

  
2023 Tax Return Organizer

Name(s): \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_

Preferred method of communication?      Phone      Email

**Preparing Documents**

- When submitting scanned documents, please make sure scans are high quality and entirely readable. Documents should be formatted as **PDFs**. Uploading tax documents as JPGs or low-quality scans *may cause delays in processing your returns*.
- For your security, do not email tax returns, anything with SSNs, or bank info. Please use the MinistryCPA ShareFile portal.
- Include a copy of all filers' Driver's Licenses
- See Tax Preparation Checklist for help in gathering documents ([www.ministry.cpa/resources/tax-organizers](http://www.ministry.cpa/resources/tax-organizers))  
*My Forms W-2, 1099, K-1, 1095, 1098, 1098-T, etc. have been provided to MinistryCPA*      Yes      No
- Include any protective passwords and the PDF document associated with it below:

Password: \_\_\_\_\_ Document: \_\_\_\_\_

**Getting Started**

1. If you **owe** taxes, how do you want to pay them?

Paper check/ Online Payment

Direct Debit with e-File

2. If you are due a **refund**, how do you want to receive it?

Check sent to you in mail

Apply to next year's estimate

Direct Deposit

Let me know if an IRA retirement or HSA contribution on or before 4/18/2023 will save taxes.

2. Did you have any major changes in 2023?

Change in home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Change in Dependent(s) (i.e., birth, moved out...)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ D.O.B: \_\_\_\_\_ S.S # \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ D.O.B: \_\_\_\_\_ S.S # \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Change in Bank Account Info: \_\_\_\_\_      Checking      Savings

Routing #: \_\_\_\_\_ Acct. #: \_\_\_\_\_

## General Information

1. Did you purchase or sell your principal residence or other property? *Please provide closing documents.* YES  NO
2. Have you received any tax correspondence from the IRS or a state agency regarding prior year returns, etc.? YES  NO   
*\*If yes, explain any ongoing correspondence in the **Additional** general info below.*
3. Have you been issued an Identity Protection Pin? *\*If available, provide notice* YES  NO   
*\*If yes, provide PIN(s) STATE \_\_\_\_\_ FEDERAL \_\_\_\_\_ (Husband)*  
*STATE \_\_\_\_\_ FEDERAL \_\_\_\_\_ (Wife)*
4. Did you make any federal or state estimated tax payments for tax year 2023? YES  NO   
*\*If yes, provide payment dates and amounts, including any January 2024 payments for the year 2023*

**Note: Please do not include payments for tax year prior to 2022.**

	Date	Amount
Federal	Q1	
	Q2	
	Q3	
	Q4	

	Date	Amount
State	Q1	
	Q2	
	Q3	
	Q4	

5. Did you receive, sell, exchange, or acquire any digital assets / cryptocurrency in 2023 YES  NO   
*\*If yes, provide annual summary statement or Form 8949 if available*

6. Indicate what types of healthcare coverage you maintained in 2023?

Employer-Sponsored Plan

Medicare

Marketplace Coverage\*(healthcare.gov) *Please provide Form 1095-A*

Medicare Supplement

State Health Coverage/Medicaid

Other: \_\_\_\_\_

Healthcare Sharing

None

- \*If you had Marketplace Coverage, did you receive an Advance Premium Tax Credit? YES  NO*   
*Provide Form 1095-A*

7. Were either you or your spouse in the military or National Guard in 2023? YES  NO
8. Did you incur adoption expenses in 2023? If yes, please provide payees and amounts. YES  NO
9. Did you own, have interest in, or have signing ability over a foreign financial account in 2023? YES  NO   
 (e.g., checking, savings, Canadian RRSP. The accounts may be owned by another individual or entity)
- 9 a. *If yes, did the combined balances of all foreign accounts at any point in 2023 exceed \$10,000?\** YES  NO

*\*Please complete the FBAR Organizer: ([www.ministry.cpa/resources/tax-organizers](http://www.ministry.cpa/resources/tax-organizers))*

**Additional general info:**

## Other Income and Expenses

10. Did you or your spouse have income **not** reported on Form W-2? YES      NO  
*Please indicate the types of additional income received in 2023*

Self-employment/business      Rental      Royalty      Unemployment      Partnership or S-Corp (Sch. K-1)

Dividends      Interest      Capital gains      Retirement Distributions      Other: \_\_\_\_\_

11. Indicate which method/s used to provide listing of income and expenses (Check all that apply):

Completed Self-Employed Organizer ([www.ministry.cpa/resources/tax-organizers](http://www.ministry.cpa/resources/tax-organizers))

Completed Rental Organizer ([www.ministry.cpa/resources/tax-organizers](http://www.ministry.cpa/resources/tax-organizers))

Provided income and expenses in another format (QuickBooks, Excel, etc.)

Provided tax documents (Forms 1099-NEC, 1099-MISC, 1099-G, 1099-INT, 1099-DIV, 1099-B, 1099-K, 1099-R, etc.)

Additional other income info:

## IRA & HSA

**Do not include contributions made through Employer-sponsored plan (e.g. 401(k), 403(b))**

12. Your Name: \_\_\_\_\_ Indicate which type of retirement/savings accounts you made contributions to and amount in 2023:

IRA	\$ _____	HSA	\$ _____
Roth IRA	\$ _____	Other	\$ _____

13. Spouse Name: \_\_\_\_\_ Indicate which type of retirement/savings accounts you made contributions to and amount in 2023:

IRA	\$ _____	HSA	\$ _____
Roth IRA	\$ _____	Other	\$ _____

14. Did you or your spouse "rollover" a retirement account or convert a traditional IRA amount to a Roth IRA? YES      NO

15. Are you the beneficiary of an inherited IRA? YES      NO

16. Did any investment of yours become worthless or debts become uncollectible in 2023? YES      NO \_\_\_\_\_

17. Did you or your spouse take any distributions from an HSA (Health Savings Account) in 2023? YES      NO \_\_\_\_\_

*\* If yes, please provide Form 1099-SA.*

*\* If yes, were all distributions for qualified medical expenses*      YES      NO

## Dependents and Child Care

*I do not have dependents. (Skip this section)*

18. Did you pay expenses for the care of your child or other dependent, so you could work? YES    NO  
*If yes, please provide care provider name, EIN, and expenses.*

19. Did any of your dependents (other than spouse) have earned income in 2023? Please provide all necessary tax documentation (form W-2, 1099, 1098-T, etc.)

MinistryCPA will prepare your dependent's simple form W-2 tax return at no additional cost to you. If the dependent is filing his/her own return, *please provide a copy of their filed return.*

Child Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Estimated Income: \$ \_\_\_\_\_  
*Self-Prepare    MinCPA Prepare* Preferred Method of refund or payment:    Mail    Direct Deposit/Debit  
 Routing # \_\_\_\_\_ Account # \_\_\_\_\_    Checking    Savings

Child Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Estimated Income: \$ \_\_\_\_\_  
*Self-Prepare    MinCPA Prepare* Preferred Method of refund or payment:    Mail    Direct Deposit/Debit  
 Routing # \_\_\_\_\_ Account # \_\_\_\_\_    Checking    Savings

Child Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Estimated Income: \$ \_\_\_\_\_  
*Self-Prepare    MinCPA Prepare* Preferred Method of refund or payment:    Mail    Direct Deposit/Debit  
 Routing # \_\_\_\_\_ Account # \_\_\_\_\_    Checking    Savings

## Post High School Education

*I do not have education expenses. (Skip this section)*

20. Did you pay college tuition or fees for you or a dependent? YES    NO

*If yes, complete the following table and provide Form(s) 1098-T. Note: We are required to have a copy of the 1098-T before e-filing your return.*

Student	Full-time or Part-time	Grade/Level	Cost of Expenses, other than room, tuition, and board (e.g., books, supplies), in 2023

21. Did you pay any student loan interest? *If yes, provide statement (Form 1098-E) from lender.* YES    NO

22. Did you receive distributions from a 529 plan, or similar account? *If yes, provide Form 1099-Q.* YES    NO

Additional Information:

## Minister and Missionary

*I am not a minister or a missionary (Skip this section)*

- | 23. Your living accommodations for 2023:   | Homeowner | Parsonage | Renter |     |    |
|--|-----------|-----------|--------|-----|----|
| 24. Did you use part of your home "regularly and exclusively" for ministry purposes?   |           |           |        | YES | NO |
| Square footage of home: _____ Square footage of office space: _____  |           |           |        |     |    |
| 25. Did you use your car on the job (other than to and from work for commuting) and were not fully reimbursed?   |           |           |        | YES | NO |
| 26. Did you incur any unreimbursed travel, meals, lodging, or gift expenses for ministry purposes?   |           |           |        | YES | NO |
| <i>Please provide listing of all unreimbursed mileage and expenses.</i>  |           |           |        |     |    |
| 27. If applicable, have you completed and provided us the housing allowance worksheet?   |           |           |        | YES | NO |
| <i>The worksheet is available for download on our website: <a href="http://www.ministry.cpa/resources/tax-organizers">www.ministry.cpa/resources/tax-organizers</a>.</i> |           |           |        |     |    |
| 28. Did you and your family live outside the U.S. for any part of 2023? <i>If yes, provide below all travel dates in and out of the U.S.</i>                             |           |           |        |     |    |

## State Tax (if applicable)

29. If you made online purchases subject to state sales tax that was unpaid, provide amount online purchases: \$ \_\_\_\_\_
30. If you paid rent for a personal residence that you lived in, provide total paid for 2023: \$ \_\_\_\_\_ Paid own heat? YES NO  
*"Available in some states"*
31. Did one or more of your dependents attend a private school (K-12)? *"Available in some states"* N/A YES NO  
*Please separately provide name, grade, tuition paid, other education expenses, and school info for 2023.*
32. Did you make contributions to a state education (529) plan (e.g. WI Edvest, Tomorrow's Scholars, etc.)? YES NO

## 2024 Tax Planning

Yes, please help me plan for 2024.

I expect the following major changes in income, deductions, or withholding in 2024:

*Your submission of this organizer is accepted as acknowledgment of your intent to engage Corey A. Pfaffe, CPA, LLC to prepare your 2023 Federal and state income tax returns.*



Itemized Deductions/State Deductions

If itemized deductions are not expected to exceed \$27,700 (married) or \$13,850 (single), please still complete any applicable portions below. State deductions may still apply.

Medical and Dental Expenses: DO NOT SEND RECEIPTS, ONLY TOTALS OR SUMMARIES -Keep receipts for your records (e.g., Prescriptions, doctor fees, hospital fees, medical aids or equipment, travel, lodging, premiums, and long-term care premiums):

Five horizontal lines for entering medical and dental expenses, each preceded by a dollar sign.

Total Miles driven for medical purposes: \_\_\_\_\_

Real Estate Taxes and Property Taxes (e.g., taxes on principal residence, other non-business property, vehicle taxes, other personal property taxes)

I provided a copy of my real estate tax bill receipt instead of listing here

Three horizontal lines for entering real estate taxes and property taxes, each preceded by a dollar sign.

Mortgage Interest and Points

I provided Form(s) 1098 instead of listing here

Two horizontal lines for entering mortgage interest and points, each preceded by a dollar sign.

Gifts to Charity

I provided all substantiation provided me instead of listing here

Cash Gifts

Four horizontal lines for entering cash gifts, each preceded by a dollar sign.

Yes, I received a charitable contribution receipt from each charity that I gave \$250 or more during 2023.

Total Miles driven for charitable purposes: \_\_\_\_\_

Non-Cash Gifts

Two horizontal lines for entering non-cash gifts, each preceded by a dollar sign.

\*If donated non-cash gifts over \$500, please provide receipts or (1) Name, address, city, state, and ZIP code of the donee organization (2) EIN of the donee organization (3) description of donated property and (4) Fair Market Value of contribution.

# Self-Employed Business Income & Expenses



*Also, for use by ministers for unreimbursed employee business expenses*

Business Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Business Address: \_\_\_\_\_ Same as personal address

If you purchased and sold inventory during the year, please provide your cost of inventory at the end of the year: \$ \_\_\_\_\_

Did you pay a non-employee over \$600 during 2023? YES      NO

*If yes, did you file the required Form(s) 1099-NEC with the IRS?\** YES      NO

*\*Please advise us if you wish MinistryCPA to assist with this filing.*

Income – List your gross receipts, sales, and income from your business. Indicate if received and provided a 1099-NEC or 1099-K for any income.

Income Type (or provide access to your accounting software)	Amount	<b>1099-NEC/1099-K Received</b>
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	

## Expenses (or provide access to your accounting software)

Business Expenses	Amount
Cost of Inventory Purchased for Resale	
Advertising	
Subcontractor Labor	
Commissions and Fees	
Employee Expenses	
Insurance	
Interest	
Legal and Professional Services	
Office Expenses	
Vehicle, Machinery, and Equip. Rental	
Other Rental	
Repairs and Maintenance	
Supplies	
Taxes and Licenses	
Travel	
Business Meals	
Utilities	

Home Office (Business Use of Home)	Amount
Total square footage of home (portion that is heated)	
Area of home used regularly and exclusively for business	
Home insurance	
Rent	
Repairs and Maintenance	
Utilities	
Other	

**ADDITIONAL DETAILS**  
(e.g., OTHER EXPENSES, ASSETS PLACED IN SERVICE THIS YEAR:  
DESCRIPTION, COST, AND DATE)

Use of Vehicle	Vehicle 1	Vehicle 2	Vehicle 3
Date Vehicle was placed in service			
Year and model of vehicle			
Total miles driven for the year			
Personal miles			
Parking fees and tolls, vehicle interest, personal property tax			

Yes, I maintained mileage receipts or reports.

*If not using standard mileage rate, please provide gasoline, maintenance, repairs, insurance, registration, and or lease or rental expenses.*

# Real Estate Rentals and Royalties



*Please complete a separate rental page for each rental property.*

Property Description: \_\_\_\_\_ Owner (filer, spouse, or joint): \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Select property type:

Single-family residence    Multi-family residence    Vacation/Short-term rental    Commercial    Other \_\_\_\_\_

What is your ownership percentage?    % \_\_\_\_\_ Explain (if less than 100%): \_\_\_\_\_

Did you pay a non-employee over \$600 during 2023? YES    NO

If yes, did you file the required Form(s) 1099-NEC with the IRS? \* YES    NO

*\*Please advise us if you wish MinistryCPA to assist with this filing.*

**Income** – List your gross rental or royalty income. Indicate if received and provided a 1099-MISC for any income.

	Rent or Royalties	Amount		<b>1099-MISC Received</b>
_____		\$ _____		
_____		\$ _____		
_____		\$ _____		
_____		\$ _____		

**Expenses**

Property Expenses	Amount
Advertising	
Cleaning and Maintenance	
Commissions and Fees	
Insurance	
Legal and Professional Services	
Management Fees	
Qualified mtg. interest paid to banks	
Other mortgage interest paid to banks	
Other interest	
Repairs	
Supplies	
Real Estate Taxes	
Other Taxes	
Utilities	
Travel	
Business Meals	

**ADDITIONAL DETAILS**

(e.g., OTHER EXPENSES, ASSETS PLACED IN SERVICE THIS YEAR:  
DESCRIPTION, COST, AND DATE)

Use of Vehicle	Vehicle 1	Vehicle 2	Vehicle 3
Date Vehicle was placed in service			
Year and model of vehicle			
Total miles driven for the year			
Business miles driven			
Personal miles			
Parking fees and tolls, vehicle interest, personal property tax			

Yes, I maintained mileage receipts or reports.

*If not using standard mileage rate, please provide gasoline, maintenance, repairs, insurance, registration, and or lease or rental expenses.*