

# Gianno & Freda Financial Center

It's Not What You Earn, It's What You Keep

## 2023 Individual Tax Organizer

Designed to help you organize your tax information and avoid missing key savings opportunities.

**GREAT COFFEE!**

**LOTS OF  
PARKING!**



**508-778-5555**

We run an efficient, friendly office – and we're here all year to answer your questions. If you'd like to discuss fees or schedule an appointment, call and we'll respond **immediately**. If you just have a tax question, we'll be happy to handle it **over the phone**.

Mark Gianno, CPA, CFP, CGMA

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TAXPAYER INFORMATION		SPOUSE INFORMATION	
First Name	Initial	First Name	Initial
Last Name		Last Name	
SSN	DOB	SSN	DOB
Occupation		Occupation	
Telephone		Telephone	
Email		Email	
Street Address		City	State ZIP

FILING STATUS	
<input type="checkbox"/> Single	<input type="checkbox"/> Head of Household
<input type="checkbox"/> Married	<input type="checkbox"/> Married Filing Separately

DEPENDENT 1	
Name	
DOB	SSN
Relationship	Months Lived at Home

DEPENDENT 2	
Name	
DOB	SSN
Relationship	Months Lived at Home

ESTIMATED TAX PAYMENTS			
FEDERAL		STATE	
Date	Amount	Date	Amount

REFUND	
Direct Deposit	<input type="checkbox"/> Yes (attach a VOID check) <input type="checkbox"/> No

***"It's not what you earn, it's what you keep!"***





**RENTAL INCOME & EXPENSES**

PROPERTY	#1	#2
Location		
<b>INCOME</b>		
Rent Received		
<b>EXPENSES</b>		
Advertising		
Association Dues		
Auto & Travel		
Cleaning/Maintenance		
Insurance		
Labor		
Professional Fees		
Miscellaneous		
Mortgage Interest		
Other Interest		
Supplies		
Taxes		
Telephone		
Utilities		
Repairs		
Improvements:		
Other:		

**ADJUSTMENTS TO INCOME**

<b>DEDUCTIBLE ALIMONY PAID</b>
Payee
Payee's SSN                      Amount
<b>IRA CONTRIBUTIONS, ETC.</b>
IRA Deduction
SIMPLE Plan Deduction
KEOGH/SEP Deduction
Education IRA Deduction
Penalty on Early Withdrawal

**HEALTH CARE COVERAGE**

Did you and your dependents have health coverage for the entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Attach Forms 1095-A, 1095-B or 1095-C, if available
Do you have a Health Savings Account (HSA, MSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No

**ITEMIZED DEDUCTIONS****MEDICAL & DENTAL EXPENSES** – Attach detailed schedules

Prescriptions
Insurance Premiums
Doctors & Dentists
Eyeglasses/Contacts
Other:

**TAXES PAID**

State & Local Income Taxes
Real Estate Taxes – Residence
Real Estate Taxes – Other Property
Auto License: Number of cars
Auto License: Fees Paid
Personal Property Taxes
Other Taxes:

**INTEREST PAID** – Attach Forms 1098

Home Mortgage (1st)
Home Mortgage (2nd)
Home Mortgage (Equity Line)
Student Loan Interest
Other Interest:

**CONTRIBUTIONS** – Attach detailed schedules

By Cash or Check
Personal Property

**MISCELLANEOUS DEDUCTIONS**

Union/Professional Dues
Investment Expense*
Tax Return Preparation Fees
Safe Deposit Box Rental
Unreimbursed Employee Business Expenses*
Other Deductions:

\*Attach detailed schedules

**DEPENDENT CARE**

Did you incur expenses for care of a dependent under 13 so that you could work or attend school?

☐ Yes   ☐ No

## MISCELLANEOUS QUESTIONS

	Yes	No	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any interest in, or signature or other authority over a bank, securities, other financial account or trust in a foreign country?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Do you own any foreign assets or do you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive an inheritance from a foreign country or a distribution from a foreign trust?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Did you buy, sell, exchange or hold virtual currency (crypto)?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Did any of your children under age 19 or full-time students under age 24 have investment income?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Did any of your dependents have income of \$1,150 or more?
9.	<input type="checkbox"/>	<input type="checkbox"/>	Does any family member receive a scholarship of any kind?
10.	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents?
11.	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay for domestic services in your home?
12.	<input type="checkbox"/>	<input type="checkbox"/>	Did you incur employment agency fees or job hunting expenses?
13.	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any education expense or student loan interest?
14.	<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses during the year?
15.	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts, including mortgages, cancelled or forgiven or did you sell or abandon property?
16.	<input type="checkbox"/>	<input type="checkbox"/>	Does anyone owe you money that has become uncollectible?
17.	<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any legal fees?
18.	<input type="checkbox"/>	<input type="checkbox"/>	Did you acquire or dispose of any assets (including real estate) during the year?
19.	<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell or refinance your principal home or second home, or obtain a home equity loan?
20.	<input type="checkbox"/>	<input type="checkbox"/>	Did you make any home energy-efficient improvements?
21.	<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a casualty loss because of damaged or stolen property?
22.	<input type="checkbox"/>	<input type="checkbox"/>	Did you make any gifts either outright or in trust?
23.	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any distribution from an IRA or other qualified plan? (Form 1099R)
24.	<input type="checkbox"/>	<input type="checkbox"/>	If yes, was this rolled over? (Form 1099R)
25.	<input type="checkbox"/>	<input type="checkbox"/>	Did you open a Roth IRA account or convert an IRA into a Roth IRA?
26.	<input type="checkbox"/>	<input type="checkbox"/>	Were you or your spouse the beneficiary of COBRA premium assistance?
27.	<input type="checkbox"/>	<input type="checkbox"/>	Were you granted or did you exercise any stock options?
28.	<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase an electric or hybrid vehicle or install a charging station?
29.	<input type="checkbox"/>	<input type="checkbox"/>	Have you been a victim of identity theft?
30.	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any correspondence from the IRS or State Taxation Agency?