

2023 INCOME TAX DATA ORGANIZER

Your Name: _____

Date: _____

We must have on file a current copy of your drivers' licenses.

(1) Please provide an updated picture ID such as a drivers' license, passport, military ID or any other ID that has been issued by State or Federal government for each taxpayer (i.e., husband and wife) listed on your tax return and for each dependent if available.

(2) Please provide a Social Security card for each person listed on your tax return (taxpayers and dependents). If the Social Security card is not available, Form W-9 (*Request for Taxpayer Identification Number and Certification*) will be acceptable. Form W-9 can be found on our web site, (www.lifestylefinancial.net), in the "Client Forms" section.

Existing Clients Please Complete This Section Only If There Are Any Changes

Taxpayer #1 Information:

Name: _____ S.S. #: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Mobile #: _____

Email Address: _____

Occupation: _____ Work #: _____

Taxpayer #2 Information:

Name: _____ S.S. #: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Mobile #: _____

Email Address: _____

Occupation: _____ Work #: _____

Please provide a voided check. Existing Clients, only if you changed banks.

Are you or your spouse disabled or blind? If yes, explain. _____

Did a spouse or dependent die last year? If yes, please provide a death certificate.

Did you and your spouse divorce last year? Please provide a copy of the divorce decree and on a separate sheet of paper describe: (1) agreement for claiming the children, (2) child support, (3) alimony (4) sale of property, (5) disbursements of retirement funds, and (6) any questions you may have.

INCOME

Wages: Please provide all W-2s, 1099s, Schedule K1

Dividends and Interest Income: Please provide all 1099 Forms received from all sources.

Did you receive a federal and/or state tax refund? Yes _____ No _____ If Yes: \$ _____

Did you receive alimony in 2023? Yes _____ No _____ If Yes: \$ _____

Payor's Name and address: _____

Did you pay alimony in 2023? Yes _____ No _____ If Yes: \$ _____

What date did the court order you to begin paying alimony? (month/day/year) _____

Recipient's Name and Social Security Number: _____

Did you have distributions from IRA's, pensions, annuities, and rollovers? Yes _____ No _____ If Yes: \$ _____

ice 1444-C or IRS letter 6475

Yes _____ No _____ If Yes: \$ _____

Did you receive unemployment? ☐ Yes ☐ No If yes, please provide Form 1099-G

Did you receive Advance Child Credit Payments? Yes _____ No _____ If yes, provide the documentation.
IRS Letter 6419 will be the best document.

Capital Gains and Capital Losses:

Gains and /or losses from stock transactions, sale of a home, digital assets or other transactions are to be reported on your tax return.

☐ **PLEASE ATTACH BROKERS' STATEMENTS or MUTUAL FUND STATEMENTS.**

☐ **If you sold your personal residence in 2023, please include the purchase and the sell closing statements.**

☐ **If you sold any other property in 2023, please include all closing statements.**

☐ **If you invested, traded, bought, or sold any cryptocurrency or digital assets, please include all documentation.**

Self -Employed Income

Please go to our web site (www.lifestylefinancial.net), click the “Client Forms” tab, and download the **Business Income and Expenses (Self-Employed)** worksheet and the **Business Mileage Disclosure** form.

Advise us of your business venture, as we may know of deductions which you are not aware.

If you used your personal auto for your business, please complete the Business Mileage Disclosure form.

If you use your home as a home office, go to our web site (www.lifestylefinancial.net), go to the “Client Form” tab, and download the “**Business Use of Your Home**” worksheet.

Did you have anyone working for you during the year? Yes _____ No _____ N/A _____
If so, please list their names, addresses, Social Security numbers and the amount you paid to each.

Did you file a W-2 or a 1099-MISC for these people? Yes _____ No _____ N/A _____

If so, please provide a copy of all W-2s, Schedule K1 and/or 1099s.

Rental and Royalty Income:

Please go to our web site (www.lifestylefinancial.net), go to the “Client Forms” tab, and download the **Rental Property** worksheet to **provide itemized expenses incurred during the year for each property.**

Did you manage the property yourself? Yes _____ No _____ If yes, please provide details.

Did you sell any rental property? Yes _____ No _____ If yes, please provide the closing statement from the sale and purchase of the property, depreciation for the years you owned the property, and any other documentation.

Did you have anyone working for you during the year? Yes _____ No _____ N/A _____
If so, please list their names, addresses, Social Security numbers and the amount you paid to each.

Did you file a W-2 or a 1099-MISC for these people? Yes _____ No _____ N/A _____

If so, please provide a copy of all W-2s and/or 1099s filed if they were filed by someone other than LSFN.

Royalties received \$ _____ Location of property: _____

Other Income:

Did you have farm income? Yes _____ No _____ If yes, attach a schedule of income and expenses.

Did you have unemployment compensation? Yes _____ No _____ If Yes: \$ _____

Did you receive Social Security benefits? Yes _____ No _____ If Yes: \$ _____ (Attach SSA 1099)

Please advise if you had any other income not listed. _____

ADJUSTMENTS TO INCOME

Did you contribute or convert to a Roth IRA? Yes ____ No ____ If Yes: \$ _____

Did you contribute to an IRA in 2023? Yes ____ No ____ If Yes: \$ _____

Do you wish to make an IRA or Roth IRA contribution for 2023? Yes ____ No ____ If Yes: \$ _____

Do you have a self-employed retirement plan? Yes ____ No ____ If Yes: \$ _____

Do you have a Health Savings Account? Yes ____ No ____ If Yes: \$ _____

Do you have a penalty for early withdrawal of savings? Yes ____ No ____ If Yes: \$ _____

Do you have child or dependent care expenses? Yes ____ No ____ If Yes: \$ _____

Did you receive employer paid child or dependent care expenses? Yes ____ No ____ If Yes: \$ _____

Number of children who are in childcare _____

List the name and address of day care provider and their Social Security number or their Tax ID Number.

Provider's Name: _____ Address: _____

Tax ID Number: _____ Amount Paid: _____

A TEACHERS ONLY Deduction: Did you incur any expenses for your classroom for which you were not reimbursed?

Yes ____ No ____ If Yes: \$ _____

Higher Education Expenses, Students Loans and 529 Contributions:

Please provide Form 1098T, tuition statements and all other related documents.

Did you pay interest on school loans? Yes ____ No ____ If Yes: \$ _____

Did you pay any higher education expenses? Yes ____ No ____ If Yes: \$ _____
Please provide documentation and a list of the expenses paid

Did you make any contribution to a 529 Plan? Yes ____ No ____ If Yes: \$ _____
College Counts contributions see "For Alabama Returns."

Did you have any student loans canceled? Yes ____ No ____ If Yes: \$ _____
If yes, please provide all documentation.

ESTIMATED INCOME TAX PAYMENTS

Federal		State	
Date Paid	Amount	Date Paid	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

DEDUCTIONS

The following are allowable deductions, although not all inclusive. You must be able to prove your deductions either by canceled check or receipts or both if audited. Please use a separate piece of paper if needed.

Please provide all tax forms related to your health insurance such as 1095-A, B, or C.

Medical and Dental Expenses:

- List non-reimbursed expenses for prescriptions, medicines, and drugs.
- List non-reimbursed expenses for doctors, dentists, chiropractors, hospitals, therapy, nursing services, lab tests, etc.
- List non-reimbursed medical aid items and equipment such as: artificial limbs, hearing aids and batteries, eyeglasses, contact lenses, crutches, etc.
- List non-reimbursed expenses for structural improvement to a residence to allow accessibility for wheelchair or special bathroom equipment for an impaired dependent.
- List non-reimbursed expenses for transportation to and from medical facilities.
- List non-reimbursed expenses for non-hospital lodging while receiving medical treatment.

Did you pay Long Term Care Insurance Premiums? Yes ____ No ____

If yes, how much was paid for You: \$ _____ Spouse: \$ _____

Interest Paid: *(Please bring the closing papers if you refinanced)*

Home Mortgage interest paid to financial institutions: Yes ____ No ____ If Yes: \$ _____

Please attach a copy of form 1098.

Did you have any real property transactions during the past tax year? Yes ____ No ____

If yes, attach a copy of your closing statement.

Home Mortgage interest paid to individuals: Yes ____ No ____ If Yes: \$ _____

List individual's name, address, and social security number

Points paid: Yes ____ No ____ If Yes: \$ _____

Did you have investment interest expenses? Yes ____ No ____ If Yes: \$ _____

If yes, please attach details of investments.

Taxes Paid:

Real estate taxes paid the past tax year: Yes ____ No ____ If Yes: \$ _____

Other taxes (e.g., Ad Valorem, car tag, Fire Dues) Yes ____ No ____ If Yes: \$ _____

Contributions:

Total **cash** contributions: *(a receipt is required from the organizations)* \$ _____

If over \$3,000, list organization(s) _____

Total non-cash contributions: *(i.e., clothes, household items, etc.)* \$ _____

List donated property and its fair market value. If over \$500, list organization and address _____

If you donated an auto, please call our office for further instructions.

Did you work for a volunteer organization and incur expenses? Yes ____ No ____ If Yes: \$ _____

PLEASE PROVIDE THE NAME AND ADDRESSES FOR YOUR NON-CASH CONTRIBUTIONS

Household Help

Did you employ any person(s) for domestic service? Yes _____ No _____ N/A _____

If so, how much did you pay? Please list each person's name and the amount paid to each on separate paper

For Alabama tax returns, only:

Employee Business Expenses:

Did you assume any business expenses that you were required to pay but which you were **not reimbursed by your employer**? Please go to our web site (www.lifestylefinancial.net), go to the "Client Form" tab, and download the **Employee Business Expenses** worksheet.

Are your reimbursed expenses **included** in your W-2 wages? Yes _____ No _____ If Yes: \$ _____

Other Miscellaneous Deductions:

Safety deposit box	Yes _____	No _____	If Yes: \$ _____
Tax return fee	Yes _____	No _____	If Yes: \$ _____
Union dues	Yes _____	No _____	If Yes: \$ _____
Financial Planning / Investment Advice fees	Yes _____	No _____	If Yes: \$ _____
IRA Custodial Fees	Yes _____	No _____	If Yes: \$ _____

College Counts Contributions:

State of Alabama "College Counts" 529 Plan contributions: \$ _____

Consumer Use Tax:

Did you purchase any item(s) via internet, by phone or by mail order from an out-of-state business **that did not collect Alabama sales tax?** Yes _____ No _____

Please list the total price of the item(s) that you purchased from the out-of-state business(s) that did not collect Alabama sales tax. If any, list the sales taxes that you paid to other states on the above purchases.

Donation of Refunds

Alabama Senior Services Trust Fund	\$1	\$5	\$10	Other \$ _____
Alabama Arts Development Fund	\$1	\$5	\$10	Other \$ _____
Alabama Non-Game Wildlife Fund	\$1	\$5	\$10	Other \$ _____
Alabama Veteran's Program	\$1	\$5	\$10	Other \$ _____
Alabama Indian Children's Scholarship Fund	\$1	\$5	\$10	Other \$ _____
Alabama Breast and Cervical Cancer Research Program	\$1	\$5	\$10	Other \$ _____
Child Abuse Trust Fund	\$1	\$5	\$10	Other \$ _____
Foster Care Trust Fund	\$1	\$5	\$10	Other \$ _____
Mental Health	\$1	\$5	\$10	Other \$ _____

YOUR TAX RETURN WILL NOT BE COMPLETED WITHOUT

Copy of Driver's License and a Voided Check on file

All Disclosures and the Engagement Letter Must Be Signed

With your signature below, you hereby are declaring that the information and documents you have provided are accurate, truthful, and complete to the best of your knowledge and all expense deductions, personal and/or business, are documented as required by law.

We will not verify the information you give us. However, we are required by federal regulations to ask you for clarification of information or documents that we presume may be inconsistent or incomplete.

In the event you receive additional tax information, it is your responsibility to supply us with this information as soon as possible. If supplied after your return has been prepared and/or filed and a redo and/or an amended return is required, additional preparation fees may be due.

Unless otherwise required, your tax return will be prepared to e-file as required by law.

All clients will be given one copy of their tax return. Should you need additional copies now or later, we will happily provide them to you; however, there may be an additional charge per copy for a paper return. There will be no charge to email a copy of your tax return to you.

For your security, we will no longer fax or e-mail any tax documentation to a third party.

ALL TAX PAYMENTS DUE TO THE IRS AND TO THE STATE(S) WILL BE DEDUCTED FROM YOUR BANK ACCOUNT VIA ETF UNLESS YOU REQUEST OTHERWISE

Please list any additional questions that you may have.

Signature of Taxpayer #1

Date

Signature of Taxpayer #2

Date

Securities and Advisory Services offered through LPL Financial, LLC, a Registered Investment Advisor, Member FINRA/SIPC. Tax services offered through LifeStyle Financial Network, LLC. LifeStyle Financial Network, LLC and LPL Financial, LLC are not affiliated. LPL Financial, LLC does not offer tax or legal advice.