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 523 8th Street South
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2023 Income Tax Return

Name of Taxpayer: _____

Name of Spouse: _____

Social Security # _____

Social Security # _____

Date of Birth _____

Date of Birth _____

Occupation _____

Occupation _____

Address _____

Address (if diff.) _____

Home Phone # _____

Home Phone # (if diff.) _____

Cell # _____

Cell # _____

Email _____

Email _____

Filing Status:

Single Married Married filing separately Surviving Spouse Head of Household

Are either you or your spouse legally blind? Yes No

Do either you or your spouse want to designate \$3 to the Presidential Election Campaign fund? Yes No

*This will **NOT** change your refund or any balance due.

Would you like to allow your tax preparer or another person to discuss your return with the IRS? Yes No

MN Residents: Would you like to donate to the Nongame Wildlife Fund?

Yes No If yes, amount? \$ _____

ND Residents: Would you like to donate to the Watchable Wildlife Fund or the Trees for ND Program Trust Fund?

Yes No If yes, amount? \$ _____

Dependents:

<i>Name</i>	<i>Soc Sec #</i>	<i>Date of Birth</i>	<i>Relationship</i>	<i>College Student?</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Check if you are a non-custodial parent claiming an exemption – please provide Form 8332.

Check if any of your dependent children have unearned income over **\$1250** (this includes unemployment compensation.)

Check if your exemptions changed since last year (i.e. births, deaths, adoptions, children you can no longer claim)

If you are due a refund, would you like it directly deposited into your bank account?

Name of bank _____ Checking Savings

Routing Number _____

Account Number _____

If you had a child in 2023: please bring in their social security card for our records.

If you have a college student: please provide the 1098-T **and a copy of their student account** showing all charges and payments.

Foreign Income: please let us know if you have any interest in a foreign account. There are huge penalties for not reporting these accounts.

Business Filers 1099 Requirements: IRS is imposing penalties for incorrectly or late filed 1099's – please get the required information to us early enough to meet the Jan 31st filing deadline.

Gift Tax: Please let us know if you gifted anyone over \$17,000 in 2023.

MN Residents: Did you receive the MN Direct Tax Rebate? If so, how much? \$_____ This payment is taxable on your federal income tax return, but not on your Minnesota tax return.

BOI: Are you a part of an LLC, LLP, LLLP, S-Corp or other entity? _____ Yes _____ No
If so, there are new mandatory information filing requirements that we will discuss with you.
There are substantial penalties for not complying.

If you receive Form 1099-K, please provide it with your other tax documents.

Virtual Currency:

At any time during 2023, did you receive (as a reward, an award or as payment,) sell, exchange, or otherwise dispose of any financial interest in any virtual currency (Bitcoin, Litecoin, Ethereum, etc.?)
_____ Yes _____ No

If so, is any of your virtual currency held offshore? _____ Yes _____ No

Additional information:

- Standard mileage rate for 2023 was \$.65/mile and for 2024 is \$.67/mile.
- Roth and traditional IRA contribution limit for 2023 is \$6500 (\$7500 if you are over 50.) Those limits increase to \$7000 (\$8000 if you are over 50) for 2024.
- Please provide documentation for 2023 purchases eligible for new, increased credits.

Questions - all Taxpayers:

Yes No Did you buy or sell a home in 2023? (Please provide closing statements)

Yes No Did you refinance in 2023? (Please provide closing statements)

How were the refi proceeds used? _____

Yes No Did you pay any interest on a camper or RV loan? Amount of interest paid \$ _____

Yes No Did you contribute to an IRA, Roth IRA or self-employed retirement

plan (**other than any employee contributions**) for 2023?

(Please circle which plan.) IRA ROTH SEP Taxpayer \$ _____

(Please circle which plan.) IRA ROTH SEP Spouse \$ _____

Yes No Are you a teacher and if so, did you incur out-of-pocket classroom costs?

This only applies to **grades K-12?** Amount \$ _____

INCOME:

Wages – Provide all copies of Forms W-2

Number of forms – Taxpayer _____ Spouse _____

Did you buy or sell anything using cryptocurrency? – Please provide statements.

Dividend and Interest Income – Provide **all pages of all forms** (1099-Int and 1099-Div) which include interest and/or dividend income.

Installment Sale Payments Received- Interest \$ _____ Principal \$ _____

Retirement Plan Distributions – Provide copies of all Forms 1099-R received.

Partnerships, Estates, Trusts and S-Corporations – Provide Form K-1 (and Form K-3 if included.)

Social Security or Railroad Retirement Benefits – Provide Forms SSA-1099 or RRB-1099.

State Tax Refund	\$
Alimony Received (Do not include Child Support)	\$
Business Income (List income & expenses on a separate sheet)	\$
Farm Income (List income & expenses on a separate sheet)	\$
Rental Income (List income & expenses on a separate sheet)	\$
Unemployment Compensation (Form 1099-G)	\$
Commissions and Fees	\$
Any crypto-currency transactions (Bitcoin, etc.)	\$
Bonuses and Prizes not reported on Form W-2 (Explain)	\$
Jury Duty – Election Board Fees	\$
Gambling/Lottery (Please provide Form W-2G)	\$
Workers' Compensation	\$
Cancellation of Debt (Form 1099-A or 1099-C)	\$
Education Savings Account or 529 Plan Withdrawals (Form 1099-Q)	\$
Health Savings Account Withdrawals (Form 1099-SA)	\$
Other	\$
Other	\$
Other	\$

Sale of Assets – Provide Forms 1099-B or 1099-S if available. Provide a description of the asset, the purchase and sales dates and prices, and any improvements or expenses relating to the sale.

Did you receive any other income? _____ Yes _____ No

If yes, please provide additional information below.

DEDUCTIONS:

Medical Expenses – (Must exceed 7.5% of your AGI to qualify)

Health Insurance Are you self-employed? ____	\$ _____	Long Term Care Ins. Policy# _____ Policy# _____	\$ _____ \$ _____
Doctors	\$ _____	Prescriptions	\$ _____
Dentists	\$ _____	Clinics	\$ _____
Chiropractor	\$ _____	Hospitals	\$ _____
Eyeglasses	\$ _____	Other _____	\$ _____
Mileage	_____ miles	Other _____	\$ _____

Taxes Paid -

Real Estate Taxes – Main Home \$ _____ **(Please provide statements)**
Other \$ _____ **(Please provide statements)**
Vehicle License (MN Only) \$ _____ \$ _____ \$ _____
Sales Tax Paid \$ _____

Interest Paid – Please provide details for home equity or 2nd mortgages.

Main Home \$ _____ 2nd Mortgage \$ _____
Lake Home \$ _____ Home Equity \$ _____

Charitable Contributions – Please provide even if you do not itemize.

Church \$ _____ \$ _____ \$ _____
\$ _____ \$ _____ \$ _____

Items Donated to _____ Date of Donation _____ Value of Donation \$ _____
Name and Address

Items Donated to _____ Date of Donation _____ Value of Donation \$ _____
Name and Address

Child Care Expenses

Please provide the amounts paid for each dependent and the names, addresses and taxpayer identification number of the care providers. **Daycare amount flexed \$ _____**

PROVIDER NAME & ADDRESS **ID #** **AMOUNT PD** **FOR WHOM**

Education Expenses –

K-12: Minnesota residents can include tuition paid for students in grades K-12. Other educational expenses relating to academics or the arts may also be deducted on your Minnesota state return.

College students – please provide 1098-T and student account statement showing charges and payments.

To the best of my knowledge, the information enclosed in this organizer is correct and includes all income, deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer _____ Date _____ Spouse _____ Date _____