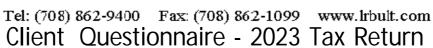


L.R. Bult & Associates, Ltd.

Certified Public Accountants

1467 Ring Road, Calumet City, IL 60409





The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. Accordingly, all information returns reflecting amounts reported to the IRS are also mailed or delivered to the taxpayers in an envelope clearly marked "IMPORTANT TAX DOCUMENTS ENCLOSED" and should be submitted with this organizer.

Forms such as:

W-2 (Wages) W-2G (Gambling Winnings) 1098 - Mortgage Interest 1098-T (Education)

Other Tax information statements

1099-R (Retirement) 1099-INT(Interest) 1099-DIV (Dividends) 1099-B (Brokerage Sales) 1099-MISC (Rents, etc.) 1099-G (Unemployment) 1099 (any other)

HUD-1 (Real Estate Sales/Purchases) 1095 (Health Insurance)

Schedule K-1

Charitable Contribution Statements

Annual Brokerage statements (and revised)

FILL OUT SHADED AREAS ONLY IF YOU ARE A NEW CLI	ent or a	NY INFORMATIO	N HAS CHANGE	D FROM PREVIOUS YEAR:				
Name	Name			Date of Birth	Occupa	ation	Disabled	
Taxpayer								
Spouse								
Street Address			City	•	State	Zip	•	
** <u>Taxpayer</u> Drivers License or State ID # State: Date Issued:	Expires:	E-mail Address:				Phone Number Alt Phone Number		
** <u>Spouse</u> Drivers License or State ID # State: Date Issued:	Expires:	Email Address:			Phone Alt Pho	Number ne Number		
Dependents Name (First, Last)	Relation	nship		Social Security #	·	Date of Birth	Disabled	

^{**}Refunds may be delayed without ID information.

Please answer the following questions to determine your maximum deductions:

DEPENDENT INFORMATION	Pleas	e Cir	cle
Did your marital status change during the year (by December 31, 2023)?	Yes	No	Not Sure
Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?	Yes	No	Not Sure
Did you or your spouse retire or change jobs in 2023?	Yes	No	Not Sure
Were there any changes in dependents from the prior year?	Yes	No	Not Sure
If yes, explain:			
Did you have any children under the age of 19, or a full-time student under age 24			
with unearned income of more than \$1,300?	Yes		Not Sure
Do you have dependents who must file a tax return?	Yes		Not Sure
Did you have any dependent care costs?	Yes	No	Not Sure
HEALTH INSURANCE	Pleas	e Cir	cle
Did you or any member of your family enroll in health insurance coverage through the Health Insurance			
Did you or any member of your family enroll in health insurance coverage through the Health Insurance Marketplace at healthcare.gov under the Affordable Care Act?	Yes	No	Not Sure
	Yes	No	Not Sure
Marketplace at healthcare.gov under the Affordable Care Act? If yes, please enclsoe your form 1095A Health Insurance Marketplace Statement. Do you currently have a Health Savings Account?	Yes		Not Sure
Marketplace at healthcare.gov under the Affordable Care Act? If yes, please enclsoe your form 1095A Health Insurance Marketplace Statement.			
Marketplace at healthcare.gov under the Affordable Care Act? If yes, please enclsoe your form 1095A Health Insurance Marketplace Statement. Do you currently have a Health Savings Account?		No	Not Sure
Marketplace at healthcare.gov under the Affordable Care Act? If yes, please enclsoe your form 1095A Health Insurance Marketplace Statement. Do you currently have a Health Savings Account? If yes, please provide any 2022 contributions, distributions and the year end amount	Yes	No e Cir	Not Sure
Marketplace at healthcare.gov under the Affordable Care Act? If yes, please enclsoe your form 1095A Health Insurance Marketplace Statement. Do you currently have a Health Savings Account? If yes, please provide any 2022 contributions, distributions and the year end amount	Yes	No e Cir No	Not Sure
Marketplace at healthcare.gov under the Affordable Care Act? If yes, please enclsoe your form 1095A Health Insurance Marketplace Statement. Do you currently have a Health Savings Account? If yes, please provide any 2022 contributions, distributions and the year end amount	Yes Pleas Yes	No e Cir No No	Not Sure
Marketplace at healthcare.gov under the Affordable Care Act? If yes, please enclsoe your form 1095A Health Insurance Marketplace Statement. Do you currently have a Health Savings Account? If yes, please provide any 2022 contributions, distributions and the year end amount INCOME INFORMATION Did you receive unemployment? Did you have gambling winnings or losses this past year? Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly? Did you receive any disability income during the year?	Yes Pleas Yes Yes Yes	No e Cir No No No	Not Sure Not Sure Not Sure
Marketplace at healthcare.gov under the Affordable Care Act? If yes, please enclsoe your form 1095A Health Insurance Marketplace Statement. Do you currently have a Health Savings Account? If yes, please provide any 2022 contributions, distributions and the year end amount	Yes Pleas Yes Yes Yes Yes	No e Cir No No No No No	Not Sure Not Sure Not Sure Not Sure Not Sure

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EDUCATION INFORMATION	Please Circle
Did you have any educational expenses during the year on behalf of yourself, spouse, or a dependent(s)? Did you pay interest on a student loan for yourself, your spouse, or your dependent(s) during the year? Did you make a contribution to or receive a distribution from an Education Savings Account or	Yes No Not Sure No Not Sure
Oualified Tuition Program (529 Plan) during the year?	Yes No Not Sure Yes No Not Sure
Would you like a FAFSA Worksheet completed with your return?	Yes No Not Sure
DIRECT DEPOSIT OR REFUND	Please Circle
Would you like to have your refund(s) directly deposited into your account?	Yes No Not Sure
FILL OUT ONLY IF YOU ARE A NEW CLIENT OR ANY INFORMATION HAS CHANGED FROM PREVIOUS YEAR:	
ACCOUNT: Name of Financial Institution-	
Name on Account-	
Financial Institution Routing Transit Number-	
Your Account Number-	
Type of Account- Checking Traditional Savings Other Please Specify	
We will prepare your 2023 Federal and State income tax returns using information you provide to us. We may ask for clarification of but will not audit or otherwise verify the data to discover errors or omissions, should any exist. We will perform accounting services to prepare your tax returns and will not verify or audit your records. In instances of unclear tax law, or of potential conflicts in the ir the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your alternative you select. The following Questionnaire will help organize important information in order to facilitate an efficient preparateurn.	only as needed nterpretation of behalf, the
To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deand other information necessary for the preparation of this year's tax returns for which I have adequate records.	leductions,
Taxpayer Date	
Spouse Date	