

CLAUDE BOOSKA TAX
8690 NW 160th ST
FANNING SPRINGS, FL 32693-7017
OFFICE: 813-967-0644 FLORIDA CELLPHONE: 352-888-1169 FAX: 352-225-7712

2023 TAX ORGANIZER

Personal Information

YOUR NAME _____ DOB _____ SS# _____

YOUR SPOUSE _____ DOB _____ SS# _____

ADDRESS _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____ Work Phone _____

(Call my) Cell _____ Home _____ Work _____ After _____ **E-Mail Address** _____

Filing Status

MARRIED _____ SINGLE _____ HD OF HOUSEHOLD _____

DIGITAL ASSETS: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?
Yes _____ No _____

(Include Supporting Documentation)

DEPENDENTS

NAME	DOB	SS#	NAME	DOB	SS#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

INCOME (PLEASE INCLUDE W-2, 1099, INTEREST INCOME, DIVIDENDS ETC)

Source _____	Amount _____	Source _____	Amount _____
Source _____	Amount _____	Source _____	Amount _____

Other Income (CHECK ALL THAT APPLY)
(PLEASE PROVIDE INFORMATION FORMS)

Income tax refund (Fed) _____ State _____ Partnerships _____ Alimony received _____ Self-Employed _____
Pension _____ Sale of Property _____ Rental Property _____ IRA Distribution _____
Unemployment _____ All 1099's _____

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ITEMIZED DEDUCTIONS (Include Supporting Documentation)

Medical expenses _____	Contributions _____	<u>Interest Paid</u>	<u>Taxes</u>
Medical Insurance premiums _____	Church _____	1 st Mortgage _____	Property taxes _____
Doctors/Dentist _____	Misc. cash _____	2 nd Mortgage _____	Car Ad Volorem _____
Insurance Reimbursement _____	Other Donations _____	Student Loan _____	

Buy/Sell home _____ **(Need settlement statement)**

Child Care _____ SS# or Fed I.D. # of Care Provider _____ Amount you paid _____ employer paid _____
Care Provider Name _____ Care Provider Address _____

____ Purchased IRA amount _____ Regular _____ Roth _____ Education _____ Converted to Roth _____ (provide details)
____ Contributed to SEP or other personal retirement **(excluding through employer)**

SPECIAL NOTES:

Need mileage logs for business use miles **(MANDATORY)** 1/1/23 thru 6/30/23 _____ 7/01/23 thru 12/31/23 _____

Need all expenses deductions listed for business, any related deductions claimed (Need to keep copy on file)

Please check box:

(Quickest) Direct Deposit _____ Check from IRS _____

Bank Information:

Name of Bank _____ (What kind of account?) Checking Account _____ (or) Savings Account _____

Routing Number (nine digits on left front lower corner of your check) # _____

Account Number # _____ (Please make sure that both names are associated with account number if joint return)

All preparation fees are due upon completion of tax return.

I will be paying by: (CHECK ONE)

Zelle _____ Check _____

Venmo (add 3.5% if paying as service) _____ Debit/Credit Card (add 3.5%) _____

**PLEASE NOTE THERE IS A FULL PREPARATION FEE FOR EXTENSIONS AND
MUST BE PAID AT TIME OF REQUEST
(CREDITED TO YOUR TAX PREP FEE UPON COMPLETION)**

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