amount Contributed
_____	_____
_____	_____
_____	_____
_____	_____

Non-Cash Contributions – Description	Amount Contributed
_____	_____
_____	_____
_____	_____

Other Deductions

	Amount
Gambling Losses	_____
<u>Miscellaneous</u>	_____
_____	_____

Total Itemized Deductions \$ _____
Total Standard Deductions \$ _____

<u>Tax Year 2023</u>		
	<u>Base</u>	<u>Add'l over 65</u>
Single	13,850	1,850
MFJ	27,700	1,500
MFS	13,850	1,500
HOH	20,800	1,850
QSS	27,700	1,500

