

TAX YEAR 2023	INDIVIDUAL TAX ORGANIZER (763) 220-2262 * CONTACT@THIRUTAXSERVICES.COM * WWW.THIRUTAXSERVICES.COM	THIRU TAX SERVICES
You will need: <ul style="list-style-type: none"> Tax Information such as Forms W-2, 1099, 1098, 1095. Social security cards or ITIN letters for all persons on your tax return. Picture ID (such as valid driver's license) for you and your spouse. 		
<ul style="list-style-type: none"> Please complete all sections of this form. You are responsible for the information on your return. Please provide complete and accurate information. If you have questions, please contact me. 		
<i>This organizer and any further information required on your return must be completed and submitted no later than March 31, 2024 to meet the tax filing deadline. Any information received after this date may result in filing an extension of your tax return.</i>		

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)		
Information Required	Tax Payer	Spouse
First Name		
Middle Initial		
Last Name		
SSN/ITIN		
Are you a U.S. Citizen?		
Date of Birth (mm/dd/yyyy)		
Job Title		
Email Address		
Phone Number		
Mailing Address		
Last year, were you a full-time student?		
Last year, were you totally & permanently disabled?		
Last year, were you legally blind?		
Can anyone claim you as a dependent?		
Have you been a victim of tax related identity theft or been issued an Identity Protection PIN?		

Part II – Marital Status	
As of December 31, 2023, what was your marital status?	
If Married, did you live with your spouse during any part of the last six months of 2023?	
If Divorced, provide the date of final decree (mm/dd/yyyy)	
If Legally Separated, provide the date of separate maintenance decree (mm/dd/yyyy)	
If Widowed, year of spouse's death	

Part III – Dependents Information		List the details below of: * everyone who lived with you in 2023 * anyone you supported but did not live with you in 2023. <i>Do not enter your name or your spouse's name below.</i>			
Information Required	Dependent 1	Dependent 2	Dependent 3	Dependent 4	Dependent 5
Name (first, last)					
Date of Birth (mm/dd/yyyy)					
Relationship to you (ex: son, daughter, parent, etc.)					
SSN/ITIN					
# of months lived in your home in 2023					
US Citizen/Resident of Canada or Mexico					
Single or Married as of 12/31/2023					
Full-time student in 2023?					
Totally and permanently disabled?					
Income (if any)					

Part IV – Income – Last Year. Check the appropriate box for each question in each section below (Attach the respective documents where applicable)			
Did You (or Your Spouse) Receive	YES	NO	Unsure
1) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? You Spouse			
2) Did you have income from multiple state? If yes, provide the number of States			
3) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)			
4) Income (Capital Gains/Loss) from the sale or exchange of stocks, bonds, or real estate? (Forms 1099-S, 1099-B, 1099-OID)			
5) At any time during 2023 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency?			
6) Unemployment Compensation and/or Refund of State/Local Income Taxes? (Form 1099-G)			
7) Tip Income (not reported on W2 form) and/or Bartering Income? (Form 1099-B)			
8) Alimony income or separate maintenance payments?			
9) Self-Employment income or Hobby Income? (Forms 1099-Misc, 1099-NEC, 1099-K, Cash, or Other property or services)			
10) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)			
11) Scholarships (Forms W-2, 1098-T, 1042-S) or Education Savings Account withdrawal (Form 1099-Q)?			
12) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)			
13) Retirement Income or Payments/Distributions from Pensions, Annuities and/or IRA? (Form 1099-R)			
14) Income (or loss from Rental Property)?			
15) Income from Partnership, LLC, Estate, Trust Income, S Corp.? (Form Schedule K-1, W-2)			
16) Did you make any gifts during the year directly or in trust exceeding \$17,000 per person?			
17) Other Income? (In cash, check, gambling, lottery, prizes, awards, jury duty, royalties, foreign income, etc.) Specify details in Additional Comments.			

Did You (or Your Spouse) Pay	YES	NO	Unsure
1) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN?			
2) Contributions to a retirement account? 401K IRA Roth IRA Other			
3) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)			
4) Deductions: Medical & Dental Expenses Mortgage Interest (Form 1098) Taxes (State, Real Estate/Property, Sales) Charitable Contributions (Cash/Non-Cash)			
5) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?			
6) Expenses related to self-employment income or any other income you received?			
7) Student loan interest? (Form 1098-E)			
8) Purchase and install energy-efficient home items? (such as windows, doors, air conditioner, furnace, insulation, solar panel, etc.) Attach receipts.			
9) Purchase of Electric Vehicle or Hybrid Vehicle.			
10) Child or Dependent care expenses such as daycare? (MUST COMPLETE the Day Care Expense section below)			

Did You (or Your Spouse) Pay	YES	NO	Unsure
1) Have health care coverage for all 12 months?			
2) Received one or more of these forms? Form 1095-B Form 1095-C			
3) Purchased health insurance coverage through the Marketplace (Exchange)? [Provide Form 1095-A]			
3a) If yes, were advance credit payments made to help you pay your health care premiums?			
3b) If yes, is everyone listed on your Form 1095-A being claimed on this tax return?			
4) Have an exemption granted by the Marketplace?			
5) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)			
5a) If yes, did you use any amount from your HSA to pay your medical expenses? If yes, provide FORM 1099SA.			

Did You (or Your Spouse) Pay	YES	NO	Unsure
1) Have credit card or mortgage debt canceled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)			
2) Adopt a child?			
3) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year?			
4) Live in an area that was declared a Federal disaster area? If yes, where?			
5) Receive the First Time Homebuyers Credit in 2008?			
6) Make estimated tax payments or apply last year's refund to this year's tax? If yes, how much did you pay in 2023 for: Federal State			
7) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?			
8) Received a letter from the IRS?			

Did You (or Your Spouse) Pay	YES	NO	Unsure
1) Have income outside USA? (Wages, Bank Interest, Dividend, Investment Income, Rental Income, any other form. Provide details in additional comments section.			
2) During the tax year did you have an aggregated value of \$10,000 or more on foreign financial accounts? 2a) If YES to the above, do you want us to prepare the FBAR filing for you? [There is an additional fee for filing FBAR]			
3) Do the following apply to you? You must file form 8938 along with your return, if you are - - single or married filing separately, and had \$50,000 on the last day of tax year or more than \$75,000 any time during the year (OR) - married and had \$100,000 on the last day of the tax year or \$150,000 anytime during the year on your foreign financial accounts.			

1) Do you like to make estimated payments or apply your tax refund to your 2024 tax? If yes, provide the amount.				
2) Presidential Election Campaign Fund (If you check a box, your tax or refund will not change). Do you want \$3 to go to this fund?				<div> <div>You</div> <div>Spouse</div> </div>
3) If you are due a refund, want it direct deposited? If yes, provide the below details -				
Account Holder Name:		Account Number:		Routing Number:
Financial Institute Name:		Account Type:	<div> <div>Checking</div> <div>Savings</div> </div>	Is Account located outside USA?
4) If you have a balance due, would you like to make a payment directly from your above bank account? If yes, provide the withdrawal date.				

Information Required	Dependent 1	Dependent 2	Dependent 3	Dependent 4	Dependent 5
Name of the Dependent					
Name of the Day Care Provider					
Federal EIN / SSN of the Provider					
Address of the Provider (Street Address, City, State, Zip Code)					
Phone Number of the Provider					
Amount Paid					

Additional Comments:

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