



*Bookkeeping &  
Tax Professionals*

**710 Buffalo St  
Suite 802  
Corpus Christi, TX 78401  
361-884-8180**

**2023 Tax Year**

**Taxpayer**

**Spouse**

**X**

Name \_\_\_\_\_  
 SS# \_\_\_\_\_ Blind?  Yes  No  
 Driver's License # Iss/Exp Date \_\_\_\_\_  
 Birthdate \_\_\_\_\_  
 Occupation \_\_\_\_\_

Name \_\_\_\_\_  
 SS# \_\_\_\_\_ Blind?  Yes  No  
 Driver's License # Iss/Exp Date \_\_\_\_\_  
 Birthdate \_\_\_\_\_  
 Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Filing Status \_\_\_\_\_ eMail \_\_\_\_\_

**Dependents**

|   | Name | Birthdate | SS# | Relationship |
|---|------|-----------|-----|--------------|
| 1 |      |           |     |              |
| 2 |      |           |     |              |
| 3 |      |           |     |              |
| 4 |      |           |     |              |
| 5 |      |           |     |              |

**Estimated Tax Payments Paid for 2023**

|         | 1st Qtr Date Pd | Amount | 2nd Qtr Date Pd | Amount | 3rd Qtr Date Pd | Amount | 4th Qtr Date Pd | Amount |
|---------|-----------------|--------|-----------------|--------|-----------------|--------|-----------------|--------|
| Federal |                 |        |                 |        |                 |        |                 |        |
| State   |                 |        |                 |        |                 |        |                 |        |
| Local   |                 |        |                 |        |                 |        |                 |        |

**Income** (Include W-2s, 1099s and K-1s with your tax information)

W-2 \_\_\_\_\_ Alimony \_\_\_\_\_ Farm Income \_\_\_\_\_  
 Pensions & Annuities \_\_\_\_\_ Rents \_\_\_\_\_ K-1 \_\_\_\_\_  
 Gambling Winnings \_\_\_\_\_ Prizes/Awards \_\_\_\_\_ Royalties \_\_\_\_\_  
 State/Local Refunds \_\_\_\_\_ Social Security \_\_\_\_\_ Jury Duty \_\_\_\_\_  
 Self Employment \_\_\_\_\_ Unemployment \_\_\_\_\_ Commissions \_\_\_\_\_  
 Interest \_\_\_\_\_ Dividends \_\_\_\_\_ Other \_\_\_\_\_

**Capital Gains & Losses From Sale of Stock or Property**

| Description | Date Acquired | Date Sold | Sale Price | Cost or Other Basis |
|-------------|---------------|-----------|------------|---------------------|
|             |               |           |            |                     |
|             |               |           |            |                     |
|             |               |           |            |                     |

Bring all relevant papers relating to the acquisition and sale of property and stocks.  
 Include settlement sheet for sale of property and bring cost basis of all stocks sold.

**Itemized Deductions: LIST ONLY IF LARGER THAN STANDARD**

SINGLE- \$13,850 MARRIED FILING JOINT- \$27,700 MARRIED FILING SEPARATELY- \$13,850 HEAD OF HOUSEHOLD- \$20,800

**Medical**

Prescriptions \_\_\_\_\_  
Med Ins Premiums \_\_\_\_\_  
Long Care Prem \_\_\_\_\_  
Doctors \_\_\_\_\_  
Hospital \_\_\_\_\_  
Med Mileage \_\_\_\_\_

**Interest**

Mortgage \_\_\_\_\_  
Home Equity \_\_\_\_\_  
Investment \_\_\_\_\_  
Points \_\_\_\_\_  
Mortgage Ins Prem \_\_\_\_\_

**Taxes**

Real Estate \_\_\_\_\_  
Sales Tax \_\_\_\_\_  
Personal Property \_\_\_\_\_  
State/Local \_\_\_\_\_  
State 2023 estimated taxes(if paid in 2023) \_\_\_\_\_

**XX** Did you have Health Insurance for entire year?  Self Only  All Family Members  Through Marketplace  Employer  
Please provide Form 1095A

**Contributions**

All cash contributions must have a receipt of bank documentation

Church \_\_\_\_\_  
Miscellaneous \_\_\_\_\_  
Goodwill \_\_\_\_\_  
Charity Miles \_\_\_\_\_

**Miscellaneous Deductions**

Business Miles \_\_\_\_\_  
Tax Prep Fees \_\_\_\_\_  
Investment Exp \_\_\_\_\_  
Safe Dep Box \_\_\_\_\_  
Uniforms/Tools \_\_\_\_\_  
Union dues \_\_\_\_\_  
Gambling Losses \_\_\_\_\_

**Non Cash Contributions**

Item \_\_\_\_\_  
Date \_\_\_\_\_  
FMV \_\_\_\_\_

**Other Deductions & Credits** - (T) for Taxpayer (S) for Spouse

IRA Contributions (T) \_\_\_\_\_ (S) \_\_\_\_\_  
Please Check:  Traditional  Roth  
Self Emp Health Ins(T) \_\_\_\_\_ (S) \_\_\_\_\_  
Tuition & Fees (1098-T) (T) \_\_\_\_\_ (S) \_\_\_\_\_  
Books & Supplies (T) \_\_\_\_\_ (S) \_\_\_\_\_  
Student Loan Interest (T) \_\_\_\_\_ (S) \_\_\_\_\_  
Educators Expenses (T) \_\_\_\_\_ (S) \_\_\_\_\_  
Moving Expenses \_\_\_\_\_

Alimony Paid \_\_\_\_\_ Name \_\_\_\_\_ SS# \_\_\_\_\_  
Child Care Paid \_\_\_\_\_ Provider \_\_\_\_\_ ID or SS# \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you purchase or sell a home?  Yes  No If yes, provide settlement sheet.

If you expect a refund: Bank Name \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**X** Special Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**X** \_\_\_\_\_ Date \_\_\_\_\_