2023 TAX ORGANIZER ROBERT J. RIPP & ASSOCIATES

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YOUR NAME		ME	EDICAL AND DENTAL EXP	<u>'ENSES</u>		
SPOUSE'S NAMEADDRESS		Drugs \$				
		Doctors	 \$			
		Dentists		\$		
COUNTY SCHOOL DIST				\$		
TELEPHONE NO.		Glasses, Hearing	g Aids, Dentures, etc	\$		
DEPENDENTS			r Medical Insurance			
DATE		Miles for Medical Travel\$				
NAME OF BIRTH RELATIONSHIP SOC	CIAL SECURITY NO.					
			IRA ACCOUNTS			
		Did either of you	ı convert an IRA Account t	to a		
		Roth IRA - if yes	s, attach details	$Y \square N \square$		
		Did either of you	ı roll over an employer pla	ın		
		into an IRA		$Y \square N \square$		
		IDA Cantribustian	_			
DO YOU PAY COLLEGE TUITION FOR THE AB	BOVE?	IRA Contribution		¬ •		
AMOUNT \$		Husband	Regular Roth			
YEAR IN SCHOOL		Wife	Regular 🗆 Roth 🖯	\$		
ARE ANY DEPENDENTS FILING A TAX R	ETURN?					
		CHILD CARE				
		If you maintain a household with a child under the age of 13, list				
		any expense paid	d for household services ar	nd care of that child,		
YOUR SPOUSE'S		in order for you to	work	\$		
DATE OF BIRTH DATE OF BIRTH		Name of recipient	t			
		Address of recipie	ent			
DID YOU HAVE INCOME FROM INTEREST	EARNED?					
		Social Security N	o. of recipient			
FROM WHOM:	AMOUNT	TAVEO				
			TAXES			
	_ \$		erty Tax did you pay?			
			To Dold			
	_ \$	City or State Inco	me Tax Paid	\$		
	_ \$	INTEDE	ST - FINANCE CARRYING	CHARGES		
			31 - FINANCE CARRYING			
DID YOU HAVE INCOME FROM DIVIDE	NDS?	TO WHOM PAID:		AMOUNT		
			Home Mo	ortgage \$		
NAME OF CORPORATION PAYING DIVIDEND	AMOUNT	Home Mortgage I	Points	\$		
NAME OF CORPORATION FATING DIVIDEND	AWOON			\$		
	_ \$	Interest on Stude	nt Loans	\$		
		Other Interest		\$		
	_ \$			\$		
				\$		
				\$		
			CONTRIBUTIONS			
TAX EXEMPT INTEREST		LIST ALL CONTRIB	BUTIONS - YOU MUST HAVE			
	\$		ECK OR WRITTEN RECORD			
\$			TY FOR EACH ITEM LISTED			
SOCIAL SECURITY						
If you received any social security checks during the	year, indicate		of Materials Donated			
total: \$		Miles Driven for C	Charity	\$		
MISCELLANEOUS DEDUCTIONS		UN	EMPLOYMENT COMPENS	SATION		
Amount of ALIMONY paid by you			ny unemployment compens			
Social Sec. No. of Alimony Recipient		the year, indicate	e total: \$			
Date of Divorce decree						

ESTIMATED TAX PAYMENTS

FEDERAL	Date Paid	
1st Quarter - due 4/15		\$
2nd Quarted - due 6/15		\$
3rd Quarter - due 9/15		\$
4th Quarter - due 1/15 (of next year)	\$	
STATE	Date Paid	
1st Quarter - due 4/15		\$
2nd Quarted - due 6/15		\$
3rd Quarter - due 9/15		\$
4th Quarter - due 1/15 (of next year)		\$

RENTAL PROPERTY

	Properties				
Income	Α	В		С	
Rents received					
_					
Expenses					
Advertising					
Auto and travel					
Cleaning and maintenance					
Insurance					
Interest					
Legal and other professional fees					
Repairs					
Supplies					
Real Estate Tax					
Utilities					
Wages and Salaries					
Other (list)					
Sales of Stock Name and Number of Shares Purchase Date Purchase Price Sale Date	\$				
Selling Price	\$				
Affordable Ca	re Act Complia	ance	Y	N	
				<u>N</u>	
 Did you obtain coverago through the Marketplace? (If yes, please provide Form 1095-A) 			_		
Did you have a financial interest in or signature authority over a financial account in a foreign country?			_	_	
3. At any time during 2023, did you sell, exchange or otherwise dispose of, any financial interest in any virtual currency?			_	_	
4. Did you incur college tuition expenses?			_	_	
(If yes, please provide Form 1098-T)					
5. Did you make energy efficient improvements to your princ (If yes, please provide details)	cipal residence?		_	_	