
[Taxpayer]

[Email]

[Cell phone]

[Spouse]

[Email]

[Cell phone]

**Spouse info is mandatory on a joint tax return for E-File authorization and client portal access.*

PLEASE READ PRIOR TO GATHERING YOUR TAX INFORMATION

FILING AND INFORMATION SUBMISSION DEADLINES

- ✚ The individual tax return filing deadline is **Monday, 4/15**.
- ✚ Your tax information must be received by **5:00 PM, Friday, 3/15**.

After 3/15, AN EXTENSION WILL BE FILED AND ANY TAX DUE SHOULD BE PAID WITH AN EXTENSION BY 4/15.

An extension is an extension of time to file your taxes, NOT an extension of time to pay your taxes. Any taxes due with the filing of your return not paid with an extension by April 15th will be subject to IRS penalties and interest for nonpayment of income taxes. We will NOT be held responsible for the penalties and interest due for nonpayment of your taxes by the 4/15 filing deadline. If you do not want us to file an extension, we must have the information to prepare the returns by the 3/15 deadline.

- ✚ The fee for an individual extension is **\$25**. This fee is not negotiable and will be charged, regardless of the circumstances leading to the extension.

If your information is received after 5:00 PM on Friday, March 15th and you want your taxes prepared and filed by the April 15th deadline, a surcharge of \$300 will be added to your invoice.

We work very hard, long arduous hours this time of year. Procrastination on your part, coupled with an expectation of completion by the deadline only extends our agony. Please understand our position on this additional fee and work to get your information to us as quickly as possible this tax season. Items out of your control will be taken into consideration.

ENGAGEMENT LETTERS

- ✚ A signed engagement letter **MUST** be on file for us to prepare your taxes. **NO EXCEPTIONS.**
- ✚ Not signing an engagement letter could slow down your tax prep process and cause an extension to be filed.
- ✚ Engagement letters can be found on our website at www.crace.cpa/tax-filing-season and completed online.

SUBMITTING YOUR TAX INFORMATION

- ✚ Please upload all tax info using your secured client portal at MyFirm360.
- ✚ For assistance, please call or email Becki at 317.991.3322 or becki@crace.cpa.
- ✚ If you mail or drop off your tax information, we will return the documents via USPS Priority Mail, unless you notify us.
- ✚ A **\$25** fee will be added to your invoice to cover scanning and the cost of postage to return your tax information.
- ✚ If you want to pick them up, call the office to coordinate a pickup time.

*If you have any questions or concerns about the use of this checklist, the deadlines above, or the process of submitting your information please email us so we can address your issues **prior** to you spending the time to complete it.*

TO AVOID TAX NOTICES OR TAX RETURN INACCURACIES, PLEASE VERIFY YOUR ESTIMATED TAX PAYMENTS ON THE IRS WEBSITE

- [Login to your IRS user account](#) and take screenshots or print the information available to ensure that your payment info is accurate.
- If you do not have a current user account, please click below to begin the registration process.

ID.me Create an account

INFO REQUIRED **FOR NEW CLIENTS ONLY:**

- ✚ Previous year Federal and State income tax returns
- ✚ Depreciation schedules for business assets or rental property
- ✚ Driver's license for taxpayer and spouse
- ✚ Social Security card for taxpayer and spouse
- ✚ Social Security card for tax return dependents
- ✚ Proof of dependent claim
- ✚ Examples of proof include:

Residency of a Qualifying Child

- School records or statement.
- Landlord or a property management statement.
- Health care provider statement.
- Medical records.
- Child care provider records.
- Placement agency statement.
- Social service records or statement.
- Place of worship statement.
- Indian tribal official statement.

Disability of Qualifying Child

- Statement of medical doctor.
- Statement of other health care provider.
- Statement of social services agency or program statement.

PERSONAL INFO

📍 Did you move during the year? Date you moved _____
 New address _____
 City, State Zip _____

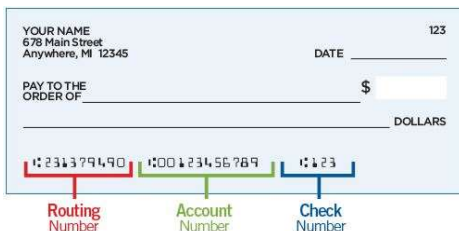
📍 Dates of birth
 Taxpayer _____ Spouse _____
 Dependent Name _____ Dependent DOB _____
 Dependent Name _____ Dependent DOB _____
 Dependent Name _____ Dependent DOB _____
 Dependent Name _____ Dependent DOB _____

📍 New dependents for 2023?
 Full Name _____ Date of Birth _____
 Social Security Number _____ Relationship _____

 Full Name _____ Date of Birth _____
 Social Security Number _____ Relationship _____

 Full Name _____ Date of Birth _____
 Social Security Number _____ Relationship _____

📍 Direct deposit info for refunds



Bank name _____
 Routing number _____
 Account number _____
 Checking _____ or Savings _____

INDIVIDUAL TAX QUESTIONNAIRE

Please indicate your answer by marking **Yes** or **No**. For any **Yes** answers, please provide details at the end of the checklist and any documentation that applies.

YES **NO**

- 1. Did you make gifts of more than \$17,000 to any individual?
- 2. Did you utilize an area of your home for business purposes?
(Does not apply if you do not own a business and/or are a W-2 employee)
- 3. Did you engage in any bartering transactions?
- 4. Did you retire or change jobs this year?
- 5. Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- 6. Did you pay an individual as a household employee during the year?
- 7. Did any of your dependents have unearned income (interest, dividends, capital gains) of \$1,250 or more (\$400 if self-employed?)
- 8. Did you receive sell, exchange, gift or otherwise dispose of a digital asset (virtual currency or NFT).
- 9. Did you make energy efficient improvements to your main home this year?
- 10. Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- 11. Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- 12. Do you have any foreign financial accounts, foreign financial assets, or do you hold interest in a foreign entity?
- 13. Did you receive any correspondence from the State or the IRS?
- 14. Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?

Line No. Explanation for any "Yes" answers.

PLEASE NOTE: IF A TAX FORM INDICATED IN THIS CHECKLIST APPLIES TO YOU, WE MUST HAVE THAT TAX FORM OR OTHER TYPE OF SUPPORTING DOCUMENTATION FOR THE TAX PREPARATION PROCESS

AFFORDABLE CARE ACT REQUIREMENTS

- ✚ If you bought insurance from the marketplace, we must report and reconcile the premiums paid and the premium subsidies received on your tax return.
- ✚ Please provide the **Form 1095-A** that was sent to you.

Tax Form

INCOME

- ✚ Wages and/or unemployment benefits **W-2/1099G**
- ✚ Interest income **1099-INT**
- ✚ Dividend income **1099-DIV**
- ✚ State and local income tax refunds from prior year **1099-G**
- ✚ Pension, annuity, or retirement income Social Security **1099-R**
- ✚ Administration income **1099-SSA**
- ✚ Pass-through income from a partnership, S corporation, trust, or estate **Sch. K-1**
- ✚ Farm income and expenses (*submit a summary of income and expenses*)
- ✚ Gambling and lottery winnings **W-2G**

GAINS & LOSSES


- ✚ Stock, bond, or mutual fund sales, realized gain/loss report from your financial advisor **1099-B**
(Providing your realized gains and losses in an Excel spreadsheet will greatly improve accuracy and decrease the time spent preparing your taxes.)
- ✚ Closing Statement for any purchases or sales of real estate. **Alta Stmt/HUD1**
- ✚ Did you sell your principal residence during the year?
 - If so, **we will need a copy of the closing statement on the sale of the property** and a copy of the closing statement when you purchased the home.
 - For the home that you sold, please complete the following:
Date old home was purchased _____ Purchase price \$ _____
Major Improvements made to the home while you lived there \$ _____

SELF-EMPLOYED/SCHEDULE C (ADDITIONAL SPACE AT END OF CHECKLIST)

- ✚ If you are self-employed and complete a Schedule C with your personal tax return, please complete the schedule below or provide us with the following items:

Rent or lease expense	_____
Repairs & maintenance	_____
Supplies	_____
Taxes & licenses	_____
<i>(Do not include personal Fed or State taxes paid)</i>	
Telephone/cell phone	_____
Travel	_____
Meals	_____
<i>(Entertainment is NOT deductible per the Tax Cuts Jobs Act of 2018)</i>	
Utilities	_____
Wages	_____
Payroll Taxes	_____
<i>(Please provide wage reports if you paid any employees)</i>	
Other expenses:	
_____	_____
_____	_____
_____	_____
Total expenses	\$ _____

FIXED ASSETS (EQUIPMENT, COMPUTERS, FURNITURE, ETC)

 Total amount of items that cost \$2,500 or less each \$ _____

 For items that cost more than \$2,500

Please provide description, amount paid, and include documentation:

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

FOR VEHICLES USED IN YOUR BUSINESS

	Auto #1	Auto #2
Description		
Date placed in service		
Total miles driven 01/01 to 12/31		
Total business miles driven 01/01 to 12/31		

RENTAL PROPERTY (ADDITIONAL SPACE AT END OF CHECKLIST)


Address of each rental property:

- 1. _____
- 2. _____
- 3. _____

What type of rental property is it? Home, condo, vacation, farm, commercial, land, self-rental?


	_____	_____	_____
	Property #1	Property #2	Property #3
Rental income received	\$_____	\$_____	\$_____
Expenses			
<input type="radio"/> Advertising	_____	_____	_____
<input type="radio"/> Auto/travel expenses	_____	_____	_____
<input type="radio"/> Cleaning/maintenance	_____	_____	_____
<input type="radio"/> Commissions	_____	_____	_____
<input type="radio"/> HOA fees	_____	_____	_____
<input type="radio"/> Insurance	_____	_____	_____
<input type="radio"/> Legal/professional fees	_____	_____	_____
<input type="radio"/> Management fees	_____	_____	_____
<input type="radio"/> Mortgage interest (1098)	_____	_____	_____
<input type="radio"/> Real estate taxes	_____	_____	_____
<input type="radio"/> Repairs	_____	_____	_____
<input type="radio"/> Supplies	_____	_____	_____
<input type="radio"/> Utilities	_____	_____	_____
<input type="radio"/> Depreciation	_____	_____	_____
<input type="radio"/> Other _____	_____	_____	_____
<input type="radio"/> _____	_____	_____	_____
Total Expenses	\$_____	\$_____	\$_____

MISCELLANEOUS/OTHER INCOME

 Health Savings Account distributions


1099-SA

VERY IMPORTANT – FAILING TO DISCLOSE YOUR HSA DISTRIBUTIONS, **EVEN IF THEY ARE NOT TAXABLE**, WILL RESULT IN AN IRS NOTICE FOR UNPAID TAXES AND WE WILL CHARGE IF IT IS NECESSARY TO RESPOND TO ANY NOTICES FROM THE INTERNAL REVENUE SERVICE.

 Any income received outside of your principal job or self-employed business? **1099-MISC/1099-NEC**
Include the form and explain the income: _____


Do you have any expenses to offset this income? _____

 Cancellation of debt income **1099-C or 1099-COD**
Provide details on the debt cancelled: _____


 Total alimony payments **received** from an ex-spouse **and a copy of the pre 2018 divorce decree.**


_____ \$ _____
[Name of ex-spouse] [SSN] [Amount]

ADJUSTMENTS TO INCOME


 Educator expenses (teachers – up to \$300 deduction): \$ _____

 Health Savings Account contributions **5498-SA**

 SEP IRA, Simple IRA, Roth, and traditional IRA contributions **Form 5498**
Type of plan: _____ Amount contributed: \$ _____

 Health insurance premiums paid out-of-pocket – **not included on a W-2 or provided by your employer**

Insurance carrier: _____ Amount paid: \$ _____

 Total alimony payments paid to an ex-spouse **and a copy of the pre-2018 divorce decree:**

_____ \$ _____
[Name of ex-spouse] [SSN] [Amount]

 Student loan interest paid: \$ _____ **Form 1098-E**

2023 ITEMIZED DEDUCTIONS

- The passage of the Tax Cuts and Jobs Act of 2018 made some major changes to the way taxpayers will report their deductions on their tax returns. The standard deduction for taxpayers was nearly doubled. For 2023, the standard deductions are:

Single	\$13,850
Head of Household	\$20,800
Married Filing Joint	\$27,700

- If you believe that your itemized deductions will exceed the above amounts, please provide the items listed below. *Regardless, please provide your real estate taxes on your principal residence for your Indiana deduction.*

- Total out-of-pocket medical expenses \$_____
(Doctors, dentists, prescriptions, co-pays)
- Real estate taxes paid on your principal residence _____
- Real estate taxes paid on a vacation or 2nd home _____
- Personal Property taxes *(automobiles, boats, etc.)* _____
- Home Mortgage Interest _____ **Form 1098**
- Mortgage interest from a 2nd mortgage, 2nd home _____ **Form 1098**
- Total charitable contributions *(please provide receipts)* _____
- Volunteer expenses paid \$_____ Volunteer miles _____


NON-CASH DONATION WORKSHEETS (ADDITIONAL SPACE AT THE END OF THE CHECKLIST)

- Non-cash donations **must** include a receipt and the following information:

- Name of organization _____
Address _____
Description of item(s) _____
Date donated _____ Fair market value of items donated \$ _____
Date items originally purchased _____ Cost \$ _____
(Enter "various" for multiple items that were purchased over time)
Overall condition of donation (new, great, good, fair) _____


2. Name of organization _____
Address _____
Description of item(s) _____
Date donated _____ Fair market value of items donated \$ _____
Date items originally purchased _____ Cost \$ _____
(Enter "various" for multiple items that were purchased over time)
Overall condition of donation (new, great, good, fair) _____

3. Name of organization _____
Address _____
Description of item(s) _____
Date donated _____ Fair market value of items donated \$ _____
Date items originally purchased _____ Cost \$ _____
(Enter "various" for multiple items that were purchased over time)
Overall condition of donation (new, great, good, fair) _____

 **Support for any gambling losses** – but only if you had taxable winnings - such as account statements from the casino or racetrack showing you net losses.

CREDITS

 Foreign taxes paid – may be included on your brokerage account statement

 Dependent care credit, **must** include:

1. Name of childcare provider _____
Address of provider: _____
Provider EIN/SSN _____ Amount paid \$ _____

2. Name of childcare provider _____
Address of provider: _____
Provider EIN/SSN _____ Amount paid \$ _____

3. Name of childcare provider _____
Address of provider: _____
Provider EIN/SSN _____ Amount paid \$ _____

 Tuition and fees paid to a college or university \$ _____ **1098-T**

ESTIMATED TAX PAYMENTS

It is very important to confirm the actual amounts you paid for your estimated taxes if you were required to do so. Please complete the following:

	Federal amt.	Date paid	State amt.	Date paid
Quarter 1	\$ _____	_____	\$ _____	_____
Quarter 2	\$ _____	_____	\$ _____	_____
Quarter 3	\$ _____	_____	\$ _____	_____
Quarter 4	\$ _____	_____	\$ _____	_____
Other pmts.	\$ _____	_____	\$ _____	_____

FOR INDIANA RESIDENTS ONLY

Renter's deduction

1. Address of apartment: _____

Total rent paid \$ _____ # of mos. there _____

Landlord's name & address: _____

2. Address of apartment: _____

Total rent paid \$ _____ # of mos. there _____

Landlord's name & address: _____

Indiana 529 contribution credit – Provide a December statement.

or fill out the following:

1. Account Number: _____ Total contributions \$ _____

2. Account Number: _____ Total contributions \$ _____

3. Account Number: _____ Total contributions \$ _____

4. Account Number: _____ Total contributions \$ _____

Charitable contributions made to an Indiana college/university directly or through license plate renewal with the BMV

1. Name of school _____ Date _____ Amount \$ _____

2. Name of school _____ Date _____ Amount \$ _____

3. Name of school _____ Date _____ Amount \$ _____

4. Name of school _____ Date _____ Amount \$ _____

TAX COMMENTS/QUESTIONS

TAX PLANNING FOR NEXT YEAR

- ✚ Questions or concerns for next year.
- ✚ Changes in income for next year.
- ✚ Notes on future ownership changes or major plans
- ✚ If you are unsure, *make a tax planning appointment.*
- ✚ Yes - *it will be billable* - but could save you thousands in tax dollars.

If you have any questions or concerns, please call us at 317.991.3322 or e-mail us at:

Jason	jason@crace.cpa
Kim	kim@crace.cpa
Angie	angie@crace.cpa
Becki	becki@crace.cpa



Crace.CPA | 9763 Westpoint Drive | Indianapolis, IN 46256 | www.crace.cpa

ADDITIONAL WORKSHEETS

SCHEDULE C

2. _____ [Legal name of business] _____ [EIN]

INCOME

Gross receipts/revenue \$ _____
Other income _____
Total Income _____

COST OF GOODS SOLD


Beginning inventory - 12/31/22 _____
Purchases of items to sell _____
Ending inventory - 12/31/23 _____
or
Cost of goods sold _____


EXPENSES

Advertising \$ _____
Business gifts (no more than \$25 per recipient) _____
Commissions & fees _____
Contract labor _____
(Please provide copies of any 1099's issued)
Dues & subscriptions _____
Insurance (not health) _____
Interest expense _____
Internet service fees (not cable tv) _____
Legal & professional fees _____
Office expense _____
Rent or lease expense _____
Repairs & maintenance _____
Supplies _____
Taxes & licenses _____
(Do not include 2022 or 2023 Fed or State taxes paid)

Telephone/cell phone	_____
Travel	_____
Meals	_____
<i>(Entertainment is NOT deductible in 2023 per the Tax Cuts Jobs Act of 2018)</i>	
Utilities	_____
Wages	_____
Payroll Taxes	_____
<i>(Please provide wage reports for 2023)</i>	
Other expenses:	
_____	_____
_____	_____
_____	_____
Total expenses	\$ _____

FIXED ASSETS (EQUIPMENT, COMPUTERS, FURNITURE, ETC)

 Total amount of items that cost \$2,500 or less \$ _____

 For items that cost more than \$2,500

Please provide description, amount paid, and include documentation:

_____ \$ _____

FOR VEHICLES USED IN YOUR BUSINESS

	Auto #1	Auto #2
Description		
Date placed in service		
Total miles driven 01/01 to 12/31		
Total business miles driven 01/01 to 12/31		

SCHEDULE C

3. _____ [Legal name of business] _____ [EIN]

INCOME

Gross receipts/revenue \$ _____
Other income _____

Total Income _____

COST OF GOODS SOLD

Beginning inventory – 12/31/22 _____
Purchases of items to sell _____
Ending inventory – 12/31/23 _____
or
Cost of goods sold _____

EXPENSES

Advertising \$ _____
Business gifts (**no more than \$25 per recipient**) _____
Commissions & fees _____
Contract labor _____
(Please provide copies of any 1099's issued)
Dues & subscriptions _____
Insurance (not health) _____
Interest expense _____
Internet service fees (not cable tv) _____
Legal & professional fees _____
Office expense _____
Rent or lease expense _____
Repairs & maintenance _____
Supplies _____
Taxes & licenses _____
(Do not include 2022 or 2023 Fed or State taxes paid)
Telephone/cell phone _____
Travel _____

RENTAL PROPERTY


Address of each rental property:

- 4. _____
- 5. _____
- 6. _____

What type of rental property is it? Home, condo, vacation, farm, commercial, land, self-rental?

	_____	_____	_____
	Property #4	Property #5	Property #6
Rental income received	\$ _____	\$ _____	\$ _____
Expenses			
○ Advertising	_____	_____	_____
○ Auto/travel expenses	_____	_____	_____
○ Cleaning/maintenance	_____	_____	_____
○ Commissions	_____	_____	_____
○ HOA fees	_____	_____	_____
○ Insurance	_____	_____	_____
○ Legal/professional fees	_____	_____	_____
○ Management fees	_____	_____	_____
○ Mortgage interest (1098)	_____	_____	_____
○ Real estate taxes	_____	_____	_____
○ Repairs	_____	_____	_____
○ Supplies	_____	_____	_____
○ Utilities	_____	_____	_____
○ Depreciation	_____	_____	_____
○ Other _____	_____	_____	_____
○ _____	_____	_____	_____
Total Expenses	\$ _____	\$ _____	\$ _____

NON-CASH DONATION WORKSHEETS

 Non-cash donations **must** include a receipt and the following information:

4. Name of organization _____
Address _____
Description of item(s) _____
Date donated _____ Fair market value of items donated \$ _____
Date items originally purchased _____ Cost \$ _____
(Enter "various" for multiple items that were purchased over time)
Overall condition of donation (new, great, good, fair) _____

5. Name of organization _____
Address _____
Description of item(s) _____
Date donated _____ Fair market value of items donated \$ _____
Date items originally purchased _____ Cost \$ _____
(Enter "various" for multiple items that were purchased over time)
Overall condition of donation (new, great, good, fair) _____

6. Name of organization _____
Address _____
Description of item(s) _____
Date donated _____ Fair market value of items donated \$ _____
Date items originally purchased _____ Cost \$ _____
(Enter "various" for multiple items that were purchased over time)
Overall condition of donation (new, great, good, fair) _____