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!	35
LOTS OF PARKING!	GQF)
508-778-5	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

296 Winter Street | Hyannis, Massachusetts 02601 | giannoandfreda.com

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	

☐ Single	Head of Household		
☐ Married	Married Filing Separately		
	EPENDENT 1		
Name			
DOB	SSN		
Relationship	Months Lived at Home		
D	EPENDENT 2		
Name			
DOB	SSN		
Relationship	Months Lived at Home		
	·		

FILING STATUS

	ESTIMATED TAX	(PAYMENTS		
FEDERAL STATE				
Date	Amount	Date	Amoun	

	REFUND	
Direct Deposit	☐ Yes (attach a VOID check)☐ No	

W-2	Employer	Gross Wages
1		
2		
3		
4		

OTHER INCOM	E
INTEREST - Attach Forms 1099INT	Total \$
DIVIDENDS – Attach Forms 1099DIV	Total \$
CAPITAL GAINS – Attach Forms 109 end brokerage statements with purch each asset.	
STATE TAX REFUND - Attach Forms	s 1099G
☐ Check if you did NOT itemize last	year
TAXABLE ALIMONY RECEIVED	
Payor	
Payor's SSN	Amount
SOCIAL SECURITY BENEFITS REC Forms SSA-1099	CEIVED – Attach
UNEMPLOYMENT BENEFITS RECI Forms 1099G	EIVED – Attach
PENSIONS/IRA/ANNUITY DISTRIB Forms 1099R	UTIONS – Attach
INCOME FROM PARTNERSHIPS, E TRUSTS AND S-CORPORATIONS -	(37.6)

OTHER INCOME - Attach detailed schedules

Include royalties, jury duty fees, finder's fees, director's fees, prizes, gambling winnings, disability payments, unreported tip income, child support and any other income (whether taxable or not).

WE WELCOME NEW INTRODUCTIONS

Please introduce us to your family, friends & business associates who may need help with their taxes or financial planning.

INCOME FROM BUSINESS OR PROFESSION				
GENERAL INFORMATION				
☐ Cash Basis ☐ Accrual Basis ☐ 1st Year				
Principal Business/Profession				
Business Name				
Business Address				
City State ZIP				
INCOME				
Gross Receipts or Sales				
Returns & Allowances				
Other Income				
COST OF GOODS SOLD (if applicable)				
Inventory @ Beginning of the year				
Purchases				
Cost of Labor				
Materials & Supplies				
Other Costs				
Inventory @ End of the Year				
EXPENSES				
Advertising				
Car & Truck Expenses*				
Commissions and fees				
Employee Benefits				
Insurance (other than health)				
Health Insurance Premiums for Self*				
Interest				
Legal & Professional fees				
Office Expenses				
Pensions & Profit Sharing				
Rent – Vehicles, Machinery & Equipment				
Rent – Business Property				
Repairs & Maintenance				
Supplies				
Taxes – Property				
Taxes & Licenses – Other				
Travel				
Meals & Entertainment*				
Utilities				
Wages				
Other Expenses*				
* Attach detailed schedules				
HOME OFFICE				
Did you have a home office during the year? ☐ Yes ☐ No				
If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning				

RENTAL INCOME & EXPENSES			ITEMIZED DEDUCTIONS		
PROPERTY	#1	#2	MEDICAL & DENTAL EXPENSES – Attach detailed schedules		
Location			Prescriptions		
INCOME			Insurance Premiums		
Rent Received			Doctors & Dentists		
EXPENSES			Eyeglasses/Contacts		
Advertising			Other:		
Association Dues					
Auto & Travel			TAXES PAID		
Cleaning/Maintenance			State & Local Income Taxes		
Insurance			Real Estate Taxes – Residence		
Labor			Real Estate Taxes – Other Property		
Professional Fees			Auto License: Number of cars		
Miscellaneous			Auto License: Fees Paid		
Mortgage Interest			Personal Property Taxes		
Other Interest			Other Taxes:		
Supplies					
Taxes			INTEREST PAID – Attach Forms 1098		
Telephone			Home Mortgage (1st)		
Utilities			Home Mortgage (2nd)		
Repairs			Home Mortgage (Equity Line)		
Improvements:			Student Loan Interest		
			Other Interest:		
Other:					
			CONTRIBUTIONS – Attach detailed schedules		
			By Cash or Check		
			Personal Property		
	NTS TO INCOM	/IE			
DEDUCTIBLE ALIMONY PAID			MISCELLANEOUS DEDUCTIONS		
Payee			Union/Professional Dues		
Payee's SSN	Amount		Investment Expense*		
IRA CONTRIBUTIONS, ET	ſC.		Tax Return Preparation Fees		
IRA Deduction			Safe Deposit Box Rental		
SIMPLE Plan Deduction			Unreimbursed Employee Business Expenses*		
KEOGH/SEP Deduction			Other Deductions:		
Education IRA Deduction					
Penalty on Early Withdra	wal				
			*Attach detailed schedules		
HEALTH CA	ARE COVERAG	BE .	DEPENDENT CARE		
Did you and your depender	nts have health	coverage for			
the entire year? Yes No			Did you incur expenses for care of a dependent		
Attach Forms 1095-A, 109	5-B or 1095-C,	if available	under 13 so that you could work or attend school?		
Do you have a Health Savings Account (HSA, MSA)?		ISA, MSA)?	☐ Yes ☐ No		

			MISCELLANEOUS QUESTIONS		
	Yes	No			
1.		u	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.		۵	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.			Did you receive an inheritance from a foreign country or a distribution from a foreign trust?		
4.			Did you buy, sell, exchange or hold virtual currency (crypto)?		
5.			Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?		
6.			Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older?		
7.			Did any of your children under age 19 or full-time students under age 24 have investment income?		
8.			Did any of your dependents have income of \$1,150 or more?		
9.		u	Does any family member receive a scholarship of any kind?		
10.			Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents?		
11.			Did you pay for domestic services in your home?		
12.			Did you incur employment agency fees or job hunting expenses?		
13.			Did you have any education expense or student loan interest?		
14.			Did you incur moving expenses during the year?		
15.			Did you have any debts, including mortgages, cancelled or forgiven or did you sell or abandon property?		
16			Does anyone owe you money that has become uncollectible?		
17.			Did you incur any legal fees?		
18.			Did you acquire or dispose of any assets (including real estate) during the year?		
19.			Did you purchase, sell or refinance your principal home or second home, or obtain a home equity loan?		
20.			Did you make any home energy-efficient improvements?		
21.			Did you incur a casualty loss because of damaged or stolen property?		
22.			Did you make any gifts either outright or in trust?		
23.			Did you receive any distribution from an IRA or other qualified plan? (Form 1099R)		
24.			If yes, was this rolled over? (Form 1099R)		
25.			Did you open a Roth IRA account or convert an IRA into a Roth IRA?		
26.			Were you or your spouse the beneficiary of COBRA premium assistance?		
27.			Were you granted or did you exercise any stock options?		
28.			Did you purchase an electric or hybrid vehicle or install a charging station?		
29.			Have you been a victim of identity theft?		
30.			Did you receive any correspondence from the IRS or State Taxation Agency?		