

HEALTH INSURANCE COVERAGE:

YOU MUST PROVIDE PROOF OF HEALTH INSURANCE COVERAGE BEGINNING ON JANUARY 1, 2023.

The IRS requires that you report certain information related to your health care coverage on your 2023 tax return. Please read the following statements carefully. More than one might apply to your “tax family”.

1. If you had health care coverage with a government Marketplace (Exchange) during 2023. Please provide Form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.
2. If you are claiming someone on your return who was included on another taxpayer’s policy with a Marketplace. If so, you will also need a copy of that taxpayer’s 1095-A.
3. If a dependent filed a return for 2023. Provide a copy of the return.
4. If you had compliant health insurance through an employer plan, private policy or with a government plan and provide Form 1095-B, Form 1095-C or other proof of insurance document.
5. If you were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family.
6. Complete the information below if you or any individual included in your “tax family” did **NOT** have insurance coverage for any month of 2023.

Please circle any months a member of your “tax family” was **NOT** insured.

Name:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

DEPENDENTS:

Name (First, Initial, Last)	Income Over \$2,100?	Date of Birth (Y/N)
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INCOME:

1. Wages and Salaries (Attach W-2's)

Name of Payer	Gross (Withheld)	Wages	Soc. Sec. (withheld)
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2. Interest Income (Attach 1099's) (List non-taxable Interest Income as well - identify as nontaxable)

Name and Address of Payer	Amount	Name and Address of Payer
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3. If you received any interest from a "Seller Financed" mortgage, provide:

Name and Address of Payer	Social Security Number	Amount
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12. State/Local Tax Refund(s)... .._____

Other Income:

Description	Amount
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CREDITS:

Child and Dependent Care:

(1) Number of Qualifying Individuals (under 19 years of age or 24 if a full time student)....._____

(2) Name, address and identification number of each provider:

<i>Name</i>	<i>Address:</i>	<i>Amount Paid</i>
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If payments were made to an individual, were the services performed in your home? **Yes**
No

If "Yes", have payroll reports been filed? **Yes** **No**

Expenses incurred in connection with adoption.

"Special Needs" child **Yes** **No**

Tuition & Fees paid for higher education (*HOPE and Lifetime Learning Credits*).... ..

Foreign Tax Credits.....

Attach detail of type foreign tax, country, and whether "withheld" or paid direct.

2021 Estimated Tax Payments

Federal

Amount

State

Other Payments: (Enter Advanced Child Credit Payment Here)

Date

Amount

Date

Other payments or credits - Attach schedule and explain... ..

ITEMIZED DEDUCTIONS:

Medical and Dental

Amount

- 1. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B) paid in 2021 (reduce any insurance reimbursements)
- 2. Transportation and lodging incurred to obtain medical care
- 3. Other - hearing aids, eyeglasses, medical devices, etc.

Taxes Paid in 2023

Amount

- 1. State and local income taxes not listed elsewhere
- 2. Real estate taxes not listed elsewhere
- 3. Personal property taxes (includes owners tax on auto registration)

Interest Paid in 2023

Amount

- 1. Home mortgage interest paid to

financial institutions

2. Home mortgage interest paid to individuals

Name:

Address:

3. Points paid on [] purchase [] refinance (include details)

4. Investment Interest

5. Student Loan Interest

Automobile Use in 2023

In order to deduct mileage for auto expenses in a tax return, a log must be kept which details mileage driven for business purposes. This log, or something which keeps track of mileage, would be needed to justify the write off for the expense in the event of an audit.

Car #1

Make

Model

Year

If the vehicle is being used by the owner, please provide the following information

Date of Purchase

Purchase Price

For Period of Jan 1, 2023 to Dec 31, 2023

Amount

Business Mileage

Moving Mileage

Charitable Mileage

Total Mileage

Car #2

Make

Model

Year

If the vehicle is being used by the owner, please provide the following information

Date of Purchase

Purchase Price

For Period of Jan 1, 2021 to Dec 31, 2021	Amount
Business Mileage	
Moving Mileage	
Charitable Mileage	
Total Mileage	

*Commuting mileage must not be added to business mileage.

Contributions: *(Written documentation is required for all gifts of \$250 or more - not just cancelled checks)*

Amount

1. Cash - Less than \$3,000 paid to any one organization
2. Cash - \$3,000 or more to any one organization -- show name of organization

3. Other than cash - Attach details

Casualty and Theft Losses - Attach Details..... .. _____

Miscellaneous Deductions:

Employee business expenses - attach details	Amount
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- Reimbursed
- Not Reimbursed
- Job hunting expenses (list)

Other Expenses

- Tax Preparation
- Union Dues
- Business Publications
- Professional Dues/Fees
- Safety Deposit Box Rental
- Small Tools used in your trade or

- business
- Business telephone
- Uniforms & Cleaning
- IRA Custodial fees
- Investment Expenses
- Education Expenses (attach details)
- Business Entertainment
- Other Miscellaneous deductions

Adjustments to Income:

	Maximize?				Amount
	Yes	No	Yes	No	
1. Your IRA deduction	Yes	No			
2. Spouse's IRA deduction	Yes	No			
3. Keogh SEP deduction			Yes	No	
4. Penalty for early withdrawal of savings.					
5. Alimony paid - List name and Social Security Number					
6. Self-employed health insurance premiums					

Did anyone in your family receive a scholarship of any kind during 2023?

If yes, please supply details. **Yes** **No** *(This includes athletic scholarships)*

If you have added or disposed of any fixed assets used in trade or business or rental or farm activities, please provide the following:

Addition: Description, Date acquired, cost (& trade-in, if any)

Dispositions: Description, Date of disposition, amount realized

(If we did not prepare your 2022 return, please provide the date acquired, cost, depreciation method used, and accumulated depreciation)

If we have not previously prepared your return - please provide a copy of your 2022, 2021, 2020 tax returns.

Did you settle any notices or settle any tax examinations concerning your prior tax years' returns?

Yes No

(If yes, please provide copy of notices, settlement reports, etc.)

Did you receive any payments from a pension or profit sharing plan?

Yes No (If yes, provide pertinent information or statements from the plan.)

Did you sell your primary residence during 2023? Yes No

If "Yes", provide a copy of the closing statements of the sale and a Copy of the closing statement at the time of your purchase, details of any capital improvements you made during the time you owned the property, and any expenses of sale incurred by you. If you have purchased a replacement property indicate cost and date acquired. If you have previously sold a residence, provide a copy of Form 2119 from your tax return for the year of sale.

Did you change your state residency during 2023? **Yes No**

If "Yes", please provide the following:

Previous address:

Date of move:

Distance: _____ miles

Costs of move:
(describe)

If you would like your tax refund (if any) deposited directly into your bank, provide:

Account Type:

Your Account Number:

Bank Routing Number:

Checking Savings

For the year 2023: (Provide details for any "Yes" response)

Did your principle residence (and second residence, if any) loan(s) exceed the fair market value of the residence? **Yes No**

Do you have a balance borrowed against a home (equity line of credit) in excess of \$100,000, or total mortgage indebtedness in excess of \$1,000,000 **Yes No**

Did you exercise any stock options? **Yes No**

Did you purchase, sell, or own any bonds you paid more or less than the face amount? **Yes No**

Did you sustain any non-business bad debts? **Yes No**

Did you or your spouse make any gifts in excess of \$14,000 to any one donee? **Yes No**

Were you the recipient of, or did you make a "below-market" or "interest-free" loan? **Yes No**

Do you have a child under the age of 18 as of December 31, 2023 who has earned an income (interest, dividends, etc.) of more than \$1,050? **Yes No**

Did you lease a car which you used for business purposes? **Yes No**

If "Yes", provide (1) fair market value or capitalized cost of the car on the 1st day of the lease or rental agreement, (2) term of the lease, (3) number of payments made, (4) number of days the car was leased in 2021, (5) percentage of business use, (6) business or work the car was used in, (7) amount of expenses reported by you to your employer on Form W2.

Rental & Royalty Income and Expense

Property Type: Residential Commercial Location:

If Vacation Home:
Number of days rented
Number of days used personally

Property is owned by: Taxpayer Spouse Joint
 Percentage ownership of not 100%: _____ %
 (Please indicate if income and expenses below are listed at 100% or your percentage.)

Did you live in part of the rental property? **Yes No**
 If yes, what percentage did you occupy as a tenant? _____ % Check
 if rented to a related party.

Explain Relation:

Income **Amount**
 1. Rental income.
 2. Royalties received

Expenses **Amount**
 1. Advertising
 2. Association dues
 3. Auto miles driven
 4. Travel
 5. Cleaning and Maintenance
 6. Commissions
 7. Insurance
 8. Legal and professional fees
 9. Allocated tax preparation fees
 10. Licenses and permits
 11. Management fees
 12. Mortgage interest -- (Form 1098)
 13. Other interest
 14. Repairs
 15. Supplies

16. Property taxes
 17. Utilities
 Other (description)
 18a.
 18b.
 18c.
 18d.
 18e.
 18f.
 18g.
 18h.
 18i.
 18j.
 18k.
 18l.

Depreciation:

Property	Date Acquired	Cost or Other Basis
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Business Income & Expenses (Sole Proprietorship)

Principle business or profession: _____

Business name: _____

Employer ID number _____

Business address: _____

City _____ State _____ Zip Code _____

Business is owned by: Taxpayer Spouse

Accounting Method: Cash Accrual
 Inventory method: Cost Lower cost or market Other N/A

Did you materially participate in the business? Yes No Check if
 this is the first year of the business. _____

Income	Amount	Cost of Good Sold
1. Gross receipts or sales		1. Beginning of year inventory
2. Returns and allowances.		2. Purchases
3. Other income.		3. Cost of items used personally
		4. Cost of labor
		5. Materials and supplies
		6. Other costs
		7. End of year inventory
Expenses	Amount	Expenses
1. Advertising		21. Other taxes
2. Bad debts (N/A cash benefits)		22. Licenses
3. Commissions and fees		23. Travel
4. Employee benefits		24. Meals and entertainment (in full)
5. Health insurance		25. Utilities
6. Other insurance		26. Wages
7. Mortgage interest		27. Management fees
8. Other interest		28. Consulting expenses
9. Legal and accounting fees		29. Payroll service
10. Allocation of tax preparation fees		30. Employee vehicle expense
11. Office expense		31. Employee mileage reimbursement
12. Pension and profit sharing plans		32. Client gifts (limited to \$25 each)
13. Rent, vehicles		33. Education and seminars
14. Rent, equipment		34. Other: (Description)
15. Rent, building		35.
16. Repairs & maintenance, building		36.
17. Repairs & maintenance, equipment		37.
18. Repairs & maintenance, vehicles		38.
19. Supplies		39.
20. Payroll taxes		40.

Direct costs

(benefit only business portion of home)

Indirect costs

(other)

- Home insurance
- Repairs and maintenance
- Utilities
- Rent
- Other.

If Daycare Facility:

- Days used as a daycare facility.
- Prior year carryover of unallowed losses

- Cost of home and improvements and prior depreciation.
- Depreciation of home, improvements, furniture, and equipment.

Property

Date Acquired

Cost or Other

Basis

Household Employees: (Nanny Tax)

Did you pay a household employee at least \$2,000 this year? **Yes** **No** (*e.g., housekeepers, nannies, nurses, yard workers, health aides, babysitters*)

If yes, please provide the following information for each:

Name

Federal Income tax withheld

Social Sec. No.

Social Sec. tax withheld

Wages paid

Medicare tax withheld
State income tax withheld

Your Employer Identification Number (You can no longer use your social security Number)

Has W-2 been filed? **Yes** []
If no, do you want us to prepare them for you? **Yes** []
Have the necessary state employment returns been filed? If **Yes** []
no, do you want us to prepare them for you? **Yes** []
Was the household employee under eighteen years of age and a student? **Yes** []

No []
No []
No []
No []
No []

Additional Information

Please elaborate on any of your tax data, or include facts and circumstances we should be aware of in order to properly prepare your tax return. Also include any questions you may have.

**Client Authorization, Acknowledgement of Holding Harmless,
Acknowledgment of Full Payment.**

I, _____, above named Tax Payer hereby Authorize Bright Tax Consultants and its officers, employees, contractors and other professionals to prepare Tax Returns for _____ Myself or _____ My Spouse or _____ Myself and My Spouse, as the case may be.

I, _____, understand that there is no guarantee of Refund from the Internal Revenue Services. I agree to hold Bright Tax Consultants and its officers, employees, contractors and other professionals harmless of any and/or all legal action in any Court of Law or Equity and for such legal costs for any and/or all errors and omissions of the errors that may occur while preparing the tax returns.

I have made all payments due towards Bright Tax Consultants as Fees and Out of Pocket and Incidental Expenses that may and/or might have been paid by Bright Tax Consultants in my behalf.

Client's/Tax Payer's Signature

Dated: _____