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Name: _____ SS No. _____ (DOB) _____
Spouse: _____ SS No. _____ (DOB) _____
Address: _____ Telephone (Home) _____
 _____ Telephone (Work) (t) _____ (s) _____
 _____ Telephone (Cell) (t) _____ (s) _____
Occupation: Taxpayer _____ Spouse _____
E-Mail Address: Taxpayer _____ Spouse _____

Taxpayer: 65 or over Blind/Disabled Deceased DOD _____ (Death Certificate)
Spouse: 65 or over Blind/Disabled Deceased DOD _____ (Death Certificate)

Check One: Single Married Filing Joint Surviving Widow/Widower
 Married Filing Separately (enter spouse's name SS No. Above) Unmarried Head of Household

Dependents

| Name | Birthdate | Social Security No. | Relationship | No. of Mos. lived in your home |
|------|-----------|---------------------|--------------|--------------------------------|
| | | - | | |
| | | - | | |
| | | - | | |
| | | - | | |
| | | - | | |

The checklist below could lead to helpful deductions. Please answer and provide supporting information.

- Yes No**
- Did you purchase health insurance through the Marketplace? **If so, provide documentation, 1095-A.**
 - Did you contribute to a Health Savings Account (HSA) in 2023. This account must be used in conjunction with a High Deductible Health Plan. Amount: Self-only \$ _____ Family \$ _____
 - If you are self employed, did you pay health insurance premiums for yourself and your family? Amount: \$ _____
 - Did you trade in or use Digital Currency? Amount \$ _____ Provide Details**
 - Did you withdraw IRA or Keogh funds during the year? If so, Please indicate the amount of funds Withdrawn: \$ _____ Date: _____ Re-deposited: \$ _____ Date: _____
 Were any taxes withheld? Yes No Amount: Fed \$ _____ State \$ _____
 Were the withdrawn funds used to pay medical expenses? Yes No
 - Provide all 1099R forms Reporting Distributions.**
 - Did you pay **Alimony**? If Yes, paid to: _____
 SS No. _____ Amount Paid \$ _____ (Must have copy of Divorce Decree)
 - Did you make payments to a **Prepaid Tuition/Savings Plan (Sec 529 Plans)**? Amount \$ _____
 - Did your college student receive educational benefits under a prepaid tuition program? Provide Documents
 - Do you wish to donate \$3 of your taxes to the Presidential Campaign Fund?
 - Have you ever qualified for the **Earned Income Tax Credit**?

- Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?
- Do you have any assets or own any accounts in foreign countries. ***If yes please provide documentation.**
- Did you sell any assets or provide any service not listed on this form? If yes, provide details.
- Energy Credits – (Home) **Please provide documents.**
- Did you have any Online Asset Sales? Amount \$ _____ Provide details on bottom of page 3.**

Estimated Tax Payment Information

| | | 1 st Quarter 04/17/23 | | 2 nd Quarter 06/15/23 | | 3 rd Quarter 09/15/23 | | 4 th Quarter 01/15/24 | |
|----------------------|-----------|----------------------------------|-----------|----------------------------------|-----------|----------------------------------|-----------|----------------------------------|--|
| Federal State | Date Paid | Amount | Date Paid | Amount | Date Paid | Amount | Date Paid | Amount | |
| | | | | | | | | | |
| | | | | | | | | | |

Wage Income (Enclose all copies of all W-2 Forms)

Taxpayer: Number of W-2's enclosed _____ Spouse: Number of W-2's enclosed _____

Retirement Benefits Received (Enclose all 1099R Forms)

| | Payer | T or S | Amount | IRA Dist | | Payer | T or S | Amount | IRA Dist |
|----|-------|--------|--------|----------|----|-------|--------|--------|----------|
| 1) | | | | | 4) | | | | |
| 2) | | | | | 5) | | | | |
| 3) | | | | | 6) | | | | |

Interest and Dividend Income (Enclose all 1099-INT and 1099-DIV Forms)

| | Payer | I or D | Total Amount | Capital Gains | Non-Taxable |
|-----|-------|--------|--------------|---------------|-------------|
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | | | | |
| 6) | | | | | |
| 7) | | | | | |
| 8) | | | | | |
| 9) | | | | | |
| 10) | | | | | |

Total Municipal Bond Interest Earned 2023: \$ _____

Seller Financed Mortgages: Buyers name, SS number and address: _____

Installment Sale Payments Received: Interest \$ _____ Principal \$ _____
Buyers Name: _____ SS# _____ Address: _____

Rental Income (Attach 1099 Forms)

| Property Description | (A) | (B) | (C) | (D) | (E) | (F) | (G) |
|----------------------|-----|-----|-----|-----|-----|-----|-----|
| Property Address | | | | | | | |
| | | | | | | | |
| Gross Income | | | | | | | |
| | | | | | | | |
| Expenses | | | | | | | |
| Advertising | | | | | | | |
| Auto & Travel | | | | | | | |
| Cleaning & Maint | | | | | | | |
| Commissions | | | | | | | |
| Insurance | | | | | | | |
| Professional Fees | | | | | | | |
| Mortgage Interest | | | | | | | |
| Other Interest | | | | | | | |
| Repairs | | | | | | | |
| Supplies | | | | | | | |
| Taxes | | | | | | | |
| Utilities | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Did you make any payments in 2023 that would require you to file Form(s) 1099? Yes No
 If you answered yes, did you issue required 1099 Form(s)? Yes No

Depreciable Asset Additions (Attach all Support Documents)

| For Sch C,E,F, 2106 | Description & Location (A,B,C,D,E,F,G) | Date Purchased | Cost | Trade in if any |
|---------------------|--|----------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Improvements to Real Estate (Attach all Support Documents)

| For Sch C,E,F, 2106 | Description & Location (A,B,C,D,E,F,G) | Date Purchased | Cost |
|---------------------|--|----------------|------|
| | | | |
| | | | |
| | | | |
| | | | |

Business Income (Attach 1099-Misc Forms)

A) **Business Name** _____
Federal ID No _____
 Principal Business Activity _____
 Principal Product _____
 Accounting Method Cash Accrual
 Taxpayer Spouse

B) **Business Name** _____
Federal ID No _____
 Principal Business Activity _____
 Principal Product _____
 Accounting Method Cash Accrual
 Taxpayer Spouse

| Gross Income | (A) | (B) | Deductions | (A) | (B) |
|----------------------|------------|------------|-----------------------|------------|------------|
| | | | Advertising | | |
| Gross Income | | | Auto-Truck Expense | | |
| Less: Returns/Allow | | | Bad Debts | | |
| | | | Commissions | | |
| Cost of Sales | | | Professional Dues | | |
| | | | Employee Benefit Prog | | |
| Beginning Inventory | | | Freight & Express | | |
| Purchases | | | Utilities | | |
| Cost of Labor | | | Insurance | | |
| Materials & Supplies | | | Interest - Mortgage | | |
| Freight In | | | Interest - Other | | |
| Other | | | Janitorial & Cleaning | | |
| | | | Laundry | | |
| Ending Inventory | | | Legal/Accounting Fees | | |
| | | | Office Expense | | |
| | | | Postage | | |
| | | | Rent | | |
| | | | Repairs | | |
| | | | Salaries | | |
| | | | Supplies | | |
| | | | Telephone | | |
| | | | Travel | | |
| | | | Meals & Entertainment | | |
| | | | | | |
| | | | | | |
| | | | | | |

Did you make any payments in 2023 that would require you to file Form(s) 1099? Yes No
If you answered yes, did you issue required 1099 Form(s)? Yes No

Business Use of Home

Total Area of Home: _____ sq. ft. Total area Used for Business: _____ sq. ft.
 Nature of Business Activity Performed in Home: _____
 Was Another Office Available to You Outside the Home? Yes No

Non-Exclusive Use by Day Care Providers Only: Hours/Day Used for Day Care _____
 Days/Year Used for Day Care _____

Personal Itemized Deductions – Please provide support documents for all deductions.

| Medical | Amount | Taxes (\$10,000 Maximum Deduction) | Amount |
|--|---------------|---|---------------|
| Prescription Drugs | | Real Estate | |
| Medical Insurance Prem | | Personal Property | |
| Long Term Care Ins Prem | | State & Local Income Tax | |
| Medicare Premiums | | | |
| Doctors/Dentists | | | |
| Clinic/Lab Tests | | Charitable Contributions | |
| Hospitals | | Cash Contributions* | |
| Eyeglasses/Hearing Aids | | | |
| Orthopedic Shoes/Braces | | | |
| Medical Long Distance Phone | | | |
| Other | | | |
| Other | | | |
| Medical Miles Driven | | | |
| Do you have a medical svgs acct? | | Other Than Cash Contributions | |
| Interest | | | |
| Deductible Home Mortgage Interest Paid to Financial Institutions | | Charitable Miles Driven | |
| Home Mortgage Insurance | | | |
| Home Equity Interest | | | |
| Deductible Home Mortgage Interest | | * Contributions of \$250 or more require written substantiation | |
| Paid to Individuals:* | | from the org. | |
| Name/Address: | | | |
| | | | |
| | | | |
| | | Miscellaneous Deductions | |
| | | Gambling Losses | |
| Social Security Number* | | (limited to winnings) | |
| | | | |
| *Failure to provide subject to Penalty | | | |
| Deductible Points (Include Amort. Points from Prior Years) | | Other: | |
| Investment Interest | | | |
| | | | |
| Amt of Int Pd on Educational Loans | | | |

Standard Mileage Rate is 65.5 cents per mile for January – December 2023.

| Automobile Expenses | Car 1 | Car 2 | | Car 1 | Car 2 |
|--|-------|-------|-----------------------------|-------|-------|
| Total Miles Driven ** | | | Actual Auto Expenses | | |
| Personal Miles 2023 | | | Gas & Oil | | |
| Business Miles 2023 | | | Insurance | | |
| X _____ (Signature) | | | Licenses | | |
| ** Please sign above to verify mileage accuracy) | | | Lubrication | | |
| Avg Daily Commute | | | Repairs | | |
| Written Records? | Y / N | Y / N | Tires, Tire Repair | | |
| Is another vehicle available | | | Wash | | |
| for personal use? | Y / N | Y / N | Other | | |
| Is an employer-provided vehicle | | | | | |
| available for personal use? | Y / N | Y / N | | | |

**** Note:** We cannot use an amount for vehicle expense without detailed mileage information!

Child Care Deductions (attach documents) Qualifying Dependent Name(s) and amount paid
 _____ \$ _____, _____ \$ _____, _____ \$ _____

| Providers Name/Address (Include Individuals Name and/or Org Name) | SS or Fed ID | Amount |
|---|--------------|--------|
| | | |
| | | |
| | | |

Did you receive employer-provided dependent care assistance benefits? yes no Amount \$ _____

Sale of Personal Residence (**Attach copy of closing/settlement statement for purchase and sale**)

Date Old Residence Acquired _____ Date Old Residence Sold _____

Retirement Contributions for 2023? Do you want to make any nondeductible IRA contributions?
 yes no

| | Self (Amount) | Spouse (Amount) |
|---------------------------------|---------------|-----------------|
| IRA Contributions | | |
| SEP | | |
| KEOGH | | |
| Education IRA | | |
| Roth IRA Contributions | | |
| Roth IRA Rollover Amount | | |

Household Employee Information (Attach all W-2's for employees)

Household Employer EIN: _____ Did you pay any emp \$1,000 or more in 2023? Yes No
 Did you withhold Fed Income Tax During 2023 at the request of any employee? Yes No
 Did you pay total cash wages of \$1,000 in any calendar quarter of 2023 to employees? Yes No
 Was employee under 18? yes no Student? yes no Form I-9 on file for emp? Yes No
 Household Employee Name: _____ Social Security Number: _____
 Address: _____



Federal and State Returns are Mandatory Electronic Filing

Bring a voided check from your checking account (for Electronic Direct Deposit) purposes. Your failure to do this will cause a delay in your Electronic Direct Deposit. Must have all Social Security Numbers and Dates of Birth for You, Spouse and all Dependents.!!

Do you wish to designate your tax preparer or someone else to be contacted by the IRS in case any questions arise regarding your tax return? If yes, name the person. [] Yes [] No _____

***To the best of my knowledge the enclosed information is correct and includes all income, deductions and other information necessary for the preparation of this years returns, for which I have adequate contemporaneous records. Reminder – We will prepare your return based upon information provided by you. We do not audit or verify data provided by you.**

x _____ x _____ (Please Sign) _____ (Date)

PRE-APPOINTMENT QUESTIONNAIRE

Please complete this Tax Organizer before your appointment.

Bring this completed Tax Organizer with you at your scheduled appointment. Also please bring all applicable documents W-2's, 1099's, Social Security Income Information, Unemployment Income Information, Pension Rollover Information, and any other that we may need to properly prepare your return. Please call us to schedule a convenient appointment time for you.

Your appointment is scheduled for: (Please notify us if you are unable to keep this appointment.)

_____ am/pm
Day Date Time

Tax Preparer Notes: _____

