

# JEFFREY R WANGSGARD

## AND ASSOCIATES LLC

### INDIVIDUAL TAX ORGANIZER (1040)

We have attached an income tax organizer that will assist you in gathering the information necessary to prepare your tax return for the current tax year.

The Internal Revenue Service matches information reported on the reports/forms listed below with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information reflecting amounts reported to the Internal Revenue Service are also mailed/delivered to the taxpayers in an envelope clearly marked “IMPORTANT TAX DOCUMENTS ENCLOSED” and should be submitted with this organizer. Forms such as:

|                              |   |
|------------------------------|---|
| W-2 (Wages)                  | 1095-A, B, and C (Health Coverage)      |
| 1099-R (Retirement)          | Schedules K-1 (Forms 1065, 1120S, 1041) |
| 1099-INT (Interest)          |   |
| 1099-DIV (Dividends)         | Annual Brokerage Statements             |
| 1099-B (Brokerage Sales)     | 8886, Reportable transactions           |
| 1099-MISC (Rents, etc)       | Other tax information statements        |
| <b>1099-K (Credit Cards)</b> |   |
| 1099 (any other)             |   |
| 1098-T (Tuition Paid)        | Closing documents for Real Estate       |
| 1098 – Mortgage Interest     | Sales/Purchases                         |

To continue providing quality services on a timely basis, we urge you to collect your information as soon as possible. If K-1 information from “pass-through” entities such as partnerships, trusts and S-corporations are the only data that you are missing, please send the data you have assembled and forward the missing information as soon as it is available.

**The filing deadline for your income tax return (Form 1040) is April 18, 2023.** In order to meet this deadline your completed tax organizer and supporting documentation need to be received no later than April 12, 2023. Any information received after this date may result in an extension being filed.

**If a 6-month extension of time is required, any estimated tax that may be due must be paid with the extension. Any taxes not paid by the filing deadline may be subject to late payment penalties and interest.**

We look forward to meeting with you and providing these services for you. **Payment for tax preparation services is due prior to filing the return.** Should you have questions, please do not hesitate to contact us.

Sincerely,

Jeffrey R Wangsgard & Associates LLC

## INDIVIDUAL TAX ORGANIZER (1040)

**If we did not prepare your prior year tax returns, provide a copy of the federal and state returns for the previous year. Complete all applicable sections. Repeat clients may elect to only include updates to personal information on page 1.**

Taxpayer's Name \_\_\_\_\_ SSN \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_ Occupation \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ School District \_\_\_\_\_

### Taxpayer

Date of Birth \_\_\_\_\_  
 Blind? Yes \_\_\_ No \_\_\_

#### Contact Information

Cell \_\_\_\_\_  
 Home \_\_\_\_\_  
 Office \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

### Spouse

Date of Birth \_\_\_\_\_  
 Blind? Yes \_\_\_ No \_\_\_

#### Contact Information

Cell \_\_\_\_\_  
 Home \_\_\_\_\_  
 Office \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

### Dependent Children Who Lived With You:

| Full Name | Social Security Number | Relationship | Birth Date |
|-----------|------------------------|--------------|------------|
|           |                        |              |            |
|           |                        |              |            |
|           |                        |              |            |
|           |                        |              |            |
|           |                        |              |            |
|           |                        |              |            |
|           |                        |              |            |

### Other Dependents:

| Full Name | Social Security Number | Relationship | Birth Date | Number of Months Resided in Your Home | % of Support Furnished By You |
|-----------|------------------------|--------------|------------|---------------------------------------|-------------------------------|
|           |                        |              |            |                                       |                               |
|           |                        |              |            |                                       |                               |
|           |                        |              |            |                                       |                               |

**ESTIMATED TAX PAYMENTS MADE**

|                                | FEDERAL   |             | STATE (NAME): |             |
|--------------------------------|-----------|-------------|---------------|-------------|
|                                | Date Paid | Amount Paid | Date Paid     | Amount Paid |
| Prior year overpayment applied |           |             |               |             |
| 1st Quarter                    |           |             |               |             |
| 2nd Quarter                    |           |             |               |             |
| 3rd Quarter                    |           |             |               |             |
| 4th Quarter                    |           |             |               |             |

**WAGES, SALARIES, AND OTHER EMPLOYEE COMPENSATION**

Attach/Enclose all W-2 Forms.

**PENSION, IRA, AND ANNUITY INCOME**

Attach/Enclose all 1099-R Forms.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Did you receive a Lump Sum distribution from your employer?                        | _____      | _____     |
| 2. Did you “rollover” a Lump Sum distribution into another plan or IRA account?       | _____      | _____     |
| 3. Did you transfer IRA funds to a Roth IRA this year?                                | _____      | _____     |
| 4. Have you elected a Lump Sum treatment for any retirement distributions after 1986? | _____      | _____     |

**HEALTH INSURANCE COVERAGE**

Attach/Enclose all 1095 forms received. You may receive Form 1095-A from the federal marketplace. Form 1095-B is issued by your insurance carrier. Form 1095-C is issued to you if your employer was an Applicable Large Employer, and you were a full-time employee for any month during the year.

**SOCIAL SECURITY BENEFITS RECEIVED**

Enclose all 1099 SSA Forms.

**INTEREST INCOME** - Enclose all 1099-INT Forms and statements of tax-exempt interest earned. **If not available, complete the following:**

| TSJ* | Name of Payor | Banks, S&L, Etc. | U.S. Bonds, T-Bills | Tax-Exempt |              | Early Withdrawal Penalties |
|------|---------------|------------------|---------------------|------------|--------------|----------------------------|
|      |               |                  |                     | In-State   | Out-of-State |                            |
|      |               |                  |                     |            |              |                            |
|      |               |                  |                     |            |              |                            |
|      |               |                  |                     |            |              |                            |

\*T = Taxpayer    S = Spouse    J = Joint

**SELLER FINANCED INTEREST INCOME (Mortgage – If maintained by Title Company please provide loan summary)**

| Name of Payor | Social Security Number | Address | Interest Recorded |
|---------------|------------------------|---------|-------------------|
|               |                        |         |                   |
|               |                        |         |                   |

**DIVIDEND INCOME** - Enclose all 1099-DIV Forms and statements of tax-exempt dividends earned. **If not available, complete the following:**

| TSJ* | Name of Payor | Ordinary Dividends | Qualified Dividend | Capital Gain Distributions | Non-Taxable Dividend(s) | Federal Tax Withheld | Foreign Tax Withheld |
|------|---------------|--------------------|--------------------|----------------------------|-------------------------|----------------------|----------------------|
|      |               |                    |                    |                            |                         |                      |                      |
|      |               |                    |                    |                            |                         |                      |                      |
|      |               |                    |                    |                            |                         |                      |                      |

\*T = Taxpayer    S = Spouse    J = Joint

**MISCELLANEOUS INCOME** - List and enclose related 1099 Forms or other forms.

| Description  | Amount |
|--|--------|
| 1099-G - State and local income tax refund(s)          |        |
| Alimony received (Post 12/31/2018 decrees not taxable) |        |
| Jury fees  |        |
| Finder's fees  |        |
| Director's fees  |        |
| Prizes   |        |
| W-2G Gambling winnings                                 |        |
| 1099-Misc Other miscellaneous income                   |        |

**INCOME FROM BUSINESS OR PROFESSION – SEE SCHEDULE C TAX ORGANIZER**

**CAPITAL GAINS AND LOSSES** - Enclose all 1099-B Forms (with supplemental year-end brokerage statements) and 1099-S Forms (with HUD-1 closing statements). Complete the following schedule if no statements are available and provide all transaction slips for sales and purchases. Enter any sales **NOT** reported on 1099-B or 1099-S Forms:

| Description | Date Acquired | Date Sold | Sales Proceeds | Cost or Basis | Gain (Loss) |
|-------------|---------------|-----------|----------------|---------------|-------------|
|             |               |           |                |               |             |
|             |               |           |                |               |             |

**SALE/PURCHASE OF PERSONAL RESIDENCE**

Provide closing statements (HUD-1) on purchase and sale of old residence and purchase of new residence.

**STATE RESIDENCE CHANGE**

If you changed resident state(s) during the year, provide period of residence in each state.

Residence #1 \_\_\_\_\_ From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_  
 Own \_\_\_ Rent \_\_\_

Residence #2 \_\_\_\_\_ From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_  
 Own \_\_\_ Rent \_\_\_

**RENTAL AND ROYALTY INCOME** – Complete a separate schedule for each property.

1. Description and location of property: \_\_\_\_\_
2. Residential rental property? Yes \_\_\_ No \_\_\_ Personal use? Yes \_\_\_ No \_\_\_
3. Did you actively participate in the operation of the rental property during the year? Yes \_\_\_ No \_\_\_

| Income:            | Amount | Expenses: (cont.)                 | Amount |
|--------------------|--------|-----------------------------------|--------|
| Rents received     |        | Taxes                             |        |
| Royalties received |        | Legal and other professional fees |        |
| <b>Expenses:</b>   |        | Cleaning and maintenance          |        |
| Mortgage interest  |        | Commissions                       |        |
| Other interest     |        | Utilities                         |        |
| Insurance          |        | Management fees                   |        |
| Repairs            |        | Supplies                          |        |
| Auto and travel    |        | Other (itemize)                   |        |
| Advertising        |        |                                   |        |

If this is the first year we are preparing your return, provide prior depreciation records.

If this is a new property, provide the closing statement. (HUD-1)

List below any improvements or assets purchased during the year.

| Description | Date placed in service | Cost |
|-------------|------------------------|------|
|             |                        |      |
|             |                        |      |

If the property was sold during the year, provide the closing statement. (HUD-1)

**INCOME FROM PARTNERSHIPS, ESTATES, LLCs, TRUSTS, AND S-CORPORATIONS**

Enclose all Schedules K-1 received to date. Also list below all Schedules K-1 not yet received:

| Name | Source Code* | Federal ID # |
|------|--------------|--------------|
|      |              |              |
|      |              |              |
|      |              |              |

\*Source Code: P = Partnership    E = Estate/Trust    S = S-Corporation

**ALIMONY PAID (Decrees/Orders after 12/31/2018 are not tax deductible)**

If a divorce occurred this year, enclose a copy of the divorce decree and property settlement.

Name of Recipient(s) \_\_\_\_\_

Social Security Number(s) of Recipient(s) \_\_\_\_\_

Amount(s) Paid \$ \_\_\_\_\_

**MEDICAL AND DENTAL EXPENSES - (Attach/Enclose 1099-SA Forms)**

**Please Note That Medical Expenses Must Exceed 10.00% Of Adjusted Gross Income To Be Deductible. Health Insurance Premiums And Medical Expenses Paid With Pre-Tax Dollars (Cafeteria Plans, Health Savings Accounts, Etc.) Are NOT Deductible.**

| Description  | Amount                   |
|--|--------------------------|
| Premiums for health and accident insurance including Medicare (NOT EMPLOYER PAID)                                |                          |
| Long-term care premiums:                      Taxpayer \$    Spouse \$ |                          |
| Medicine and drugs (prescription only)   |                          |
| Doctors, dentists, nurses  |                          |
| Hospitals, clinics, laboratories   |                          |
| Eyeglasses / corrective surgery  |                          |
| Ambulance  |                          |
| Medical supplies / equipment   |                          |
| Hearing aids   |                          |
| Lodging and meals  |                          |
| Travel   |                          |
| Mileage (number of miles)  |                          |
| Long-term care expenses  |                          |
| Payments for in-home care (Complete home care expenses section on pages 8 and 9.)                                |                          |
| Other  |                          |
| Insurance reimbursements received  | (                      ) |

Were any of the above expenses related to cosmetic surgery?                      Yes \_\_\_\_\_ No \_\_\_\_\_

**DEDUCTIBLE TAXES**

| Description   | Amount |
|---|--------|
| State and local income tax payments made this year for prior year(s). |        |
| Real estate taxes: Primary residence                                  |        |
| Secondary residence   |        |
| Other   |        |
| Sales tax on major items (auto, boat, home improvements, etc.)        |        |
| Other sales taxes paid (if applicable)                                |        |
| Intangible tax  |        |
| Other taxes (itemize)   |        |
| Foreign tax withheld (may be used as a credit)                        |        |

**INTEREST EXPENSE**

Mortgage interest (Attach/Enclose 1098 Forms.)

| Payee* | Property** | Amount |
|--------|------------|--------|
|        |            |        |
|        |            |        |
|        |            |        |

\*Include address and social security number if payee is an individual.

\*\*Describe the property securing the related obligation, i.e., principal residence, motor home, boat, etc.

Student loan interest (Attach/Enclose 1098-E Forms)

| Payee | Amount |
|-------|--------|
|       |        |
|       |        |

Investment interest not reported on Schedules A, C, or E

| Payee | Investment Purpose (stocks, land, etc) | Amount |
|-------|--|--------|
|       |  |        |
|       |  |        |

Business interest not reported on Schedules C, or E

| Payee | Business Purpose | Amount |
|-------|------------------|--------|
|       |                  |        |
|       |                  |        |

**CHARITABLE CONTRIBUTIONS**

Cash contributions, for which you have receipts, canceled checks, etc. NOTE: You need to have written acknowledgment from any charity to which you made individual donations of \$250 or more during the year.

| Donee | Amount | Donee | Amount |
|-------|--------|-------|--------|
|       |        |       |        |
|       |        |       |        |
|       |        |       |        |

Other than cash contributions (enclose receipt(s)):

|                               |  |  |  |
|-------------------------------|--|--|--|
| Organization name and address |  |  |  |
| Description of property       |  |  |  |
| Date acquired                 |  |  |  |
| How acquired                  |  |  |  |
| Cost or basis                 |  |  |  |
| Date contributed              |  |  |  |
| Fair market value (FMV)       |  |  |  |
| How FMV determined            |  |  |  |

For contributions over \$5,000, include copy of appraisal and confirmation.

**CHILD CARE EXPENSES/HOME CARE EXPENSES**

Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? Yes \_\_\_\_\_ No \_\_\_\_\_

If the response to either of the questions above is yes, complete the following information:

Names(s) of dependent(s) for whom services were rendered.

\_\_\_\_\_ List individuals or organizations to whom expenses were paid during the year. (Services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for social security purposes.)

| Name and Address | ID# | Amount | If Under 18 |
|------------------|-----|--------|-------------|
|                  |     |        |             |
|                  |     |        |             |

If payments of \$2,400 or more during the tax year were made to an individual, were the services performed in your home? Yes \_\_\_\_\_ No \_\_\_\_\_



**EDUCATIONAL EXPENSES**

Did you or any other member of your family pay any educational expenses this year? Yes \_\_\_\_ No \_\_\_\_

If yes, was any tuition paid for any of the first four years of post-secondary education? Yes \_\_\_\_ No \_\_\_\_

If yes complete the following and provide the 1098-T Form from the school(s):

| Student Name | Institution | Grade/Level | Amount Paid | Date Paid |
|--------------|-------------|-------------|-------------|-----------|
|              |             |             |             |           |
|              |             |             |             |           |

Was any of the preceding tuition paid with funds withdrawn from an educational IRA or 529 Plan?  
If yes, how much? \$ \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

**FOREIGN ASSETS**

Determine if Form TD F 90-22.1 is needed to report foreign bank and financial accounts. Note that this is separate and distinct from any potential filing requirement indicated below.

Determine if Form 8938 is needed to report specified foreign financial assets. New for 2011 and forward. § 6038D, enacted as part of the HIRE Act. Notice 2011-55 defers the deadline to report until issuance of Form 8938. Note that this is separate and distinct from any potential filing requirement indicated above.

**CRYPTO-CURRENCY ASSETS**

| Description | Date Acquired | Date Sold | Sales Proceeds | Cost or Basis | Gain (Loss) |
|-------------|---------------|-----------|----------------|---------------|-------------|
|             |               |           |                |               |             |
|             |               |           |                |               |             |
|             |               |           |                |               |             |