Progressive Tax Service - Tax Year 2023
1803 Smizer Station Road, Fenton, MO 63026 (636) 225-3708

Note: items in gray that **have not changed** since last year do not need to be completed.

Your Name: SSN (yours)
Spouse Name: SSN (spouse)
Street Address Date of Birth (yours)
City, State & ZIP Date of Birth (spouse)
Primary Telephone County (or STL city):
Taxpayer's Email Address
Spouse's Email Address
Taxpayer's Driver's License # State: Issue date: Exp date:
Spouse's Driver's License # State: Issue date: Exp date:
Have you received any notice from the IRS or state revenue department in 2023? Y N
Marital Status at 12/31/2023 ☐ Single ☐ Married ☐ Separated ☐ Widow(er)
Did you divorce or separate during 2023? Y N
Can you be claimed as a dependent by another taxpayer, such as a parent? Y N

Dependents: Do not list yourself or your spouse. List dependent children or other dependents:

Name:	Birth Date:	SSN:	Relationship:	Months lived in home 2023	College student
					Y N
					Y N
					Y N

Do any of the children have unearned income over $1,250 for the year (such as investment income)? Y N
Do any of the children have a disability? Y N
Do you anticipate a different taxpayer will seek to claim a child listed above as their dependent for tax year 2023? Y N

Questions for ALL Taxpayers --- We need these questions answered

Note "You" refers to both taxpayer and spouse; if unsure, please enter "?"

Lifestyle and Taxes	Y	N	If you are due a refund, would you like direct deposit? (Enter details below.) Please circle **SAME** if unchanged.
	Y	N	If you owe a balance due, would you like to pay via direct debit? (Enter bank details below.)
	Bank name		Routing #
	Account type: ☐ Checking ☐ Savings		Account #
	Y	N	Are you or your spouse legally blind? If yes, who?
	Y	N	Did you pay or receive alimony in 2023? (circle: PAY or RECEIVE) Amount: $
			What date was the divorce or separation finalized? Recipient SSN:
	Y	N	Do you have health insurance through marketplace/public exchange? (Obamacare) If so, please provide form 1095-A.
	Y	N	Will there be significant changes in income or deductions next year, such as retirement?
	Y	N	Have you, your spouse, or any of your dependents received an IP Pin from the IRS? Please include letter if yes.
	Y	N	Were you a citizen of or live in a foreign country? Foreign Country:
	Y	N	Did you pay an individual (your employee) for domestic services in your home (nanny, housekeeping or other)?
	Y	N	Did you purchase a new or used energy-efficient hybrid or electric vehicle that is eligible for a tax credit?
	Y	N	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?
	Y	N	Are you a member of the military?
	Y	N	Do you own or have financial interest in a foreign bank or financial account?
	Y	N	Would you like to allow your tax preparer to discuss this return with the IRS, should it be necessary?
Children	Y	N	Were any children born or adopted in 2023?
	Y	N	Were any children attending college? If so, year in college? 1rst 2nd 3rd 4th Victory lap+ *Additional information will be needed for tax credit, including 1098T and amounts paid for tuition and books.*
Education	Y	N	Did you pay tuition for a private elementary/secondary school for a dependent?
	Y	N	Did you or your spouse take college classes? *If so, we will need additional information.*
	Y	N	Did you pay any student loan interest? If so, please include interest amount paid. $
	Y	N	Did you pay for child or dependent care (day care) so that both spouses could work or attend school? *If so, we will need provider name, address and EIN and amounts paid.*
	Y	N	Do you have any children who have unearned income of $1,250 or more?

	Y	N	Did you make any contributions to a §529 plan in 2023? ☐ or distributions? ☐
Home	Y	N	Did you purchase or sell a home during the year? *If yes, add'l information including closing stmts are needed.*
	Y	N	If you sold a home, did you claim the First-Time Homebuyer Credit when purchased? *If yes, provide details.*
	Y	N	Did you refinance a mortgage or take a home equity loan? *If yes, please provide closing statement.*
	Y	N	Did you use mortgage loan proceeds for purposes other than to buy, build or substantially improve the home?
	Y	N	Did you make any new energy-efficient improvements to your home? *If yes, provide details.*
Business	Y	N	Do you own a business or an interest in a partnership, corporation, LLC, farming activity or other venture? *Please call our office if you need a self employed income worksheet.*
	Y	N	Did you receive income from a sharing/gig economy activity such as AirBnB, Uber or Shipt?
	Y	N	Did you have income from rental property, farm, self employed business, gambling, legal settlements, disability, or any other income? Please provide details (our office may have worksheet available for some income types).
Investments	Y	N	Did you, or will you, contribute any money to an IRA for 2023? Taxpayer Amount: Traditional $ ☐ Roth IRA $ ☐ Spouse Amount: Traditional $ ☐ Roth IRA $ ☐
	Y	N	Did you rollover any amounts from a retirement account in 2023?
	Y	N	Did you sell or transfer any stock or sell rental or investment property in 2023?
	Y	N	Did you receive any income from an installment sale?
	Y	N	Did you have any investments that became worthless in 2023?
	Y	N	Did you(a) receive (as an award, reward, or payment for property or services) or (b) sell, exchange, gift or otherwise dispose of any digital assets (crypto-currency, non-fungible tokens or stablecoins) in 2023?
	Y	N	Were you granted, or did you exercise, any employee stock options during 2023?
Other	Y	N	Did you/will you make a contribution to an HSA for 2023 (due by 4/18/24) or distributions from an HSA?
	Y	N	Did you pay any interest on a loan for a boat or RV that has full living quarters? *If yes, provide details.*
	Y	N	Did you make any charitable contributions in 2023? If so please provide details.
	Y	N	Did you pay sales taxes on a major purchase in 2023, such as a vehicle, boat or RV?

Income Please provide ALL W-2s and 1099s (of ALL kinds - INT, DIV, B, S, Composite, R, SSA, RRB, MISC, NEC, G etc.)

Number of W-2s ☐ Number of 1099s ☐

Please list names of each issuer and provide all tax documents:

W-2s:	**Pensions and Retirement Accounts (1099-R):**
Interest (1099-INT):	**Dividends (1099DIV):**
Tax Exempt Interest:	

Other Income:			
State Tax Refund	$	Unreported tips	$
Unemployment Compensation	$	Other income description:	
Social Security (taxpayer)	$		$
Social Security (spouse)	$		$

Adjustments

Educator expenses. Classroom expenses of teachers, counselors and principals. Maximum $300 each	$
Health savings account after-tax contributions (not paid by employer or thru payroll deduction) **	$
Self employed SEP, SIMPLE and qualified plans **	$
Self employed health insurance	$
Penalty on early withdrawal of savings	$
IRA deduction for traditional IRAs **	$
Student loan interest	$

** Note: some contributions for 2023 may be made in 2024.

Itemized Deductions

Deductions must exceed $13,850 (Single or married filing separate), $20,800 (head of household) or $27,700 (married/joint) to be a tax benefit.

Medical Expenses (note: must exceed 7.5% of income to be a benefit; include cost for dependents; do not include any costs that were reimbursed by insurance or paid with pre-tax dollars such as health insurance paid thru your employer or costs paid with health savings accounts, flexible spending accounts or medical savings accounts.

Doctors & Dentists	$		Medical transportation	$	
Prescription meds and insulin	$		Hearing aids & dentures	$	
Hospitals & nursing homes	$		Eyeglasses & contacts	$	
Health insurance premiums	$		Long term care ins - self	$	
Other:	$		Long term care ins - spouse	$	
Medical miles --- enter # of miles			@ $0.22/mile	$	

Taxes Paid

State estimated tax paid 2023	$		Personal property tax	$	
Real estate tax - primary home	$		Foreign tax paid	$	
Real estate tax - other	$		Other	$	
Sales tax paid car/boat/RV	$				

Mortgage Interest Paid *Please provide all Forms 1098 or lender information including EIN and address of lienholder.*

Main home	$		Points	$	
Second home	$		Equity loan	$	

Were proceeds of equity loan used to purchase or substantially improve the home? Y N

Charitable Contributions Note: IRS rules require the taxpayer to retain documentation for all cash contributions (includes checks and credit card transactions. Please note if any donations were transferred from an IRA account.

Payee:		Amount:	Payee:		Amount:
	$			$	
	$			$	
	$			$	
	$			$	
	$			$	
	$			$	

Non-cash (items donated) contributions over $500 require additional reporting on IRS Form 8283.

Total non-cash donations $ Please provide receipts if over $500.

Estimated Tax Payments

Federal				**State**			
Applied from prior year		$		Applied from prior year		$	
Qtr 1 date:		$		Qtr 1 date:		$	
Qtr 2 date:		$		Qtr 2 date:		$	
Qtr 3 date:		$		Qtr 3 date:		$	
Qtr 4 date:		$		Qtr 4 date:		$	

Tax Preparation Checklist

- ☐ All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker transactions), 1099-R (pensions and IRS distributions), Schedules K-1 from partnerships, S Corporations, estates and trusts) and other income reporting statements, including all copies provided from the payer.
- ☐ Form 1095-A, B or C (for health insurance purchased either in or outside a public exchange or employer provided.
- ☐ If you are a new client, provide copies of last year's tax returns.
- ☐ Copies of closing statements if you bought or sold real estate.

- ☐ Mileage figures for any automobile expenses claimed, including total, commuting and business mileage.
- ☐ Income and deductions categorized (worksheets available) for business or rental activities.
- ☐ Details of estimated tax payments made, if any.
- ☐ Completed Individual Income Tax Organizer/aka Interview Sheet. Please note, if you choose not to complete the organizer, all taxpayers must at least answer the yes/no questions under the heading "Questions for All Taxpayers."
- ☐ **Please note, before your completed returns can be delivered and/or electronically filed, we will provide and you (both, if married) must sign Form 8879 and our engagement letter. If one spouse is unable to come to our office to sign, please discuss options with your preparer or one of our staff members.**

Certification/Signatures

I/We certify that the information provided for our tax preparation service is true and complete to the best of my/our knowledge.

Taxpayer	*Date*
Spouse	*Date*