

# William Coppa, EA

## Personal Income Organizer



### 2023/ 2024 Annual Office Notes:

- Work will begin once ALL documents have been submitted to the office.
- Documents may be provided in-person, by mail, or digitally using ShareFile. Please do not email, text, fax, or provide links to any other platform.
- If you do not have a ShareFile account please email the office, w.coppa@comcast.net, requesting a link. Provide full names and email addresses for whoever you'd like to have access to your file (spouse, bookkeepers, finance managers, etc.)
- Scanned or original PDFs only. If you do not have a scanner please use a scanner app, pictures will not be accepted.

### **DEADLINES**

- Business – March 15<sup>th</sup>, 2024
  - All paperwork must be provided to our office by February 23<sup>rd</sup> to avoid an extension.
- Personal Returns – April 15<sup>th</sup>, 2024
  - All paperwork must be provided to our office by March 25<sup>th</sup> to avoid an extension.
  - Please note an extension only extends your deadline to file, it does not extend your deadline to pay. If you feel you will owe, please make us aware so we can provide you with payment vouchers prior to the deadline.

### **The following, if applicable, should be attached and submitted with this completed organizer:**

|                                      |                                    |                                   |
|--------------------------------------|------------------------------------|-----------------------------------|
| W2's                                 | 1099-C, Cancellation of debt       | 1099-G, Unemployment Income       |
| 1099-Misc, Indp. Contract Work       | 1099-R/ Form 8606, IRA/ Retirement | Alimony Received                  |
| 1099-S, Income from Sale of Property | 1099-Int, 1099-Div, 1099—B, K-1    | Farm- Income, P&L, Cap Equip Info |
| Child Care Expenses                  | Property Tax                       |                                   |

|                               | <b>Primary Taxpayer</b>                           | <b>Spouse</b>                                     |
|-------------------------------|---|---|
| <b>Legal Name</b>             |   |   |
| <b>Social Sec. #</b>          |   |   |
| <b>Date of Birth</b>          |   |   |
| <b>Drivers Lic #</b>          | License #:<br>Issue Date:<br>Exp. Date:<br>State: | License #:<br>Issue Date:<br>Exp. Date:<br>State: |
| <b>Occupation</b>             |   |   |
| <b>E-mail</b>                 |   |   |
| <b>Phone</b>                  |   |   |
| <b>Address</b>                |   |   |
| <b>IPPIN #, if applicable</b> | Federal:<br>State:                                | Federal:<br>State:                                |
| <b>Client Type</b>            | _____ New Client _____ Returning Client           |   |

| <b>Filing Status</b> – Please circle only one option                                      |                              |                        |                |                           |                    |
|---|------------------------------|------------------------|----------------|---------------------------|--------------------|
| Single  | Head of Household            | Married Filing Jointly |                | Married Filing Separately |                    |
| <i>In addition to the above options, please circle any options below that also apply.</i> |                              |                        |                |                           |                    |
| Dependent of Another Taxpayer   | Primary Taxpayer 65 or Older | Spouse 65 or Older     | Taxpayer Blind | Spouse Blind              | Name Change w/ SSA |

| <b>Dependents</b> – Only Dependents you are claiming for the tax year |               |              |               |            |
|---|---------------|--------------|---------------|------------|
| Name  | Social Sec. # | Relationship | Date of Birth | In College |
|   |               |              |               | Yes / No   |
|   |               |              |               | Yes / No   |
|   |               |              |               | Yes / No   |
|   |               |              |               | Yes / No   |

|  |                  |                                       |
|--|------------------|---------------------------------------|
| <b>Direct Deposit Information</b><br><i>This must be provided each year, we <b>do not</b> retain information. Automatic funds withdrawal <b>not</b> available.</i> | <b>Bank</b>      |                                       |
|  |                  | ___ Checking Acct    ___ Savings Acct |
|  | <b>Routing #</b> |                                       |
|  | <b>Account #</b> |                                       |

|  |                                     |    |
|--|-------------------------------------|----|
| <b>Did you have health insurance through the Market Place?</b> | Yes<br><i>If yes, attach 1095-A</i> | No |
|--|-------------------------------------|----|

| <b>Income</b> – Indicate the number of each received per taxpayer |                  |                 |                  |
|---|------------------|-----------------|------------------|
| Primary Taxpayer  |                  | Spouse          |                  |
| ___ W2  | ___ IRAs         | ___ W2          | ___ IRAs         |
| ___ Social Sec.   | ___ Unemployment | ___ Social Sec. | ___ Unemployment |
| ___ Pension   | ___ Other        | ___ Pension     | ___ Other        |

| <b>Other Income</b> – Please describe and attach supporting documentation |  |
|---|--|
| State & Local Income Tax Refunds  |  |
| Alimony Received  |  |
| Gambling  |  |

| <b>Adjustments</b> – Please attach supporting documentation |  |
|---|--|
| IRA, SEP, Keough Contributions                              |  |
| Health Ins. Premiums for Self-Employed                      |  |
| Student Loan Interest                                       |  |
| Education, Tuition, Fees                                    |  |
| Penalty for Early Withdrawal of Savings                     |  |
| Alimony   | Recipient:<br>SS# of Recipient:<br>Total Amount Paid: \$ |

| <b>Child Care</b> – Please attach supporting documentation |    |               |    |
|--|----|---------------|----|
| Child  |    | Child         |    |
| Provider   |    | Provider      |    |
| Address  |    | Address       |    |
| EIN/ SS#   |    | EIN/ SS#      |    |
| Total Payment  | \$ | Total Payment | \$ |

| <b>Estimated Income Tax Paid – DO NOT include withholding</b> |        |                       |        |
|---|--------|-----------------------|--------|
| <b>Federal Payments</b>                                       |        | <b>State Payments</b> |        |
| Date of Payment   | Amount | Date of Payment       | Amount |
|   | \$     |                       | \$     |
|   | \$     |                       | \$     |
|   | \$     |                       | \$     |
|   | \$     |                       | \$     |

| <b>Schedule A: Medical &amp; Dental Expenses Paid</b> |                            |                  |               |                 |                             |
|---|----------------------------|------------------|---------------|-----------------|-----------------------------|
| Insurance Premiums                                    | Physicians, Dentists, Etc. | Medical Supplies | Prescriptions | Medical Mileage | Reimbursements for Expenses |
| \$  | \$                         | \$               | \$            |                 | \$                          |

| <b>Schedule B: Interest Received</b> |        | <b>Schedule B: Dividends Received</b> |        |
|--------------------------------------|--------|---------------------------------------|--------|
| Paid By                              | Amount | Paid By                               | Amount |
|                                      | \$     |                                       | \$     |
|                                      | \$     |                                       | \$     |
|                                      | \$     |                                       | \$     |
|                                      | \$     |                                       | \$     |

| <b>Taxes Paid</b>                          |                                    |                                      |                       |
|--|------------------------------------|--------------------------------------|-----------------------|
| Balance of State taxes due from prior year | Real Estate Taxes Primary Property | Real Estate Taxes Secondary Property | Personal Property Tax |
| \$   | \$                                 | \$                                   | \$                    |

| <b>Interest Paid</b>        |    |                             |    |
|-----------------------------|----|-----------------------------|----|
| <b>Primary Residence</b>    |    | <b>Secondary Residence</b>  |    |
| Home Mortgage Interest      | \$ | Home Mortgage Interest      | \$ |
| Current Amount of Mortgage  | \$ | Current Amount of Mortgage  | \$ |
| Mortgage Insurance Premiums | \$ | Mortgage Insurance Premiums | \$ |
| Deductible Pts. On Mortgage |    | Deductible Pts. On Mortgage |    |

| <b>Rental Income, Expenses &amp; Depreciation</b> |    |                      |    |
|---|----|----------------------|----|
| Address   |    | Address              |    |
| Annual Rental Income                              | \$ | Annual Rental Income | \$ |
| <b>Expenses</b>                                   |    | <b>Expenses</b>      |    |
| Advertising                                       | \$ | Advertising          | \$ |
| Cleaning & Maint.                                 | \$ | Cleaning & Maint.    | \$ |
| Commissions                                       | \$ | Commissions          | \$ |
| Insurance   | \$ | Insurance            | \$ |
| Legal & Prof. Fees                                | \$ | Legal & Prof. Fees   | \$ |
| Management Fees                                   | \$ | Management Fees      | \$ |
| Mortgage Interest                                 | \$ | Mortgage Interest    | \$ |
| Repairs   | \$ | Repairs              | \$ |
| Supplies  | \$ | Supplies             | \$ |
| Taxes   | \$ | Taxes                | \$ |
| Utilities   | \$ | Utilities            | \$ |
| Other   | \$ | Other                | \$ |

| Fixed Assets for Rental Property |           |               |      |
|----------------------------------|-----------|---------------|------|
| Street Address                   | Equipment | Purchase Date | Cost |
|                                  |           |               | \$   |
|                                  |           |               | \$   |
|                                  |           |               | \$   |
|                                  |           |               | \$   |

| Investments  |                  |                    |
|--|------------------|--------------------|
|  | Name of Provider | All pages attached |
| <b>Investment Company</b><br><i>Attach tax statement from investment company</i> |                  | Yes / No           |
|  |                  | Yes / No           |
|  |                  | Yes / No           |
|  |                  | Yes / No           |
| <b>K-1's from Corporations, Partnerships, Trusts, Estates</b>                    |                  | Yes / No           |
|  |                  | Yes / No           |
|  |                  | Yes / No           |
|  |                  | Yes / No           |

| Contributions  |    |
|--|----|
| Cash   | \$ |
| Other: Attach documentation, date, name, address, and description of contribution/donation | \$ |

| Please answer the following questions                                       | Yes | No |
|---|-----|----|
| Did you move? If yes, please provide a copy of your HUD/Closing Disclosures |     |    |
| Did you buy or sell a home within the last 3 years?                         |     |    |
| Did you own a mobile home or boat?  |     |    |
| Did you have a rental property?   |     |    |
| Did you have foreign income, or do you have foreign bank accounts?          |     |    |
| Did you have a loss on any bad debt which will never be repaid?             |     |    |
| Did you support or help to support an older relative?                       |     |    |
| Did you receive child support?  |     |    |
| Were you audited by the IRS or state in the past year?                      |     |    |
| Did you, your spouse or child(ren) attend college this year?                |     |    |

## Other Deductions/ Questions/ Notes

Notes:

- Gambling losses are deductible only to the amount of gambling winnings reported. A log must be kept verifying losses.
- Work clothing is not deductible if adaptable for everyday wear. Exception for safety equipment, such as steel-toe boots.
- Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

### Privacy Policy

We value our clients and their privacy is important to us. Therefore, we have adopted the following privacy policy to demonstrate our commitment to the protection of their privacy. We collect nonpublic information about our clients from various sources including the following:

- Information we received from interviews regarding clients' tax situations
- Information we received from applications, organizers, or by other means, such as client names, address, phone numbers, social security numbers, banking details, dependent information, income and other tax-related returns.
- Information from tax-related documents we require from clients in order to complete their tax returns.

We do not disclose any nonpublic information about our clients or former clients to anyone unless requested to do so by our clients or required by law. We restrict access to nonpublic information concerning our clients except to employees who need access to such information in order to provide products or services. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard all nonpublic personal information. For further information about our privacy policy, please contact us.

## Deadlines

*ALL documents must be provided to the office three weeks prior to all deadlines*

### Personal Returns

|   |   |
|---|---|
| April 15 (Unless noted otherwise under annual office notes) | Personal 1040                           |
| October 15  | Extended Personal 1040 (Final Due Date) |

### Personal Estimated Payments

|              |                      |
|--------------|----------------------|
| January 15   | 4 <sup>th</sup> Qtr. |
| April 15     | 1 <sup>st</sup> Qtr. |
| June 15      | 2 <sup>nd</sup> Qtr. |
| September 15 | 3 <sup>rd</sup> Qtr. |