



NEW CLIENT TAX ORGANIZER

Please gather the following documents that apply and submit them with your completed packet. We look forward to working with you! Thank you.

Documents to submit:

- 1) W2(s)
- 2) 1095, 1098, 1099(s) - Misc., DIV, INT, NEC, R, K, B
- 3) Schedule K-1(s)
- 4) Real Estate tax bill(s), Closing statements for refinance & real estate transactions

TAXPAYER INFORMATION

Name (First Middle Last)

Partner Full Name (if joint return)

Mailing Address to be used on your return:

Permanent home address, if different from your mailing address:

FILING STATUS - *please check one*

Single: Married Filing Jointly: Married Filing Separately: Head of Household:

If married,

- Did you live separately from your spouse at any time during 2023? Yes No
- Are you eligible to claim your spouse's exemption? Yes No
- Does your spouse itemize deductions? Yes No

If Head of Household,

- and the qualifying person is a child but not your dependent, enter the child's

Name: _____ SS#: _____

Are you a surviving spouse?

Yes No

A qualifying widow/widower is a taxpayer whose spouse has passed during the last two years and also has a qualifying dependent on their tax return

Did your marital status change in 2023?

Yes No

If yes, please provide reason: _____

DEPENDENT INFORMATION - *person for whom you provide more than 50% support*

Did you *pay* alimony in 2023? Yes No

If yes, SS# of recipient: _____

Alimony card #: _____

Did you/spouse *receive* alimony in 2023? Yes No

If yes, SS# of recipient: _____

Alimony card #: _____

In 2023, were you or your spouse -

- Permanently or totally disabled. Yes No
- A member of the U.S. Armed Forces? Yes No
- Work for the U.S. Government? Yes No

DEPENDENT #1

Full Name: _____ SS#: _____ DOB: _____

Relationship: _____ U.S. Citizen or Resident? Yes No

Lives with you? Yes No Months lived with taxpayer in U.S. _____

Childcare expenses: \$ _____

- Does not live with you due to divorce but is a person who qualifies you for the earned income credit and/or credit for child and dependent care expenses: Yes No

DEPENDENT #2

Full Name: _____ SS#: _____ DOB: _____

Relationship: _____ U.S. Citizen or Resident? Yes No

Lives with you? Yes No Months lived with taxpayer in U.S. _____

** If more dependents, please add onto last page*

Childcare expenses: \$ _____

- Does not live with you due to divorce but is a person who qualifies you for the earned income credit and/or credit for child and dependent care expenses: Yes No

Did you or your spouse?

- Provide over half of the support for any other person? Yes No
- Have dependents that must file a U.S. tax return? Yes No
 - If yes, do you need us to prepare? Yes No
- Have children who are under age 18 or are full time student(s) under age 23 WITH investment income greater than \$2,200? Yes No
 - If yes, do you include this income on your return? Yes No
- Incur adoption expenses during 2023? Yes No
- Pay for any childcare or dependent care services or participate in The FSAFEDS or other or other flexible spending account for dependent care in 2023? Yes No

CHILDCARE EXPENSE DETAIL

PROVIDER # 1

Name: _____ SS# or Federal ID #: _____

Address: _____ Amount Paid \$ _____

Was the provider an individual or a corporation? Individual Corporation

If individual, was a 1099 issued? Yes No

Notes: _____

PROVIDER # 2

Name: _____ SS# or Federal ID #: _____

Address: _____ Amount Paid \$ _____

Was the provider an individual or a Corporation? Individual Corporation

If individual, was a 1099 issued? Yes No

Notes: _____

REAL ESTATE - Rental Property

Rents/royalties received in 2023 \$ _____

Did you use this property personally for 2023? Yes No

If yes, how many days as rental? _____ How many days as personal? _____

Does this rental have multiple living units, and you occupy one? Yes No

Did you actively participate in managing this property? Yes No

Rental Property Deductions - \$ totals for 2023			
Advertising	\$	Landscaping	\$
Bank charges	\$	Repairs	\$
Commissions/Prop. Management	\$	Improvements	\$
Dues/Subscriptions	\$	Utilities (gas, elec., phone, etc.)	\$
Education	\$	Professional services (legal, etc.)	\$
Insurance (other than health)	\$	Security	\$
Interest - Mortgage	\$	Supplies	\$
Janitorial	\$	Property Taxes	\$
Laundry/Cleaning	\$	Travel	\$
Maintenance	\$	HOA	\$
Misc.	\$	Misc.	\$
Misc.	\$	Misc.	\$

Notes : _____

SELF-EMPLOYED

Did you work as an independent contractor/sole proprietor in 2023? Yes No

Are you a remote employee getting paid by a California Corporation Yes No

Did you receive a 1099 from any job in 2023? Yes No

Self-Employed Business Deductions - \$ totals for 2023			
Advertising	\$	Postage	\$
Bank charges	\$	Printing	\$
Commissions	\$	Rent (vehicles, equipment)	\$
Contract Labor	\$	Rent (office space)	\$
Delivery/Freight	\$	Repairs	\$
Dues/Subscriptions	\$	Security	\$
Education	\$	Software Services	\$
Employee benefit programs	\$	Supplies	\$
Insurance (other than health)	\$	Taxes - real estate	\$
Owner Medical Insurance	\$	Taxes - sales	\$
Non-owner Medical Insurance	\$	Taxes - other (not entered elsewhere)	\$
Interest - Mortgage	\$	Taxes - payroll	\$
Interest (not entered elsewhere)	\$	Cell phone	\$
Janitorial	\$	Tools	\$
Laundry/Cleaning	\$	Travel	\$
Legal & Professional	\$	Meals in full	\$
Licenses & Permits	\$	Entertainment	\$
Miscellaneous	\$	Uniforms	\$
Office	\$	Utilities	\$
Outside Services	\$	Other	\$
Other	\$	Other	\$
Other	\$	Other	\$
TOTAL INCOME EARNED	\$		

Did your business pay an individual \$600 or more? Yes No

If yes, a 1099 needs to be generated (due January 31st)

Do you need our assistance with this filing? Yes No

HOME OFFICE EXPENSES

Did you work from home in 2023? Yes No

If yes, square feet of home _____ and square feet of home office _____

Home Office Expenses	@100%	Notes
Utilities - landline, internet, electric, gas, water, garbage	\$	
Homeowners, renter's insurance	\$	
HOA Fees	\$	
Repairs & Maintenance - garden, cleaning, security, etc.	\$	
Mortgage Interest	\$	
Property Tax	\$	
Rent	\$	
Other	\$	

Car Used For Business Deductions	Car #1	Car # 2
Business Mileage		
Personal mileage		
Commute Mileage		
Parking & Tolls	\$	\$
DMV fees	\$	\$
Insurance, gas, repairs, washes, etc.	\$	\$
Lease payments for the year Lease date _____	\$	\$
New car purchase price Purchase date _____	\$	\$
Auto Loan Interest	\$	\$

Did you take part in the Catastrophic Leave Program (CAT) Yes No

FOREIGN FINANCIAL ACCOUNTS AND FOREIGN ASSETS

Please provide a list of ALL foreign financial assets or accounts that you or your spouse had at any time with any balances including bank or brokerage accounts, mutual funds, pension funds, other retirement accounts, etc. Include non-U.S. accounts for which you held a beneficial interest or had signature authority at any time.

Asset Type	Financial Institution	Country	Account #	Ownership (Joint, Beneficiary, Signatory)	Max value during year	Balance on 12/31/2023	Source currency

Were you the grantor of, or transferor to, a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? Yes No

If a FinCen 114 (FBAR) is required for 2023, would you like us to file? Yes No

If you plan to prepare and file, please provide us with a complete copy. FBAR filing is due April 15, 2023

ITEMIZED DEDUCTIONS

ITEMIZED - CHARITABLE DONATIONS *Provide receipts for all donations - cash and non-cash*

What is the highest amount you donated to any one person or organization in 2023?

You Spouse Amount \$ _____

Did you or your spouse -

- Make gifts of over \$16,000 to an individual, institution, or charity, including 529 plan account? You Spouse Amount \$ _____
- Make a gift to a trust? (Special-Needs Trust, QPRT, QLAC) You Spouse Amount \$ _____
- Pledge a Legacy gift? You Spouse Amount \$ _____
- Donate an IRA? You Spouse Amount \$ _____
- Donate an Annuity? You Spouse Amount \$ _____
- Donate a vehicle? You Spouse Value \$ _____

Please provide 1098C from receiver

- Donate hours or drive miles? Hours _____ Miles _____
- Make any contributions to U.S. Tax-exempt charities? Yes No

ITEMIZED - MEDICAL EXPENSES

Prescription meds	\$	Health insurance premium	\$
Long-term care premium	\$	Spouse long-term care	\$
Taxpayer's gross long-term care	\$	Spouse gross long-term care	\$
Dependent's gross long-term care	\$	Self-employed health insurance	\$
Insurance reimbursement	\$	Doctors, Dentist, etc.	\$
Hospitals, clinics, etc.	\$	Lab & X-ray fees	\$
Eyeglasses, contact lenses	\$	Medical equipment, supplies	\$
Miles driven for medical		Ambulance fees	\$
Lodging	\$	Misc.	\$
Misc.	\$	Misc.	\$

ITEMIZED - HEALTH INSURANCE

For *California, New Jersey, Washington DC, Massachusetts, Vermont, Rhode Island* Residents:

- Did you or your spouse participate in a health insurance plan that meets the Affordable Care Act (ACA) insurance guidelines for the entire calendar year? You Spouse
- How did you obtain Health Insurance?
Employer _____ Open Exchange _____ Medicare _____ Other _____

If you did not have minimum health insurance coverage at any time or only during part of the year, detail why you did not have coverage that met the ACA guidelines so that we may determine if you qualify for an ACA exception:

- Did you receive a 1095? Yes No

Are/did you or your spouse -

- Self-employed? You Spouse
- Pay for self-employed health insurance? You Spouse
- Eligible to participate in a health plan at another job? You Spouse
- Participate in a FSAFEDS health care account? You Spouse

ITEMIZED - AUTO REGISTRATION

- Did you purchase a new vehicle? Yes No
Amount of expenses \$ _____ Registration for 2023 \$ _____
- Mileage recorded? Yes No If yes, how many miles? _____

ITEMIZED - MORTGAGE, PROPERTY TAX

Property taxes (principal residence) \$ _____ Additional homes or land \$ _____

Lender's Name: _____ Amount \$: _____
 Lender's Name: _____ Amount \$: _____
 Lender's Name: _____ Amount \$: _____
 Lender's Name: _____ Amount \$: _____
 Lender's Name: _____ Amount \$: _____

ITEMIZED - SALES & USE TAX

Did you pay any other significant sales and/or use tax? You Spouse

Date	Amount	City	State	Sales Tax Rate

ITEMIZED - IRA & PENSION

Please check Yes or No

Type	Contribute	Receive Distribution
Traditional IRA	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Roth	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
SEP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Solo K	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
529 Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- Did you roll over an IRA/Pension? Yes No
- Did you convert a Roth IRA? Yes No

ITEMIZED - BUYS & SELLS

- Did you borrow from invested assets? Yes No
- Did you surrender any U.S. savings bonds? Yes No
- Did you exchange any securities for other securities or property held as an investment? Yes No

ITEMIZED - INVESTMENTS DIGITAL ASSET/CRYPTOCURRENCY *Provide documentation*

In 2023, did you or your spouse engage in any Digital Asset activity? Yes No

Did you or your spouse

- Exchange Digital Asset(s)? You Spouse Amount \$ _____
 - Did your digital asset liquidate? Yes No
- Mine Digital Asset(s)? You Spouse Amount \$ _____
 - *Please specify currency*
- Purchase Digital Asset(s)? You Spouse Amount \$ _____
 - *Please specify currency*
- Sell Digital Asset(s)? You Spouse Amount \$ _____
 - *Please specify currency*
- Did any of your digital assets fork? You Spouse Amount \$ _____
- Did anyone in your family participate in GameFi? If yes, provide transaction spreadsheet

Provide any additional notes on digital assets/cryptocurrency:

ITEMIZED - INVESTMENTS - BANK/BROKERAGE

Did you receive form 1099 INT? Yes No

Did you receive form 1099 DIV? Yes No

If NCFG manages your assets, we already have this information, so no need to send.

Did you receive any Interest, Dividend or Royalty income?

You Spouse Amount \$ _____

Do you have any collateralized loans? Yes No

Did you pay any interest? Yes No

Have any loans secured against your investments? Yes No

Please detail any 'bad' investments here - uncollectable loans, Ponzi schemes, etc.

ITEMIZED - ENERGY CREDITS

Did you or your spouse

- Make solar energy-saving improvements to your home? Yes No
 - Make solar energy-savings improvements to your business? Yes No
- Make wind energy-saving improvements to your home? Yes No
 - Make wind energy-savings improvements to your business? Yes No
- Make energy efficient home improvements (windows, etc.) Yes No
- Purchase a qualified cell motor vehicle? Yes No
- Purchase a Tesla battery? You Spouse Amount \$ _____
Yes No Size _____ kWh _____

ITEMIZED - STUDENT LOAN

Did you pay interest on a student loan for you, spouse, dependents?

Please attach 1098E You Spouse Amount \$ _____

IS ANYONE IN YOUR FAMILY ATTENDING COLLEGE? Yes No

DID YOU PAY ANY ESTIMATED TAX PAYMENTS -

Please attach your cancelled checks/electronic receipts

Date	Federal	State
	\$	\$
	\$	\$
	\$	\$
	\$	\$

HOUSEHOLD EMPLOYEE

Did you hire a household employee? Yes No

If yes,

o Was this employee a personal assistant? Yes No

o Was this employee a nanny? Yes No

Did you pay this employee more than \$600? Yes No

If yes,

o Did you have them complete a W-9? Yes No

o Was a 1099 issued? Yes No

o Does a 1099 need to be issued? Yes No

o Was the household employee put onto payroll? Yes No

Pay an individual for any non-childcare household employment services? *Maid, gardener, etc.* Yes No

ADDITIONAL INCOME

Did you or your spouse

- Receive any unemployment compensation?

You Spouse Amount \$ _____

- Did you have any Federal taxes withheld on your unemployment?

You Spouse Amount \$ _____

- Receive any disability payments?

You Spouse Amount \$ _____

- Receive any Tip income?

You Spouse Amount \$ _____

- Have any gambling winnings or losses?

You Spouse Amount \$ _____

- Receive any insurance or legal settlement proceeds?

Life, long term care, disability, property & casualty, claim - auto, loan

You Spouse Amount \$ _____

MISC. INCOME

Payor's Name: _____

Amount \$: _____

Payor's Name: _____

Amount \$: _____

Payor's Name: _____

Amount \$: _____

Payor's Name: _____

Amount \$: _____

Payor's Name: _____

Amount \$: _____

