

Scott Allen, E.A.

Tax Debt Advisors, Inc.

- Tax Return Preparation
- IRS & State Tax Problems

January 19, 2024

Dear Valued Client:

Enclosed is tax organizer for your 2023 tax preparation appointment. Please review the organizer and bring it with you along with the appropriate information to your appointment. We ask that you schedule a phone or office appointment as possible to get a time that is most convenient for you.

To ensure accuracy and avoid any delay in the completion of your return, please bring the applicable documents: W-2's, 1099's, social security income statement, unemployment compensation, any pension rollover or distribution information-1099R's, brokerage statements, closing statements on a purchase or sale of a home, and any K-1's. Social security numbers and dates of birth are needed for all dependents. If this is your first year using our tax preparation services, please bring your 2022 tax return with you. If you are a part-year Arizona resident, all income and expense items must be segregated by state. Self-employed clients need to have expense totals for each category. Receipts are not needed for the appointment but you do need to keep them organized at your home or business to support your deductions.

If you have any questions don't hesitate to call or email me ahead of time. All phone calls are answered or promptly returned the same day. Your referrals are greatly appreciated. I take very seriously the trust you extend to me with each one.

Thank you for your support and Happy New Year!



Scott Allen, E.A.



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(480) 926-9300

NEW REPORTING REQUIREMENT

- Any new and existing Corps and LLC's are required to file a Beneficial Ownership Information (BOI) report with www.fincen.gov
- New LLC's - within 90 days
- Existing LLC's - by Dec 31st

RECORD YOUR APPOINTMENT TIME BELOW WHEN SCHEDULING

Day

Date

Time

OFFICE LOCATION

| | | |
|--------------|------------|--------------|
| | GILBERT RD | VAL VISTA DR |
| SOUTHERN AVE | X | |
| US 60 | | |

**3155 E SOUTHERN AVE #101
MESA, AZ 85204**

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TAX RETURN ORGANIZER**SCOTT ALLEN, E.A.**

TAX DEBT ADVISORS, INC.

WWW.YOURTAXORGANIZER.COM

| | | | | | |
|-----------------------|--|-------|-------------------|--------------|--|
| TAXPAYER'S NAME | | | S.S.# | | |
| SPOUSE'S NAME | | | S.S.# | | |
| TAXPAYER'S OCCUPATION | | | DATE OF BIRTH | | |
| SPOUSE'S OCCUPATION | | | DATE OF BIRTH | | |
| ADDRESS | | | | | |
| CITY | | STATE | ZIP | HOME PHONE # | |
| TAXPAYER'S WORK # | | | TAXPAYER'S CELL # | | |
| SPOUSE'S WORK # | | | SPOUSE'S CELL # | | |
| E-MAIL | | | | | |

| DEPENDENT CHILDREN | | | | MONTHS IN HOME |
|-----------------------------|---------------|-------|--------------|----------------|
| NAME (FIRST, INITIAL, LAST) | DATE OF BIRTH | S.S.# | RELATIONSHIP | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| CHILD DEPENDENT CARE EXPENSES | | | |
|-----------------------------------------------------------------------------------------------------|--|---------------|--|
| NUMBER OF DEPENDENTS CARED FOR | | EXPENSES | |
| PROVIDER NAME | | TAX ID NUMBER | |
| ADDRESS | | | |
| (REQUIRED BY LAW TO PROVIDE THE NAMES, ADDRESSES, ID #, & AMOUNTS PAID TO EACH CHILD CARE PROVIDER) | | | |

| INTEREST EXPENSES | |
|---------------------------------------------|--|
| HOME MORTGAGE - PAID TO FINANCIAL INSTITUTE | |
| HOME MORTGAGE - PAID TO INDIVIDUAL | |
| MORTGAGE POINTS | |
| INVESTMENT INTEREST PAID | |

| PROPERTY TAXES | |
|----------------|--|
| RESIDENCE | |
| 2ND RESIDENCE | |
| AUTO LIC FEES | |
| OTHER | |

| MEDICAL EXPENSES | |
|--------------------------------------|--|
| HEALTH INSURANCE (IF PAID PRIVATELY) | |
| PRESCRIPTION MEDICINES | |
| DOCTORS & HOSPITALS | |
| DENTISTS | |
| MEDICAL MILES | |
| OTHER | |

| CONTRIBUTIONS | |
|---------------------------|--|
| CASH/CHECKS | |
| GOODS | |
| AZ TAX CREDITS | |
| | |
| (COPY OF RECIEPTS NEEDED) | |

| GAMBLING | |
|----------|--|
| WINNINGS | |
| LOSSES | |

| ALIMONY PAID OR RECEIVED | | H | W |
|---------------------------------|--|---|---|
| WHAT YEAR WAS DIVORCE FINALIZED | | | |
| SOCIAL SECURITY INCOME | | | |

| |
|-----------------------------|
| NOTES AND QUESTIONS TO ASK: |
| |
| |
| |

| SELF-EMPLOYED BUSINESS | | |
|--------------------------|------|--------|
| BUS. NAME | | |
| TAX ID # | | |
| GROSS INCOME | | |
| EXPENSES | | |
| ADVERTISING | | |
| BUSINESS MEALS | | |
| OFFICE EXPENSES | | |
| INSURANCE | | |
| INTEREST PAID | | |
| RENT: EQUIPMENT | | |
| RENT: OFFICE | | |
| LEGAL & PROFESSIONAL | | |
| REPAIRS | | |
| SUPPLIES/MATERIALS | | |
| TAXES | | |
| PHONE/INTERNET | | |
| TRAVEL | | |
| WAGES | | |
| CONTRACT LABOR | | |
| OTHER _____ | | |
| OTHER _____ | | |
| BUSINESS MILEAGE | | |
| PERSONAL MILEAGE | | |
| VEHICLE DESCRIPTION | | |
| EQUIPMENT PURCHASES: | | |
| DESCRIPTION | DATE | AMOUNT |
| | | |
| | | |
| BUSINESS BANK BALANCE | | |
| BEGINNING AMOUNT (JAN 1) | | |
| ENDING AMOUNT (DEC 31) | | |
| IF YOU HAVE INVENTORY | | |
| BEGINNING AMOUNT (JAN 1) | | |
| ENDING AMOUNT (DEC 31) | | |

| RENTAL PROPERTY | #1 | #2 | #3 |
|----------------------------------------|----|----|----|
| GROSS INCOME | | | |
| EXPENSES | | | |
| ADVERTISING | | | |
| CLEANING & MAINTENANCE | | | |
| INSURANCE | | | |
| INTEREST: MORTGAGE | | | |
| INTEREST: OTHER | | | |
| LEGAL & PROFESSIONAL | | | |
| MANAGEMENT FEES | | | |
| REPAIRS | | | |
| SUPPLIES | | | |
| TAXES | | | |
| UTILITIES | | | |
| OTHER _____ | | | |
| BUSINESS MILEAGE | | | |
| VEHICLE DESCRIPTION | | | |
| PROPERTY IMPROVEMENTS | | | |
| DID YOU BUY OR SELL A RENTAL PROPERTY? | | | |

| HOME OFFICE DEDUCTION (FOR SELF-EMPLOYED) | | | |
|-------------------------------------------|--|-----------|--|
| TOTAL SQFT OF HOME | | INSURANCE | |
| SQFT OF HOME OFFICE | | REPAIRS | |
| UTILITIES | | OTHER | |
| HOMEOWNERS ASSOC. | | | |

| ESTIMATED TAX PAYMENTS | DATE | AMOUNT | DATE | AMOUNT |
|------------------------|------|--------|------|--------|
| | | | | |
| | | | | |

| HEALTH INSURANCE |
|--------------------------------------------------------------------------------------------------------------------------|
| IF YOU RECEIVED YOUR HEALTH INSURANCE THRU THE MARKETPLACE (HEALTHCARE.GOV) THEN YOU NEED TO PROVIDE THE 1095-A TAX FORM |
| THE 1095-B AND 1095-C TAX FORMS ARE NO LONGER REQUIRED |

| IMPORTANT TAX QUESTIONS (CHECK THOSE THAT APPLY) AND BRING IN DOCUMENTATION | |
|-----------------------------------------------------------------------------|---------|
| PURCHASED OR SOLD A PROPERTY | |
| BOUGHT AND/OR SOLD STOCK THRU A BROKERAGE ACCOUNT | |
| WAS FORGIVEN OF DEBT (CANCELLATION OF DEBT) | |
| PAID COLLEGE TUITION FOR YOURSELF OR FOR A DEPENDENT | |
| CONTRIBUTED TO A NON-401K RETIREMENT PLAN (IRA, SEP, SIMPLE) | |
| RECEIVED UNEMPLOYMENT INCOME | |
| HAD DISTRIBUTIONS OR CONTRIBUTIONS TO A HEALTH SAVINGS ACCOUNT | |
| PAID STUDENT LOAN INTEREST | |
| DID YOU HAVE ANY FOREIGN BANK ACCOUNTS? | |
| REFUND DIRECT DEPOSIT: ROUTING | ACCOUNT |