

Information Needed for Filing Extensions 2023 Tax Return

WARNING: Payment made electronically with extensions directly out of your bank account requires a signed and dated Permission Form. Failure to file on time is 5% per month starting April to a maximum of 25%. This means that by August, you will have generated 25% of the tax owed with your return as a penalty. This can be quite a sizable amount. Be conservative on your estimates of expenses and include all income. Even if you have a timely filed extension, the late pay penalty and interest accumulate from the April filing deadline forward.

HOW MUCH CAN YOU PAY TO THE IRS \$ _____ .00 AND STATE \$ _____ .00 with an extension.

ALL CLIENTS & SPOUSE:

TAXPAYER'S Driver's License No. _____ STATE _____
ISSUE DATE _____ EXPIRATION DATE _____
SPOUSE'S Driver's License No. _____ STATE _____
ISSUE DATE _____ EXPIRATION DATE _____

1. ALL INCOME - SEPARATE BY TYPES

- A) SELF-EMPLOYED PER SPOUSE Taxpayer _____ Spouse _____
- B) W2'S-PREFER COPY OF W2'S FAXED OR EMAILED _____
- C) INTEREST INCOME _____
- D) DIVIDENDS _____
- E) PROPERTY SALES (Cost, Date of Purchase, Sale Amount & Date)
- F) TAXABLE PENSION DISTRIBUTIONS _____ (Please provide 1099-R's)

2. TAX WITHHELD-FEDERAL & STATE _____ (Fax or Email W-2's, 1099-R's, Etc.)

3. AMOUNT OF ESTIMATED TAX PAID (FEDERAL _____ STATE _____)

DO NOT INCLUDE AMOUNTS PAID IN JANUARY, MARCH & APRIL OF 2023 THAT WERE PAID FOR THE PRIOR YEAR WITH THE EXTENSION OR ESTIMATED TAX COUPONS.

INCLUDE AMOUNTS PAID IN APRIL, JUNE, SEPTEMBER OF 2023 OR JANUARY OF 2024-THIS WOULD BE FOR THE 2023 TAX RETURN

4. A ROUGH ESTIMATE OF EXPENSES – IT IS BETTER TO BE CONSERVATIVE. EXPENSES NEED TO BE BROKEN DOWN INTO SELF-EMPLOYED _____ AND EMPLOYEE EXPENSES _____.

5. STOCK SALES NEED DATE OF PURCHASE, DATE OF SALE, COST AND SELLING PRICE.

6. MORTGAGE INTEREST PAID _____ REAL ESTATE TAX PAID _____

7. ADDRESS IF CHANGED FROM PRIOR YEAR _____

8. FAX NUMBER OR EMAIL _____

FAX (____) _____ - _____ If temporary until what date _____

Email: _____

9. DID YOU HAVE HEALTH INSURANCE ALL YEAR? _____ YES _____ NO

If not, what months were you covered? _____

NEW CLIENTS OR CLIENTS WITH NEW OR LESS DEPENDENTS OR CHANGES OF ADDRESSES:

11) COPY OF THE SOCIAL SECURITY CARDS (ALL FAMILY MEMBERS)

12) DATE OF BIRTH (ALL FAMILY MEMBERS)

13) RELATIONSHIP (ALL FAMILY MEMBERS)

14) ADDRESS FOR TAX RETURN & ADDRESS FOR MAILING.

I PREFER A FAX OR EMAIL WITH THIS TAX INFORMATION RATHER THAN CALLING PLEASE FOLLOW UP TO MAKE SURE WE RECEIVED YOUR TAX INFORMATION!