

# 2023 TAX CHECKLIST

For the 2023 tax year

## REFUNDMASTERS TAX & FINANCIAL SERVICES

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TAX YEAR \_\_\_\_\_ \*

APPOINTMENT DATE: \_\_\_\_\_ / \_\_\_\_\_ / 2024

APPOINTMENT TIME: \_\_\_\_\_ AM  PM

\* Please use correct year checklist

- MAIN OFFICE  
 BY MAIL/FAX (FAX TO 619-613-2616)  
 Other Interview Location \_\_\_\_\_

Need a form not showing at <https://www.refundmasters.com/checklist-and-forms>? Email us for a quick response.

**Got a notice from the IRS?** SEND US A COPY (All Pages) ASAP. No need to call first. **We need to see it.**

Save money by **fully** completing this checklist. We'll be able to complete your taxes faster, find more deductions and plan for next year. Use this checklist to guide you in sorting your records. Add up the **totals** of your expenses, and you won't need to provide canceled checks or receipts. *Round to nearest dollar (\$2.50=\$3 \$2.49=\$2).*

**Additional forms available at:** <https://www.refundmasters.com/checklist-and-forms> Please check box if attached:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Information Return Organizer | <input type="checkbox"/> Income Earned Abroad        | <input type="checkbox"/> Rental Income Form        |
| <input type="checkbox"/> Auto Expense Form            | <input type="checkbox"/> Moving Expense Form         | <input type="checkbox"/> Sale/Exchange of Property |
| <input type="checkbox"/> Energy Credits Form          | <input type="checkbox"/> Non-Cash Contributions Form | <input type="checkbox"/> Mortgage Interest Form    |

PLEASE PROVIDE:

*Hint: Keep the originals for your records and send us clear copies.*

- Copies of your two previous year's Federal and State tax returns (New clients only).  
 **ALL W-2, 1099, 1099R, SSA-1099 (Social Security) forms and ALL 1098 forms & Forms 1095 (copies best).**  
 Escrow settlement (closing) statements of real estate bought or sold during the year.  
 Did you move in 2023? Date of move: \_\_\_\_\_  Did you have rental income? *Use Rental Income Form*  
 **Y**  **N** **Did you have money in OR signature authority over any foreign bank or financial account?**  
 **Y**  **N** **Did all foreign accounts total \$10,000 or more at any time in 2023?**

### GENERAL INFORMATION *If we already have this, just fill in your name and add any new information.*

	Title	Name (Last, First, MI)	Occupation	Birthdate	Social Security #	Full-Time Student?
Self						<input type="checkbox"/>
Spouse						<input type="checkbox"/>
Dependents						<input type="checkbox"/>
If child <b>no longer</b> a dependent, please note						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

PLEASE UPDATE Student status (a "full-time college student" attended for a part of each of 5 calendar months)

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ School District \_\_\_\_\_

email \_\_\_\_\_

<b>Telephone</b>	Home	<input type="text"/>
	Work/Self	<input type="text"/>
	Work/Spouse	<input type="text"/>
	Cell/Self	<input type="text"/>
	Cell/Spouse	<input type="text"/>

- Did you pay post-high school tuition for a family member? Student's Name \_\_\_\_\_  
Year (1=Freshman) \_\_\_\_\_ School or college \_\_\_\_\_ Amount \$ \_\_\_\_\_  
*Provide 1098-T & tuition statements.* Amount paid for books and materials \$ \_\_\_\_\_ *Attach Copy of Receipts.*
- Do you have a Form 4361 Exemption From Social Security Tax? Please make sure we have an IRS-approved copy.
- Did you change denominations in the past two years? (ministers only)
- Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
- Does anyone other than your spouse and children live with you?
- Is anyone in your household 65 years or older? Blind? (Vision in best eye 20/200 or worse? \_\_\_\_\_)
- Are you  or your spouse  permanently disabled?
- Do you pay for support of people who do not live with you?
- Do you plan to buy a home in the next 26 months?
- Are you owed money you can't collect? Did any stock or securities you own become worthless in 2023? If so, supply details.
- Did you give more than \$17,000 in money or property to any individual? If so, ask us for Gift Tax Form
- Did you  or your spouse  Pay  or Receive  spousal support?
- Do you  or your spouse  use part of your home as a **primary** office? If so, supply the total square feet of your home (subtract hallways, stairs, entryway) \_\_\_\_\_, and the square feet used for business \_\_\_\_\_. *Fill in Housing Expense Section, next page.*
- Did you replace exterior doors, windows, water heater, furnace, or install solar/wind energy? Use Energy Credits Form
- Did you buy or sell virtual currency in 2023 (Bitcoin, etc.)?
- Was entire family covered by Health Insurance in 2023? *If you received premium tax credit, attach 1095-A*
- Do you certify that you owe NO use tax? (If your state, (including CA, KY, LA, MA, ME, MI, NY, OH, OK, RI, SC, UT, VT, VA) charges use tax on out-of-state purchases, you may owe use tax if sales tax was not paid. If you checked "No", please enter amount of purchases on which you owe use tax: \$ \_\_\_\_\_)

**Retirement Plans Amounts You Added 2023**

*Please provide copies of year-end statements showing IRA amounts contributed. 403b and 401k contributions via employer will appear on W2--no need to list here.*

	Self	Spouse
IRA or SEP IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
403b / TSA	\$ _____	\$ _____
401K	\$ _____	\$ _____

**2023 Estimated Tax Payments**

	Federal	State	Date Paid	OR Paid on Time
Last year's overpayment credited to this year's tax:	\$ _____	\$ _____		
Amount paid with extension (with 2023 Form 4868)	\$ _____	\$ _____	____/____/____	
<b>Voucher 1</b> Estimated tax payments (Due April 18, 2023)	\$ _____	\$ _____	____/____/____	<input type="checkbox"/>
<b>Voucher 2</b> Estimated tax payments (Due June 15, 2023)	\$ _____	\$ _____	____/____/____	<input type="checkbox"/>
<b>Voucher 3</b> Estimated tax payments (Due Sept. 15, 2023)	\$ _____	\$ _____	____/____/____	<input type="checkbox"/>
<b>Voucher 4</b> Estimated tax payments (Due Jan. 16, 2024)	\$ _____	\$ _____	____/____/____	<input type="checkbox"/>

**INCOME** *Don't include reimbursements from Accountable Reimbursement Plans*

SOURCE	Self	Spouse Income	INTEREST INCOME (Provide all 1099-INTs)	
from 1099's [Provide Forms]	\$ _____	\$ _____	From _____	\$ _____
Income from W-2's [Provide Forms]	\$ _____	\$ _____	From _____	\$ _____
Other Minister's Income	\$ _____	\$ _____	From _____	\$ _____
Housing Allowance-money received	\$ _____	\$ _____	From _____	\$ _____
Rental Value of Parsonage	\$ _____	\$ _____	From _____	\$ _____
Honoraria	\$ _____	\$ _____	From _____	\$ _____
State Tax Refund for 20____	\$ _____	\$ _____	From _____	\$ _____
Social Security [provide SSA-1099's]	\$ _____	\$ _____		
Pensions/Annuities/IRA's	\$ _____	\$ _____	STOCK DIVIDENDS (Provide all 1099-DIVs)	
Unemployment/Disability Income	\$ _____	\$ _____	From _____	\$ _____
Jury Duty	\$ _____	\$ _____	From _____	\$ _____
Prizes & Awards	\$ _____	\$ _____	From _____	\$ _____
Sales of coins, jewelry, art, gold, etc.	\$ _____	\$ _____	From _____	\$ _____
Sales on eBay, Craig's list, etc.	\$ _____	\$ _____	From _____	\$ _____

**SALE/EXCHANGE OF STOCK & PROPERTY - Include Vehicles**

Include cryptocurrency trades.

What You Sold	Purchase Date	Date Sold	Sales Price	Cost or Basis	Selling Expense	Gain/Loss (Optional)

Provide escrow "Settlement or Closing Statement" if you bought or sold a home or other property. For more items, use **Sale/Exchange Form**

**HOUSING EXPENSE** [This section for *ministers* only, and/or *office in home*]

Date you purchased home _____	Maintenance & Repairs \$ _____	HOA Dues \$ _____
Rent/Mortgage Paid 2023 \$ _____	Decorations \$ _____	Utilities (Except Phone) \$ _____
Property Taxes* \$ _____	Furnishings \$ _____	Cleaning Supplies \$ _____
Insurance*/Home Warranty \$ _____	Gardening, Pool Service \$ _____	Miscellaneous \$ _____
		Telephone Base Rate \$ _____
		[ ]AI [ ]T <b>TOTAL</b> \$ _____

\* If not included in mortgage payment. List property tax also on Page 4.

**AUTO EXPENSE** Enter 1 vehicle/1 use per column, so one car may be listed in two or more columns. Reimbursed at less than \$.655 per mile, or need more columns? Use Auto Expense Form

Business/Professional use by: Self <input type="checkbox"/> Spouse <input type="checkbox"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
Activity (Ministry, Honoraria, Job, etc.) _____	_____	_____	_____
Year, Make and Model of Vehicle _____	_____	_____	_____
Purchase Price \$ _____	\$ _____	\$ _____	\$ _____
Date of Purchase/Lease* ____/____/____	____/____/____	____/____/____	____/____/____
Mileage: <b>Total driven in 2023</b> _____	_____	_____	_____
Mileage: Professional _____	_____	_____	_____
Parking, Tolls \$ _____	\$ _____	\$ _____	\$ _____
Gas, Oil, Repairs, Car Wash, Tires, etc. \$ _____	\$ _____	\$ _____	\$ _____
Insurance Premium (Annual) \$ _____	\$ _____	\$ _____	\$ _____
Auto Club \$ _____	\$ _____	\$ _____	\$ _____
<b>Auto License Renewal Fees</b> \$ _____	\$ _____	\$ _____	\$ _____
<b>Loan Interest Paid this Year</b> \$ _____	\$ _____	\$ _____	\$ _____
Vehicle Lease/Rental \$ _____	\$ _____	\$ _____	\$ _____
Round-trip commute distance between home and office: Self _____ Spouse _____			
Was vehicle available for personal use after hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was another vehicle available for personal use? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Personal miles driven on employer-owned vehicle? Self _____ Spouse _____			

\*Enter ALL expenses for leased vehicles

**PROFESSIONAL EXPENSES**

Gifts associated with profession (Up to \$25 per recipient)	SELF \$ _____	SPOUSE \$ _____
Hired Services	\$ _____	\$ _____
Professional Dues	\$ _____	\$ _____
Prof/Business Interest Paid	\$ _____	\$ _____
Income Tax Preparation	\$ _____	\$ _____
Other office & computer expenses	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Postage/Stationery/Cards etc.	\$ _____	\$ _____
Books/Periodicals/Papers	\$ _____	\$ _____
Film/Tapes/Videos/DVDs	\$ _____	\$ _____
Travel: Transportation	\$ _____	\$ _____
Lodging, Misc.	\$ _____	\$ _____
Meals	\$ _____	\$ _____
Business Meals*	\$ _____	\$ _____

Do not include expenses reimbursed by an accountable reimbursement plan.

Purchase/Cleaning/ Prof. Garments	SELF \$ _____	SPOUSE \$ _____
Internet/DSL Services	\$ _____	\$ _____
Cell Phone (professional cost)	\$ _____	\$ _____
Formal Education Expenses	\$ _____	\$ _____
Name of School _____		
Seminars/Conferences/Prof.Growth	\$ _____	\$ _____
Meeting Expenses	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

\*Entertaining at home, office, or restaurants and associated with the active conduct of your profession.

**EQUIPMENT PLACED IN SERVICE THIS YEAR: (ENTER HERE ONLY)**

Date Mo/Day	Description	%Business Use	Spouse or Self?	Purchase Price
____/____	_____	_____	_____	\$ _____
____/____	_____	_____	_____	\$ _____
____/____	_____	_____	_____	\$ _____

**NEW CLIENTS ONLY (For depreciation):**

Current Value Prof. Library	\$ _____	\$ _____
Current Value all equipment, office & professional [Provide List]	\$ _____	\$ _____

# DEDUCTIONS MEDICAL EXPENSES

Health Ins. -- Don't include premiums paid with Social Security or reimbursed

A. Medical/Disability Premiums \$ \_\_\_\_\_

Long-Term Care Premiums:

For you \$ \_\_\_\_\_ For Spouse \$ \_\_\_\_\_

B. Medical services **not** reimbursed by insurance or HSA:

**\*These specifics NOT required, just the total.**

Prescriptions \* \$ \_\_\_\_\_

Doctors & Dentists \* \$ \_\_\_\_\_

Hospitals & Clinics \* \$ \_\_\_\_\_

Lab. Fees/X-Rays \* \$ \_\_\_\_\_

Physical Therapy \* \$ \_\_\_\_\_

Glasses/Contacts \* \$ \_\_\_\_\_

Orthopedic Equipment \* \$ \_\_\_\_\_

Hearing Aids/Batteries \* \$ \_\_\_\_\_

Other \* \$ \_\_\_\_\_

**TOTAL of B. only** \$ \_\_\_\_\_

C. Medical Travel miles \_\_\_\_\_

Parking, tolls \$ \_\_\_\_\_

Insurance Reimbursement for medical travel: \$ \_\_\_\_\_

## TAXES

Your local sales tax rate \_\_\_\_\_ %

Property Taxes \$ \_\_\_\_\_

Auto License Fees not on Page 3 \$ \_\_\_\_\_

Tax Paid to Other States \$ \_\_\_\_\_

Sales Tax on High-Cost Items\* \$ \_\_\_\_\_

\* (Vehicles, boats, planes, homes, home remodel)

**INTEREST (Provide 1098-INTs).** If you have ever refinanced, or home equity loan is more than \$100K, use Mortgage Interest Form.

Download at <https://www.refundmasters.com/checklist-and-forms>

1<sup>ST</sup> Home Mortgage \$ \_\_\_\_\_

2<sup>ND</sup> Home Mortgage \$ \_\_\_\_\_

Home Improvement/Equity Loans \$ \_\_\_\_\_

**Mortgage Paid to Individual:** \$ \_\_\_\_\_

Paid to (Name) \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

## CONSUMER DEBT

	Balance	Interest Paid
Student Loans	\$ _____	\$ _____
Car Loan	\$ _____	\$ _____
Car Loan	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

## NOTES AND ADDITIONAL INFORMATION:

**We cannot deliver your return to you without your signature(s) below: SIGNATURES REQUIRED**

**TAXPAYER STATEMENT:** ALL INFORMATION I AM SUPPLYING IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I CAN SUBSTANTIATE EACH ITEM BY RECEIPTS, CHECKS AND/OR OTHER DOCUMENTATION. I HAVE REPORTED ALL INCOME.

CLIENT SIGNATURE \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## CONTRIBUTIONS

Small donations WITH receipt/check \$ \_\_\_\_\_

### Churches & Charitable Organizations:

Name \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ \$ \_\_\_\_\_

Charitable/Volunteer Travel (in miles) \_\_\_\_\_

### Contributions Of Goods (w/receipt) \$ \_\_\_\_\_

If non-cash donations exceed \$500 please supply name of charity, address, type of property and amount of donations. Use **Non-Cash Contribution Form**.

\_\_\_\_\_ \$ \_\_\_\_\_

### Child or Dependent Care Check here if had FSA

If more than one person, supply list. ALL info below required.

**Child or Dependent's Name** \_\_\_\_\_

**Amount paid for care \$** \_\_\_\_\_

Provider Name \_\_\_\_\_

Address \_\_\_\_\_

Tax ID# or SS# \_\_\_\_\_

Telephone (If California) \_\_\_\_\_

Union Dues \$ \_\_\_\_\_

Investment Expenses \$ \_\_\_\_\_

Job Seeking Expenses \$ \_\_\_\_\_

Uniforms/Purchase/Cleaning \$ \_\_\_\_\_

Other (List) \$ \_\_\_\_\_

### CASUALTY LOSSES (Unreimbursed portion only)

Fire/Storm \$ \_\_\_\_\_

Auto Accident \$ \_\_\_\_\_

Property Damage \$ \_\_\_\_\_

Loss was in presidentially-declared disaster area