

2023 TAX YEAR FILING

PERSONAL TAX INFORMATION WORKSHEET

Use the tab key to navigate to the next field.

Use 'Shift' + 'Tab' keys to go back

Start Here

IF WE PREPARED YOUR TAX RETURNS LAST YEAR PLEASE CHOOSE IF YOUR INFORMATION IS THE SAME OR CHANGED	<u>PRIMARY FILER / TAXPAYER</u>		
	First name	Middle Name	Last Name
Legal Name			
Social Security Number		Filer Phone Number	Filer Email
Date of Birth			
NEW this year	A picture of your government issued photo ID is required. You will need to upload the front and back photos to your secure portal.		
Drivers License or ID#		Issue date	Expiration date
State Issued			
Personal Protection ID PIN If the IRS issued one to you		Note: If you were given an ID PIN last year then you will have one again	

IF WE PREPARED YOUR TAX RETURNS LAST YEAR PLEASE CHOOSE IF YOUR INFORMATION IS THE SAME OR CHANGED	<u>SPOUSE or SECONDARY FILER</u>		
	First name	Middle Name	Last Name
Legal Name			
Social Security Number		Filer Phone Number	Filer Email
Date of Birth			
Drivers License or ID#		Issue date	Expiration date
State Issued			
Personal Protection ID PIN If the IRS issued one to you		Note: If you were given an ID PIN last year then you will have one again	

YOUR ADDRESS INFORMATION

**THIS PAGE IS
REQUIRED**

CURRENT HOME ADDRESS FOR FILING

Street Address	
Unit or Apt	
City	
State	
Zip Code	

	YES	NO
DID YOU MOVE YOUR RESIDENCE IN 2023?		

IF YES,	
DATE OF MOVE?	
Purchase price of new home	
Sale price of previous residence	
Purchase price of previous residence	
PREVIOUS ADDRESS	

MORTGAGE FINANCING?

	YES	NO
WILL YOU NEED TO QUALIFY FOR MORTGAGE FINANCING WITHIN THE NEXT 2 YEARS?		
DESIRED AMOUNT?		

If you do need mortgage financing assistance, please visit our website for resources:

[Mortgage Resources | \(www.kadillacenterprisesllc.com\)](http://www.kadillacenterprisesllc.com)

DEPENDENTS Information

If you check this box
go to the next page

I (WE) DO NOT HAVE ANY DEPENDENTS

OR

**Start
Here**

IF WE PREPARED YOUR RETURNS LAST YEAR PLEASE CHOOSE IF YOUR INFORMATION IS THE SAME WITH NO NEW OR ADDITIONAL DEPENDENTS	Dependent #1 (one)		
First name	Middle Name		Last Name
Legal Name			
Social Security Number	Male	Female	Any Additional Information
Relationship			
Date of Birth	YES	NO	
Is this DEPENDENT being claimed this year?			
Is Student age 19 to 23 or Disabled?			
Child Care Expenses			
*** To add Child Care and Education Expenses, please see Personal Expenses Tab			

Dependent #2 (two)			
First name	Middle Name		Last Name
Legal Name			
Social Security Number	Male	Female	Any Additional Information
Relationship			
Date of Birth	YES	NO	
Is this DEPENDENT being claimed this year?			
Is Student age 19 to 23 or Disabled?			
Child Care Expenses			
*** To add Child Care and Education Expenses, please see Personal Expenses Tab			

Dependent #3 (three)			
First name	Middle Name		Last Name
Legal Name			
Social Security Number	Male	Female	Any Additional Information
Relationship			
Date of Birth	YES	NO	
Is this DEPENDENT being claimed this year?			
Is Student age 19 to 23 or Disabled?			
Child Care Expenses			
*** To add Child Care and Education Expenses, please see Personal Expenses Tab			

Dependent #4 (four)

	First name	Middle Name		Last Name
Legal Name				
Social Security Number		Male	Female	Any Additional Information
Relationship				
Date of Birth		YES	NO	
Is this DEPENDENT being claimed this year?				
Is Student age 19 to 23				
or Disabled?				
Child Care Expenses				
*** To add Child Care and Education Expenses, please see Personal Expenses Tab				

Dependent #5 (five)

	First name	Middle Name		Last Name
Legal Name				
Social Security Number		Male	Female	Any Additional Information
Relationship				
Date of Birth		YES	NO	
Is this DEPENDENT being claimed this year?				
Is Student age 19 to 23				
or Disabled?				
Child Care Expenses				
*** To add Child Care and Education Expenses, please see Personal Expenses Tab				

Dependent #6 (six)

	First name	Middle Name		Last Name
Legal Name				
Social Security Number		Male	Female	Any Additional Information
Relationship				
Date of Birth		YES	NO	
Is this DEPENDENT being claimed this year?				
Is Student age 19 to 23				
or Disabled?				
Child Care Expenses				
*** To add Child Care and Education Expenses, please see Personal Expenses Tab				

Check all lines that have a 'YES' or 'NO' Choice

FILING STATUS		YES	NO
Married - Filing Joint			
Married - Filing Separately			
Single			
Head of Household			
Widowed / Widower			
	If Widowed/Widower, date of death of spouse		

ADDITIONAL QUESTIONS		YES	NO
Is Filer Legally Blind as of 12/31/2023?			
Is Filer Permanently or Totally Disabled?			
Is Spouse Blind?			
Is Spouse Disabled?			
Is Filer a Veteran?			
Is Spouse a Veteran?			
Could the filer be claimed as a dependent on another tax return?			
Was the Taxpayer a full-time Student during 2023?			
Does the Taxpayer want \$3 to go to the Presidential Campaign Fund?			
Did the Taxpayer, Spouse or dependent change their name?			
Did you receive a letter from the IRS or state revenue agency?			

Financial Events		YES	NO
Did you buy, sell, or refinance a home or rental property?			
Did you incur property damage caused by a Federally declared disaster?			
Did you have financial authority over a foreign account or trust?			
Did you gift \$17,000 or more to another individual?			

If you are due a refund or owe a balance:		YES	NO
I Would Like Direct Deposit for a Tax Refund			
Receive a paper check by mail for a Refund			
Use a Direct Debit for Tax Balance Owed			
Pay Tax Balance by Credit Card directly to the IRS or state agency			
Mail a check for Tax Balance Due directly to the IRS or state agency			

BANK INFORMATION - required	
In order to have any refunds direct deposited, please enter your PERSONAL CHECKING - BANK INFORMATION BELOW:	
Bank Name	
Routing #	
Account #	

Check all lines that have a 'YES' or 'NO' Choice

Personal Income and Health Insurance

*** Required: Please upload to your portal all W-2's and Forms 1099 ***

Filer Total Income	
Filer Occupation	
Spouse Total Income	
Spouse Occupation	

Income Form	Type of Income	YES	NO
W2	Hired Employee		
W-2G	Gambling Winnings		
1099-B	Stocks, Bonds, Investments		
1099-INT	Interest Income		
1099-DIV	Dividend Income		
1099-G	Federal or State Tax Refunds		
1099-G	Unemployment Income		
1099-Q	ESA or 529 Distribution		
1099-R	IRA and Retirement Distributions		
1099-R	401K and Pensions		
1099-SA	Health Spending Account		
SSA-1099	Social Security Income		
1099-MISC	Rental Property Income, Royalties, Business Income		
1099-NEC or 1099-K	Non-Employee Contractor / Business Income		
Schedule K-1	Partnership		
Schedule K-1	S-Corporation		
Schedule K-1	Estate or Trust		
Alimony	If divorced 2018 or earlier, please contact us		
Any Cryptocurrency Transactions (Bitcoin, Ethereum etc.)			
Other Income: e.g Farming, Disability, Tips, Jury Duty List Below:			
For rental Income / Expenses you will receive the "RENTAL PROPERTY" Worksheet			

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Health Insurance Coverage

Did you purchase health insurance through the Marketplace?

Did you have health insurance from different source?

Yes	No

*** Required to Include***

All Forms 1095-A MarketPlace (Premium Tax Credit)
All Forms 1095-B (Self-coverage Issuing Company)
All Forms 1095-C (Employer Provided Insurance)
All Forms 1099-SA (Health Care Spending Account)

Check all lines that have a 'YES' or 'NO' Choice

Your Personal Expenses

Category	Amount
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Medical and Dental:	Amount
All Medication	
All Doctors	
Prescriptions	
Insurance Premiums	
Dental	
Optometric (Eyes)	
Therapy	
Nursing Care	
Mileage	
Other - List	
Other - List	

Miscellaneous:	Amount
Alimony Paid (if divorced before 2019, please contact us)	
Mortgage Interest/Points	
Mortgage Insurance Premiums	
Real Estate Taxes / Property Tax	
Ad Valorem (Personal Property Taxes)	
Student Loan Interest - Provide 1098-E	
Education Expense-Tuition and Fees (Please provide 1098-T if applicable)	
Gambling Losses	
IRA Contribution - Filer	
IRA Contribution - Spouse	
Energy Efficient Home Improvements	
Plug-in Electric Vehicle Purchase	
Other Expense - Please Specify:	

Did you make any large purchases over \$5,000? <i>If so, include receipt or invoice</i>	Yes	No

Charitable Contributions:	Amount
Cash Contributions	
Churches	
Non-Cash Charity (e.g. Goodwill, United Way, etc)	
Volunteer Mileage	

Enter any Additional information or questions here:	Amount

Check all lines that have a 'YES' or 'NO' Choice

Your Personal Expenses

Category	Amount
----------	--------

Did you make any large purchases over \$5,000?
If so, include receipt or invoice

Yes	No

Charitable Contributions:
Cash Contributions
Churches
Non-Cash Charity (e.g. Goodwill, United Way, etc)
Volunteer Mileage

Amount

Enter any Additional information or questions here:

Amount

Did you make any estimated tax payments to the IRS in 2023 that are not included on a W2 or Form 1099?
If yes, enter the amount and date paid
1st Payment
2nd Payment
3rd Payment
4th Payment

Yes	No
Amount	Date

Child Care Expenses - Please List and provide annual statement from Child Care Provider		
Provider 1		
EIN-Required	9 digit federal employer identification number	
Street Address		
City, State, Zip		
Provide annual statement from Child Care Provider		
Provider 2		
EIN-Required	9 digit federal employer identification number	
Street Address		
City, State, Zip		

Amount

Amount

This worksheet is completed. Save it and upload to your portal.
Then upload all of your income and financial documents.