

2023 Tax Information Checklist

Please complete the checklist and gather all applicable tax documents.

| Name: | | Best Phone #: | Email: |
|-----------------|--|---------------|--------|
| Taxpayer: | | | |
| Spouse: | | | |
| Street Address: | | City, State: | Zip: |

My preferred method of communication with Kirsch CPA Group is (choose all that apply) ☐ email ☐ phone ☐ text

PERSONAL INFORMATION

- Driver's License** or state identification. (Provide a copy of the front for each taxpayer) OR list issue & expiration dates
Taxpayer issue date _____ expiration date _____ Spouse issue date _____ expiration date _____
- Bank Account** – For direct deposit, list last 4 digits of account#: _____ (If new account, please provide a voided check)
If you have tax due, would you like direct payment from your account? ☐ No ☐ Yes
- Did the IRS or State send you any notifications or do you have an **Identity Protection PIN**? ☐ No ☐ Yes (Attach documents)
- Marital Status** - Did your status change? ☐ No ☐ Yes If YES, list new Marital Status and date of change: _____
- Do you have a **Foreign Bank Account** with a balance over \$10,000 any time during the year? ☐ No ☐ Yes (Provide Details)
- Did you receive **Health Savings Account (HSA) Distributions**? ☐ No ☐ Yes (If YES, Attach 1099-SA)
- Did you make a **Health Savings Account (HSA) Contribution** NOT through your employer? ☐ No ☐ Yes (If YES, Attach 5498-SA)
- Did you receive, sell, send, exchange, or acquire any financial interest in **virtual currency**? ☐ No ☐ Yes If yes, provide details.
- Did you receive a notice from the IRS, State taxing agency, or a municipality? If yes, please provide notice.
- Would you like us to **Prepare a Return for a Dependent** (additional fee) who had earned income greater than \$13,850, investment income greater than \$1,250, or Federal Tax withholding? ☐ No ☐ Yes (Provide W-2 and other income statements)
- Are you expecting any major life changes in 2024? ☐ Retirement ☐ Income Changes ☐ Dependent Change ☐ Marital Status
*Would you like us to contact you to discuss tax planning or changes to your tax situation? ☐ No ☐ Yes
- Did you work remotely from home during 2023 outside the city where your employer was located? ☐ No ☐ Yes*
*If yes, please list the dates worked from home _____
- Your completed 2023 Tax return will be delivered electronically via SAFESEND Returns – a notification will be sent to your email.
OR ☐ I prefer to pick up my tax return* ☐ I prefer a mailed paper copy* *Additional Fee May Apply

INCOME INFORMATION (Please attach all applicable forms)

- | | |
|--|--|
| <input type="checkbox"/> Income Statements (Form W-2) | <input type="checkbox"/> Cancellation of Debt (Form 1099-C) |
| <input type="checkbox"/> Interest (Form 1099-Int or 1099-OID) | <input type="checkbox"/> Foreclosure or Abandonment of Residence (Form 1099-A) |
| <input type="checkbox"/> Dividends (Form 1099-Div) | <input type="checkbox"/> Sale of Real Estate (Provide closing statements) |
| <input type="checkbox"/> Stock or Mutual Fund Sales (Form 1099-B) | <input type="checkbox"/> Received Installment Payments for Property Sold |
| <input type="checkbox"/> Unemployment Compensation (Form 1099-G) | <input type="checkbox"/> Disability Income (Provide Documents) |
| <input type="checkbox"/> 401k or IRA Distributions/Rollovers (Form 1099-R) | <input type="checkbox"/> Income in a Foreign Country (Provide Documents) |
| <input type="checkbox"/> Social Security (Form 1099-SSA) | <input type="checkbox"/> Gambling (Form W-2G) |
| <input type="checkbox"/> Education Distributions (Form 1099-Q) | <input type="checkbox"/> Alimony Received \$ _____ Date of agreement _____ |

Are you a **Shareholder, Partner or Member of an S-Corp, LLC or Partnership**?

- ☐ Shareholder (Include Form 1120-S K-1)
- ☐ Partner (Include Form 1065 K-1)
- ☐ Beneficiary (Include Form 1041 K-1)

Upload all Documents to your [TaxCaddy Account](#) or [KirschCPA.com Secure File Upload](#) by March 8, 2024

Questions? Contact us (513) 858-6040



Did you receive **other income** during 2023? (*For a detailed worksheet visit kirschcpa.com/client-center/tax-forms/)

- ☐ Business Income (Please refer to Schedule C Worksheet* or Provide details)
- ☐ Rental Income (Please refer to Schedule E Worksheet* or Provide details)
- ☐ Farm Income (Please refer to Schedule F Worksheet* or Provide details)
- ☐ If you paid more than \$600 to an individual or unincorporated business for rent or service during 2023, Form 1099 must be issued*
* If you need help issuing Form 1099 - Provide: name, address, Social Security# and amount paid. Due date is January 31, 2024.
- ☐ Did you utilize any portion of your home for business use? ☐ No ☐ Yes (Please refer to Schedule C Worksheet*, page 1)

OTHER INFORMATION

- ☐ Alimony paid \$_____ (only applies to dates before 1/1/19) ☐ Rented a property in Indiana \$_____
*Date of original divorce or separation _____
- ☐ Purchased a Qualified Electric Vehicle (Provide Invoice)
- ☐ Energy efficient improvement to your residence (Attach details)
- ☐ Gift Tax Return may be required:
Single and gift is greater than \$17,000? * \$_____
Married and gift is greater than \$34,000? * \$_____
*Provide name, address, amount & SS# of recipient
- ☐ Paid household employee wages of \$2,600 or more
- ☐ COBRA premiums paid \$_____
- ☐ Made OH statewide political contribution \$_____
- ☐ Engaged in bartering transactions
- ☐ Moving expense for military position \$_____
- ☐ Internet/phone purchases without sales tax? *
*List Total Purchase Amount \$_____

- ☐ **Retirement Contribution** to which Plan Type: Please select ☐ IRA ☐ Roth IRA ☐ SEP ☐ KEOGH ☐ Back Door Roth Conversion
Contribution Amount: Taxpayer: \$_____ Spouse: \$_____

- ☐ **Long Term Care Premiums:** Taxpayer \$_____ Spouse \$_____

- ☐ **Student Loan Payment** (Attach Form 1098-E for interest paid)

- ☐ **College Education Expenses** (Attach Form **1098-T** issued by the university)

| Dependent Name | University Name | Qualified Tuition | Books/Materials | First 4 Years (yes or no) |
|----------------|-----------------|-------------------|-----------------|------------------------------|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

- ☐ **Contributed to a State College Saving 529 Plan**

| Beneficiary Name | Beneficiary SSN | Total Contributed | Program State |
|------------------|-----------------|-------------------|---------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |

- ☐ **Child Care Expenses** (Provide total of all expenses and detail related to childcare)

| Dependent Name | Provider Name | Federal ID or SSN | Address | Total Expense |
|----------------|---------------|----------------------|---------|---------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

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☐ Did you have a baby or add a new dependent?

| New Dependent Name | Relationship | Date of Birth | SSN or ITIN | Full Time Student | Disabled | Adopted |
|--------------------|--------------|---------------|-------------|--------------------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

QUARTERLY ESTIMATED TAX PAID IN 2023 (List below or attach copies of cancelled checks)

| List all payments | Date Paid | Federal | State | City | School District |
|--------------------------------------|-----------|---------|-------|------|-----------------|
| 2022 4th Quarter Payment | | \$ | \$ | \$ | \$ |
| 2023 1 st Quarter Payment | | \$ | \$ | \$ | \$ |
| 2023 2 nd Quarter Payment | | \$ | \$ | \$ | \$ |
| 2023 3 rd Quarter Payment | | \$ | \$ | \$ | \$ |
| 2023 4 th Quarter Payment | | \$ | \$ | \$ | \$ |

DEDUCTION INFORMATION – (IF GREATER THAN THE STANDARD DEDUCTION)

PLEASE NOTE: The standard deduction is \$27,700 for married filing jointly and \$13,850 for individuals filing single.

Send in your itemized deductions if you exceed the standard deduction or if you are in a state that allows itemized deductions.

☐ **Unreimbursed Medical Expense** - Please enter in amounts below if greater than 7.5% of your income.

Medical Insurance Premiums: \$_____ Care Giver Expense: \$_____

Doctor/Dentist/Vision: \$_____ Prescription Expense: \$_____ Medical Miles Driven: _____

Do you live in a nursing home for medical reasons? ☐ No ☐ Yes If yes, please provide nursing home letter with medical %

☐ **Real Estate Tax Paid:** \$_____

☐ **Mortgage Interest Payments:** Provide a copy of **1098** Mortgage Interest Statement.

Did you take out a home equity loan this year? Was it used to renovate your home? If so, provide a copy of the **1098**.

☐ **Charitable Contributions:** (Keep Your Receipts!) Provide totals for the following items:

TOTAL monetary contributions \$_____

TOTAL of your Charitable Miles Driven: _____

TOTAL non-cash charitable contributions \$_____ (If over \$500, please provide name of organization & description)

Did you make charitable contributions directly from your IRA to a qualified charity? ☐ No ☐ Yes If yes, please provide letter

NEW CLIENT INFORMATION

If you are a new client of Kirsch CPA Group, please provide the following information.

☐ **Tax Returns** - Please provide a copy of the last Two Years

| | Social Security No. | Date of Birth | Blind? (Yes or No) |
|-----------|---------------------|---------------|--------------------|
| Taxpayer: | | | |
| Spouse: | | | |

| Dependent Name | Relationship | Date of Birth | SSN or ITIN | Full Time Student | Disabled |
|----------------|--------------|---------------|-------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: