

TENNESSEN ACCOUNTING &
TAX SERVICE, INC.
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2023 INDIVIDUAL INCOME TAX
CLIENT PACKET

This packet is intended to assist you with getting organized for your tax return preparation. If you have any **rental properties**, please fill out our rental worksheet. If you have a **business**, please fill out our business organizer. If we did not provide you with any of those forms, please call our office or go to our website. Please indicate YES or NO for each question. If the section does not apply to you, please check the N/A box at the top of the section. If all sections are not completed and this packet is not signed, the packet will be returned to you. We cannot start to prepare your return without this information.

PRIMARY CONTACT: _____
(PLEASE LIST BOTH PHONE AND EMAIL)

TAXPAYER: _____ **OCCUPATION:** _____
(NAME AS SHOWN ON SOCIAL SECURITY CARD)

MAILING ADDRESS _____ **CITY & ZIP** _____

SPOUSE: _____ **OCCUPATION:** _____
(NAME AS SHOWN ON SOCIAL SECURITY CARD)

Is your **FILING STATUS** the same as on your 2022 return? YES [] NO []
IF NO, please indicate any changes (married, separated, divorced, widowed (Please list date of death):

DEPENDENTS - CHECK HERE IF N/A []

Were there any changes in **DEPENDENTS** from the prior year? YES [] NO []
Are you the parent or legal guardian of your child/dependent? YES [] NO []
Any change to their education, income, filing status? YES [] NO []
Is anyone else able to claim your child/dependent on their tax return? YES [] NO []

Did any of your **DEPENDENTS** have earned income of more than \$4,700? YES [] NO []

Did any of your **DEPENDENTS** have investment income of more than \$2,500? YES [] NO []

Did you have any daycare/dependent care expenses for your children/dependents? YES [] NO []
***Must include year-end statement(s) for childcare provider(s).**

Please list any new dependents. Please list name - date of birth – social security number – months lived with you in 2023 – relationship to you. If you completed an adoption please list out details.

EDUCATION - CHECK HERE IF N/A []

Did you pay for private K-12 education for any dependents during 2023? YES [] NO []
***Please include receipts or year-end statement provided from school.**

Did you contribute funds to a WISCONSIN SECTION 529 PLAN? YES [] NO []
***Include year-end statements for YOUR contributions.**

Did you withdraw funds from a SECTION 529 PLAN? YES [] NO []
*Please include a year-end statement and/or 1099Q showing your distributions.

Did you pay any student loan interest during 2023? **Include form 1098.** YES [] NO []

During 2023, were you or any of your dependents enrolled at a postsecondary educational institute eligible to participate in a student aid program administered by the U.S. Department of Education? YES [] NO []

*If yes, list the student(s): _____

Who paid the expenses? _____

Were the education expenses paid during 2023? **Include 2023 payment history report.** YES [] NO []

RETIREMENT/INVESTMENTS/VIRTUAL CURRENCY

Did you receive, sell, exchange, or purchase any real estate in 2023? YES [] NO []
*Please provide closings statements.

Did you or your spouse contribute to a Roth IRA in 2023? YES [] NO []
*Please provide statement notating how much was contributed & when.

Did you or your spouse contribute to a Traditional IRA in 2023? (Not 401k) YES [] NO []
*Please provide statement notating how much was contributed & when.

Do you want to contribute to a Traditional IRA in 2024 for 2023? YES [] NO []
*Please note that this must be done prior to April 15th, 2024

Did you or your spouse make any withdrawals, transfers, conversions, or rollovers with any retirement plans? *1099R form required YES [] NO []
*Any early Roth IRA withdrawals will require documentation showing all contributions since inception.

Did you take any early distributions from a qualified retirement account? YES [] NO []

Did you withdraw any amounts from your IRA to acquire a principal residence during 2023? YES [] NO []

Are you waiting for a schedule K-1 for income from trusts, partnerships, estates, etc? YES [] NO []

At any time in 2023, did you (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? YES [] NO []

Did you inherit cryptocurrency or receive any as a gift? YES [] NO []

Did you have any debts (credit cards, mortgage, loans, etc.) canceled or forgiven in 2023? YES [] NO []
*Form 1099C required.

DEDUCTIBLE CHARITABLE CONTRIBUTIONS

Charitable contributions (CASH/CHECK/CREDIT CARD) \$ _____

Charitable mileage you have a written record of driving in 2023: _____

Charitable donations (ITEMS) – PLEASE PROVIDE RECEIPTS from charity with the **date given & dollar value**. If you need help determining fair market value of your items, please visit satruck.org or goodwill.org. For donated vehicles please provide us with the 1098 – C you received. **You need a receipt for all claimed donations. Do NOT include any political donations as they are not charitable contributions.**

FORMS OF INCOME

- Did you receive unemployment benefits in 2023? **Include all form(s) 1099-G** YES [] NO []
- Did you receive Social Security in 2023? **Include Form 1099-SSA** YES [] NO []
- Did you have any gambling, lottery winnings or jury duty pay in 2023? YES [] NO []
***Form W2-G or 1099-MISC is required.** A detailed gambling log is REQUIRED to claim any gambling losses.
- Did you receive 1099K, 1099-MISC or 1099-NEC forms for online sales or work performed outside your normal course of work? YES [] NO []
***This can cover anything (ex: prizes, side jobs, rents, royalties, etc).**

MISCELLANEOUS

- Did you make qualified energy-efficient improvements to your home in 2023? YES [] NO []
***Visit [Energy.gov](https://energy.gov) to see if your improvement meets the requirement, if so, please include receipts.**
- Did you purchase a plug-in electric or fuel cell electric vehicle in 2023? YES [] NO []
***Visit <https://fueleconomy.gov/feg/tax2023.shtml> to see if your vehicle qualifies, if so, please include receipts.**
- Were you a victim of identity theft? Please include your PIN letter from the IRS. YES [] NO []
- Were you notified by the IRS or state authorities about changes to a prior year return? YES [] NO []
***If yes, please include the notice from the IRS.**
- Did you have a financial interest in OR signature authority over at least one financial account located outside of the United States? YES [] NO []
- Did you make any cumulative gifts in excess of \$17,000 to any individual during 2023? YES [] NO []
- Are you a household employer who paid more than \$2,200 in 2023 for services performed in your home to individuals who could be considered your employees (nanny, housekeeper, nurse)? YES [] NO []

Did you pay or receive alimony in 2023? Paid: _____ Received: _____

Do you have any K-12 teacher out of pocket expenses? If yes, please list: \$ _____

STATE SALES TAX – I certify that **I DID NOT** make any catalog/internet purchases in 2023 without paying state sales tax _____ (initial here) **OR**

I DID make catalog/internet purchases in 2023 without paying state sales tax – the total is \$ _____.

RENT PAID - During 2023 \$ _____ ** Was heat included in the rent? YES [] NO []

***If you qualified for Homestead Tax Credit last year, please include a completed rent certificate or property tax bill. There can be no whiteout, erasures, or crossed out parts on the rent certificate.**

HEALTHCARE/MEDICAL

Please indicate where you received your health insurance from for all members of your tax household.
[] Employer [] Government-Sponsored Marketplace [] Private Exchange (Individual) [] Medicare

Did you have a Health Savings Account that you contributed to or withdrew money from*? YES [] NO []

If yes, were all funds withdrawn used for prescriptions, copays, doctor bills? YES [] NO []

*Include year-end summary of all deposits & transaction history. Include detail of any deposit you made with after tax dollars. You have until April 15, 2024 to max out your 2023 contribution.

In the top section of the next page, please include only non-reimbursed amounts paid with post-tax funds. Please note that your medical expense deduction is limited to only the amount over 7.5% of your adjusted gross income and only applicable if you itemize and do not take the new higher standard deduction. Please contact our office if you need further clarification.

Prescriptions \$ _____ Health insurance premiums \$ _____

Dental/Doctor Expenses \$ _____ Hospital expenses/Lab Fees\$ _____

Feminine Hygiene Products \$ _____ Long Term Care Insurance \$ _____

Hearing aids/batteries/glasses \$ _____ *Nursing home & In-home care expenses \$ _____

Number of Medical Miles for 2023 _____ *Include 1099LTC if applicable.

2023 ESTIMATED INCOME TAX PAYMENTS - CHECK HERE IF N/A []

** Please list only estimated tax payments made towards your 2023 taxes**

[] Check if you paid all of the estimated vouchers we provided you with your 2022 tax return on their due dates. If you did NOT, please complete below for all quarterly estimated payments made:

Federal	Wisconsin		Federal	Wisconsin	
Due 4/18/23	\$ _____	\$ _____	Due 9/15/23	\$ _____	\$ _____
Due 6/15/23	\$ _____	\$ _____	Due 1/17/24**	\$ _____	\$ _____

**Indicate if paid by 12/31/23

E-SIGN & REFUND/BALANCE DUE OPTIONS

() Would you like to electronically sign your tax return this year? Additional \$10 fee applies. We will need both email addresses if filing a joint return. Please note that we E-FILE all returns. E-SIGN is optional. Call or email our office if you have any questions about e-sign.

Taxpayer Email: _____ Spouse Email: _____

If I receive a refund, I would like it to be (select one):

- () Directly deposited. Attach voided check.
- () Use the same account as last year. Please list the last four digits of your account number. _____
- () Mailed to me at my address on the tax return.
- () Applied to my 2024 estimated tax payments.

If I owe, I would like it to be (select one):

- () Directly withdrawn. Attach voided check.
- () Use the same account as last year. Please list the last four digits of your account number. _____
- () With a paper voucher for me to mail with a check.

Each taxpayer must sign and date acknowledging that this client packet was filled out to the best of their ability. By signing, you are agreeing that all the included information is accurate. You are also authorizing Tennessean Accounting & Tax Service, Inc to prepare your income tax returns pursuant to the terms set forth above. Please return the original of this executed client packet to our office along with all your tax documents. You should keep a copy of this fully executed client packet for your records. If our office does not receive a signature(s) below, then we will not proceed to provide you with any professional services and will not prepare your income tax returns. Thank you for your attention to this matter, and please contact our office with any questions that you may have on this client packet.

ACCEPTED AND AGREED:

_____	_____
Taxpayer	Date
_____	_____
Spouse (If Joint Return)	Date

Privacy Policy

It is our policy to keep your personal and business information confidential to the extent permitted under law. We do not disclose any non-public personal information about our customers or former customers to anyone, except as instructed to do so by such customers or as required by law. We restrict access to non-public personal information to those professionals necessary to prepare, assemble and present your tax documents and we maintain physical, electronic, and procedural safeguards to guard your non-public personal information.

If you have any questions or notes for the tax preparer, please write them below. If you prefer to email us your questions, please send your email to admin@tennessen.net. Thank you.