



INCOME TAX GUIDE AND ORGANIZER

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include all W-2 and 1099 forms, and any name & address labels provided by the government. If you are a new client, also include your 2023 tax return.

Please read and sign below after completing this tax organizer

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign) _____ (Date) _____

PERSONAL DATA

TAXPAYER AND SPOUSE				DEPENDENTS			
Taxpayer (or Single)		Spouse		Name (First, Middle Initial and Last)	D.O.B.	SSN (last 4 digits)	No. of mos. lived in your home during year*
							X if post-secondary student
							Relationship
Last Name		Last Name					
First Name & Initial		First Name & Initial					
Occupation		Occupation					
Phone (Home)	(Work)	Phone (Home)	(Work)	Social Security numbers are required for all dependents. If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here: _____			
Soc. Sec. # (Last 4 digits)	Date of Birth	Soc. Sec. # (Last 4 digits)	Date of Birth	1. Did your name, address or marital status change during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mailing Address <input type="checkbox"/> Check if address is new		County		2. Can you be claimed as a dependent on another tax return? Yes <input type="checkbox"/> No <input type="checkbox"/>			
City, State, & Zip		Email Address		3. Are you (or your spouse) blind or permanently disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>			
				4. Did you claim children above that don't live with you? Yes <input type="checkbox"/> No <input type="checkbox"/>			
				5. Did you carry forward or incur any adoption expenses during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>			

GENERAL QUESTIONNAIRE

1. Were you notified by the IRS or YOUR STATE of any change to a tax return? Yes <input type="checkbox"/> No <input type="checkbox"/>	21. Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund? You: Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse: Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are any of your claimed dependents not residents or citizens of the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	22. Do you have a Medical or Health Savings Account (MSA or HSA)? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Did you make any gifts of over \$19,000 to any individual? Yes <input type="checkbox"/> No <input type="checkbox"/>	23. If you are age 73 or older, have you started your mandatory retirement savings withdrawals? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you have any foreign income or foreign bank accounts? Yes <input type="checkbox"/> No <input type="checkbox"/>	24. Did you receive employer-provided: commuter transportation benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> educational assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Did you have living expenses in a foreign country as a result of income earned abroad? Yes <input type="checkbox"/> No <input type="checkbox"/>	25. Did you pay long-term healthcare insurance premiums or receive benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have any worthless stocks, uncollectible bad debts or were the victim of a ponzi scheme? Yes <input type="checkbox"/> No <input type="checkbox"/>	26. Are you a school teacher who paid for classroom materials without reimbursement? (Please provide a recap of expenses for potential deduction.) Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Did you become disabled during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>	27. If you would like your refund deposited directly into your bank account, please attached a voided check or deposit slip. (up to 3 accounts) Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Are you a handicapped employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	28. Did you or your spouse have qualified military combat pay? Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Did you receive any distribution from an IRA, profit sharing or pension plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	29. Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits? Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have you used bartering to exchange any goods or services? Yes <input type="checkbox"/> No <input type="checkbox"/>	30. Did you purchase a new home this year? Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you or your dependents taken a distribution from a Qualified Tuition Program (QTP) or 529 program during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>	31. If over age 70 1/2, did you make a direct contribution to a charity from an IRA? Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Did you receive reimbursement from a prior year casualty, theft loss or medical deduction? Yes <input type="checkbox"/> No <input type="checkbox"/>	32. Did you pay sales tax on any major purchases (including any new vehicles)? Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Did you start a new business during the year or do you expect to start one this coming year? Yes <input type="checkbox"/> No <input type="checkbox"/>	33. Did you revise a prior year divorce decree that includes alimony? Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Did you pay anyone (over 18) \$2,800 or more to work at your home during the calendar year? Yes <input type="checkbox"/> No <input type="checkbox"/>	34. Did you receive any premium health insurance credits during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Did you donate a partial interest in any goods to charitable organizations? Yes <input type="checkbox"/> No <input type="checkbox"/>	35. Did you refinance a mortgage? Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Do you have children under age 19 with investment income (age 24 if dependent student)? Yes <input type="checkbox"/> No <input type="checkbox"/>	36. Did you adopt a child(ren)? Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Do you expect any significant changes in income or your tax liability for the coming year? Yes <input type="checkbox"/> No <input type="checkbox"/>	37. Did you receive tip or overtime income? Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Did you receive any source of income that is not listed in this booklet? Yes <input type="checkbox"/> No <input type="checkbox"/>	
19. Did you buy, sell, or use any digital currency during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
20. Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>	

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar.
Please circle any deduction that is a disproportionate amount for only you or only your spouse (It may be to your advantage to file separately).

MEDICAL

Only the amount of unreimbursed medical expenses that exceeds 7.5% of adjusted gross income is allowed.

Description of Medical Expenses	Amount
Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.	
Prescriptions & Drugs (doctor prescribed only)	
Insulin (general drugs not allowed)	
Eye Glasses / Contact Lenses	
Hearing Aids, Supplies, & Other Medical Aids	
X-Ray / Lab Fees	
Ambulance, Paramedic	
Nurses (board & room)	
Equipment (prescribed & rented)	
Nursing Home Medical Care	
Medicare Part B Service Payments	
Smoking Cessation Program	
Other:	
Other:	
Other:	
Other:	

MEDICAL INSURANCE (Code: Pre-Tax = P, After Tax = A, Unsure = U)

Important: Provide proof of health insurance (Form 1095 or equivalent)

Insurance — paid by you	
Group Health Plans (deduct from salary)	
Medicare Premiums	
Other Insurance (long-term healthcare, MSA, other)	
Summary Total (optional)	
Lodging (while away from home)	
Transportation (total miles driven for medical reasons or actual cost)	

TAXES

Description of Taxes Paid	State	Amount
Real Estate Taxes, Home (include if you itemize or not)		
Real Estate Taxes, Other (not included on rental schedule)		
Property Tax Rebates (if any)		
Personal Property Taxes (if any)		
Property Taxes (if any)		
Property Taxes, Other (if any)		
Auto Licenses (not a deduction in all states)		
State or Local Income Taxes (if not listed elsewhere)		
Sales Tax / Other (if you paid any special assessments or substantial sales tax, please attach supporting documents)		

CASUALTY/THEFT LOSSES

☐ loss must be in a federally declared disaster area.

Only the total net result that exceeds 10% of adjusted gross income is allowed.

Fire, Storm, Theft, and Auto Damage — If more than one, provide similar detail for each.

Date Acquired	Date Acquired	Cost or Basis	
		Insurance Paid	
Describe How and/or What Happened	Date of Loss	Mkt. Value Before	
		Mkt. Value After	

CONTRIBUTIONS

Receipts or canceled checks are now required for all cash donations.

Cash Contributions (must have receipts for all donations)	Amount
Church / Temple (name)	
Cancer / Heart / Easter / Christmas Seals, etc. (attach list if more than one)	
Red Cross / United Way / YMCA / YWCA (attach list if more than one)	
Public TV / Radio	
Veteran's Organization (name)	
Schools (name and describe)	
Other:	
Summary Total — (Optional) A summary total for cash/check contributions may be used. Political contributions are not deductible. Deduct value of gift received for any contributions.	
Non-Cash Contributions — Property, Clothing, Furniture, Food, etc. Attach explanation listing name & address of donee organization, items donated, date of donation, and fair market value. If total value of a single donation exceeds \$500, explain the method used to arrive at value (items over \$5,000 require an appraisal). If you donated a vehicle, please attach Form 1098-C received from the charity.	
Volunteer Work — Mileage & Parking Attach explanation listing date, name & address of donee organization, activity performed, miles driven, and parking fees.	

INTEREST

(Amounts, names, and Social Security numbers must match Form 1098 issued by financial institutions)

Mortgage Interest, Principal Residence	Paid to Financial Institution (Form 1098)	
	Paid to Individual (List name, address, Soc. Sec. no. below)	
	Name	Address
		SSN (last 4 digits)
Mortgage Interest, Principal Residence	Paid to Financial Institution (Form 1098)	
	Paid to Individual (List name, address, Soc. Sec. no. below)	
	Name	Address
		SSN (last 4 digits)

Did you acquire a new mortgage or borrow on an existing mortgage during the year?

Yes ☐ No ☐ If yes, what is your combined mortgage debt? \$

Points paid to acquire new mortgage (if not included above)

Home Equity Loan Interest

(used to buy, build, or substantially improve a qualified resident)

Student Loan Interest

(attach Form 1098-E + details: for whom, loan date, loan purpose)

Auto Loan Expense (must be qualified autos made in the U.S.)

Other:

Deductible Investment Interest

Note: Personal interest from credit cards, used autos, online purchases, etc., is not deductible.

CHILD AND DEPENDENT CARE

☐ If you have employer provided dependent care benefits.

☒ If required to be gainfully employed (or a full-time student), or if service performed in your home (nanny).

Name/Address of Provider	Soc. Sec. or ID	Amount Paid
Federal ID No. if required to file IRS wages reports	Total Paid During the Year	\$
	No. Children Under Age 13	#

Use Form W-10 for provider details. Allocate expenses by dependent. Attach details if more space is needed.

RETIREMENT CONTRIBUTIONS

<input checked="" type="checkbox"/> If covered by a work retirement plan	Date	Traditional IRA	SEP/SIMPLE	Roth IRA
Single or Taxpayer	/ /			
Spouse	/ /			

If you want the maximum allowable deduction, write MAX in the money column(s). You will be informed of amount to deposit.	List total value of ALL IRAs on last day of the year:
	Single or Taxpayer
	Spouse

HIGHER EDUCATION EXPENSES

Note: Many higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax-deferred savings accounts. Please provide information for each student and include all 1099-Q forms.

<input checked="" type="checkbox"/> If student is attending less than 1/2 time	1st Student	2nd Student	3rd Student
Code (1=Taxpayer, S=Spouse, D1=Dependent 1, D2=Dependent 2)			
Attach any 1098-T's received (required)	Amount	Amount	Amount
Tuition			
Fees, Books Supplies			
Other			
Other			
Other			

Other Expenses: Enter amounts as these expenses may qualify for tax/penalty-free IRA withdrawals, student loan interest deduction, or U.S. Savings Bond Interest Income Exclusion

	1st Student	2nd Student	3rd Student
Room and Board			
Amount of any Grants, Scholarships			
JOB RELATED EDUCATION (May only be available at the state level.)			
Miles Driven	Taxpayer	Spouse	
Room and Board			
Books and Supplies			
Seminar Fees			

Address Service Requested

IMPORTANT

Tax Questionnaire Enclosed

Please call for an appointment
Richard Schroeder
CRS Management Inc.
708-878-3913

Direct Deposit Info:

Bank Name _____
Savings/Checking (circle one)
Routing # (9 digits) _____
Account # _____

BUSINESS EXPENSES

How to use: Use this area to summarize your Schedule C sole proprietor business expenses. Provide financials if available.

Business Owner: Taxpayer ☐ Spouse ☐ Both ☐

Type of Business	Total Revenue		
BUSINESS EXPENSES (if more lines needed, continue on separate page)			
Advertising	EE Benefits	Repair & Maint.	Other:
Car/Truck Expenses	Insurance	Supplies	Other:
Commission Fees	Legal/Prof. Services	Taxes/Licenses	Other:
Contract Labor	Office	Meals	Did you purchase any business equipment during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach details)
Depletion	Pension/Profit Shar.	Utilities	
Depreciation	Rent or Lease	Wages	
Total Business Expenses			\$

VEHICLE EXPENSES

(If both taxpayer and spouse have deductions, use Vehicle 1 for taxpayer, Vehicle 2 for spouse)

Date Placed in Service	Make	Year	Model	Cost or Basis	▼ X if New This Year
Vehicle 1	/ /				Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle.
Vehicle 2	/ /				
Vehicle 1	Vehicle 2	Vehicle 1	Vehicle 2	Vehicle 1	Vehicle 2
Gas & Oil		Licenses		Washing/Lube	
Insurance		Repair/Maint.		Other:	
Lease Payments		Tires/Accs.		Other:	

TRAVEL EXPENSES - AWAY FROM HOME

Days gone overnight	Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/>
Transportation	Auto Rental
Lodging	Cabs, Bus, etc.

VEHICLE MILEAGE DETAIL

☐ X if another vehicle is available for personal use.

Vehicle 1	Vehicle 2
Subtract B from A for (1), Total Miles Driven. List Business Mile (2), from driving log. Subtract 2 from 1 to get personal miles (3). Divide line 2 by line 1 for percent of business use.	
A. End of Year +	
B. Beginning of Year -	
1. Total Miles Driven =	
2. Business Miles	
3. Personal Miles	
No. round-trip miles from home to work	% Business Use (Line 2 ÷ Line 1) =
Number of days worked last year	%

I have adequate records and sufficient written evidence to support the use of listed vehicles and deductions listed above.

(Please Sign) _____

HOME OFFICE

Type of Business	Justified business use for: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/>	
Date Acquired Home	Cost of Land	Taxes
Sq. Footage of Living Area ⁽¹⁾	Cost of Home	Insurance
Sq. Footage of Office Area ⁽²⁾ (incl. inventory & sample storage)	Cost of Improvements	Maintenance
% Office Area [(2) ÷ (1)]	Utilities	Daycare Provider # of Hours
	Interest (mortgage, home equity loan)	Other