



Thank you for choosing EWH SMALL BUSINESS ACCOUNTING to assist you with your 2023 taxes. This letter confirms the terms of engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2023 federal and state income tax returns. In order to prepare complete and accurate returns, we will rely, without further verification, upon information you provide to us from 3rd parties including, but not limited to, K1's, 1099's, 1098's, receipts and similar items. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. A Tax Organizer can be found on our website, www.ewhsba.com to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we may discover.

The law imposes penalties on taxpayers for failure to disclose participation in reportable transactions or abusive tax shelters on their tax returns. EWH will not be liable for any penalties in regard to the above unless EWH has been advised in writing of such participation and investments. EWH must also receive all paperwork from the taxpayer in regard to those transactions or tax shelters.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, cancelled checks, etc. as these items may later be needed to prove accuracy and completeness of a return.

Our engagement to prepare your 2023 tax returns will conclude when you have received the completed returns. You must pay for the tax preparation and any related services we provide at this time. Review all tax return documents carefully before signing them. If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, *please sign this letter in the space indicated and return it to us in the envelope provided.*

_____	_____	_____	_____
Client Signature	Date	Spouse Signature (if MFJ status)	Date
_____		_____	
Print Name		Print Name	

Client Name _____

EWH 2023 Personal Income Tax Return Organizer

Please complete and return to us at EWH Small Business Accounting S.C., PO Box 1710, Brookfield, WI 53008. To ensure a timely return, please complete no later than March 1, 2024. Information received after March 22, 2024, will be automatically extended at an additional charge.

You are cautioned that paid bills and cancelled checks claimed by you as deductions herein, must be preserved for a period of five years to comply with Federal and State regulations and audit procedures. Do not claim as deductions any bills that have not actually been paid within the year.

PRIMARY CONTACT INFORMATION

Name _____

PRIMARY EMAIL _____

Primary Phone _____

When your tax return is completed, would you like to have us:

- Email my tax return.** In lieu of a paper copy we will email your return to the primary email address listed above.
- Send my tax return to my **EWH Client Portal** (only available for EWH Monthly Clients)
- I will **pick up** my tax return and supporting documents at EWH office Waukesha West Bend Onalaska
- Mail** my tax return and supporting tax documents to the address on the tax return for an additional \$15 fee.

BANKING INFORMATION

Do you wish to have your refund directly deposited into your personal bank account? Yes No

If Yes, please check below or fill in banking information or attach a voided check or deposit slip.

Direct Deposit Information is same as last year

Name of Bank

Checking Savings

Bank Routing No
(9 digit number on bottom left of check)

Bank Account No

ONLY COMPLETE THE REMAINDER OF THIS PAGE IF WE HAVE NOT PREVIOUSLY PREPARED YOUR TAX RETURN OR IF YOU HAVE CHANGES IN PERSONAL INFORMATION, ADDRESS INFORMATION OR NEW DEPENDENTS.

PERSONAL INFORMATION

FILING STATUS(choose one): Single Married Filing Joint Widow(er) Head of Household Married Filing Separate

CHANGE IN MARITAL STATUS? IF YES, PLEASE EXPLAIN: _____

Taxpayer _____ Spouse _____

Soc Sec # _____ Soc Sec # _____

Date of Birth _____ Date of Birth _____

Occupation _____ Occupation _____

Date of Death (if applicable) _____ Date of Death (if applicable) _____

Can you be claimed as a Dependent on someone else's return? Taxpayer Spouse

ADDRESS INFORMATION

Street _____ Apt # _____ City / Village / Town _____ State _____ Zip _____

County _____ Township/School District _____ Within City Limits? Yes No

State Residency Change:

Moved From _____ /23 through _____ /23
State Dates

Moved From _____ /23 through _____ /23
State Dates

DEPENDENTS

Any change in Dependent from prior year? If YES, please explain.

Full Name	Social Security #	Date of Birth	Relationship	# of Months Lived in Home	% of Support		v Check if Legally Blind	Need to File Tax Return
					by You	by Other		
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

Check all questions and provide documentation for all questions answered 'Yes'.

INCOME

Yes No

- Did you have W-2 Income? # _____ of W-2's provided
- Did you have any Interest Income? # _____ of 1099 - INT statements provided
- Did you have any Dividend Income? # _____ of 1099 - DIV statements provided

Any non taxable for federal or state? If yes, please list: _____

- Did you have any sale of stocks or bonds? Provide year end statement and 1099-B
List any sales not reported on 1099, but do not duplicate what's reported on 1099's.

Description	Date Acquired	Date Sold	Selling Price	Cost	Gain (Loss)

- Did you have any business income and expenses not prepared by EWH? If Yes, complete Profit or Loss from Business Worksheet
- Did you have any Rental Income or expenses? If Yes, complete Rent and Royalty Income Worksheet
- Did you have any Partnership, S-Corp, or Estate/Trust income not prepared by EWH? # _____ of K-1s provided
- Did you have any Farm income or loss? If Yes, complete Farm Business Worksheet
- Did you receive Form 1099-K from a payment processing company? If YES, please provide documentation

RETIREMENT INCOME

- Did you make any withdrawals or distributions from an IRA, Roth IRA, 401(k), Keogh, SIMPLE, SEP, or other qualified retirement plan? # _____ of 1099 - R statements provided
- Were the proceeds rolled into another retirement plan within 60 days? Please provide year end statements
- Did you or your spouse turn age 73 during the year and not take the required minimum distributions from your IRA or other retirement account?
- Did you convert any IRA proceeds into a Roth IRA? Please provide details
- Did you, or will you, contribute to an IRA or Roth IRA?
(excludes employer plans) Include statements from IRA and Roth IRA administrators

Traditional IRA

Roth IRA

	Deductible	Non-Deductible	
Taxpayer \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Taxpayer \$ _____
Spouse \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Spouse \$ _____

OTHER INCOME

- Did you receive Unemployment Compensation? # _____ of 1099-G statements provided
- Did you receive Social Security Benefits? # _____ of 1099 SSA statements provided
- Did you receive any Disability Income? # _____ of 1099-R statements provided
- Did you have income from the lottery or other Gambling Income? # _____ of W2-G statements provided

Losses: Provide statements to offset Income

- Did you receive Tip Income not reported to your employer? If so, how much \$ _____
- Did you pay or receive any Alimony? Paid \$ _____ Received \$ _____ Date of Divorce _____

To/From: Name _____ Social Security # _____

- Did you have any debt forgiven, mortgage foreclosure or abandonment of property? Provide 1099-A or 1099-C statement
- Did you engage in any bartering transactions? # _____ of 1099-B statements provided

Did you have any transactions using virtual currency (i.e. Bitcoin)?

- Did you receive punitive damages or awards for other than physical injuries or illness? If yes, provide legal documents.

- Did you have any sale or purchase of real estate (incl. your personal residence) or personal property?
Provide closing settlement statements.

If personal residence: Mo/Yr of Purchase _____ Purchase Price \$ _____
Additional improvement costs to property \$ _____

- Did you have income from an installment sale?

Check all questions and provide documentation for all questions answered 'Yes'.

MISCELLANEOUS INFORMATION

Due Date	Federal		State	
	Amount Paid	Actual Date Paid	Amount Paid	Actual Date Paid
Amount Applied from prior year				
Due April 15, 2023				
Due June 15, 2023				
Due Sept. 15, 2023				
Due Jan. 15, 2024				

Yes No

- Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund? Tax Payer Spouse
- Were you notified by the IRS or State of any changes in your prior years tax returns? *If yes, provide correspondence.*
- Did you receive an Identity PIN from the IRS or have you been a victim of identity theft? *If Yes, please provide correspondence.*
- Did you receive an Identity PIN from WI Dept of Revenue? *If Yes, please provide correspondence.*
- Did you make gifts of more than \$17,000 to any individual?
- Did your children under the age of 19 or a full-time student under the age of 24 have unearned (non-W2 income) income over \$2,500?

FOREIGN TAX INFORMATION

- Did you have any Foreign or undeclared Offshore Income? *Please explain:*

 - Did you have foreign assets that exceeded \$10,000 at any time during the year? *Please explain:*

- (Including but not limited to bank accounts, entity interests and real estate)*
- If Yes: Bank Name _____ Bank Addr: _____
- Acct # _____ Type of Acct _____
- Owner(s) Name on Acct _____ Maximum value during calendar year \$ _____

HEALTH INSURANCE AND MSA/HSA

- Did you have essential health insurance for yourself and/or your family through the **Marketplace?**
If Yes, please provide Form 1095-A.
- Did you make any contributions to or distributions from a Medical Savings Accounts or Health Savings Account?
(DO NOT include amounts deducted pre-tax from your paycheck under a Section 125 Cafeteria Plan)
Please provide all supporting documents.
Contributions: # _____ of Form 5498-SA
Distributions: # _____ of Form 1099-SA
- Were the distributions used for Qualified Medical Expenses?
Please provide all supporting documents.

Check all questions and provide documentation for all questions answered 'Yes'.

ADJUSTMENTS, DEDUCTIONS, AND CREDITS

Yes **No**

Did you have expenses associated with adopting a child? \$ _____

Did you incur any expenses as an Armed Forces reservist, qualified performing artist, or fee-based Gov't official? \$ _____

Did you incur and pay any Student Loan interest? \$ _____ **Provide 1098-E statement**

Did you incur any non-business bad debt?

Did you purchase a new fuel cell or electric plug-in vehicle? **Please provide copies of receipt**

Did you use gas or special fuels in off-road vehicles for business or farm use? Number of gallons _____

Were you a grade K-12 Educator who had out of pocket expenses? \$ _____

Did you install Exterior doors, Windows, Skylights, Insulation, HVAC, Water heater, Wind, Solar, or Geothermal property to your primary residence?

Date Installed	Description	Amount Paid

Did you purchase a Clean Energy, electric vehicle?

Year, Make and Model	VIN	Purchase Date

Did you have any Higher Education expenses for you or a dependent? **Credit will not be allowed without 1098T**
Please list unreimbursed or out-of-pocket education expenses only (now includes computer purchases/costs and internet charges).
Please provide a payment transaction listing from the university.

Student Name	Year in College (1st, 2nd, 3rd, 4th, etc.)	State College is in	Tuition & Enrollment Fees Paid	Enrollment Status (full time, half time, less than 1/2)
			\$	
			\$	
			\$	

Were any proceeds from a Section 529 or Section 530 College Sponsored Savings Plans used to pay these expenses?
Please provide expense details and Form 1099-Q:

Did you incur child care expenses (i.e. daycare)? **If yes, provide statements**

List number of qualifying children cared for _____ Total Expenses Paid \$ _____

Information of Child Care Provider:

Provider Name _____

Address _____

EIN or Social Security # _____

Amount Paid _____

Child's Name _____

Information of Child Care Provider:

Provider Name _____

Address _____

EIN or Social Security # _____

Amount Paid _____

Child's Name _____

If payments were made to an individual and they totaled **more than \$2,600:**

Were the services performed in your home?
 If YES, have you filed wage tax returns? Yes No

Check all questions and provide documentation for all questions answered 'Yes'.

ITEMIZED DEDUCTIONS

Yes **No**

Did you have any unreimbursed out of pocket medical expenses?

(exclude Medical Savings Account, Flexible Spending Account & Health Savings Account Expenses)

Note: Deduction is only allowed if medical expenses exceed 7.5% of Adjusted Gross Income (AGI).

Medical & Dental Insurance Premiums \$ _____
(exclude pre-tax deductions from paycheck)

Medical/Dental Bills \$ _____
(includes glasses, hearing aids, lab fees, ambulance fees, hospitals, etc.)

Medicare Supplemental Insurance \$ _____

Other medical expenses (please specify)

Long Term Care Insurance Taxpayer \$ _____
Spouse \$ _____

_____ \$ _____
_____ \$ _____

Prescription Medicine, Drugs & Insulin \$ _____
(prescription drugs purchased outside of the US are not eligible for deduction)

Medical Transportation & Lodging \$ _____

Miles Driven for Medical Care _____ miles

Did you pay real estate taxes? Primary Residence \$ _____ Secondary Residence \$ _____

Did you pay mortgage interest? Primary Residence \$ _____ Secondary Residence \$ _____

Include Form 1098 HELOC \$ _____ Other \$ _____

If HELOC, please describe what proceeds were used for: _____

Interest Paid to Individuals:

_____ \$ _____
Name

_____ City _____ State _____ Zip _____ Social Security # _____
Street Address

Did you have any casualty losses? \$ _____ Description: _____

Were you invested in FTX or it's related entites?

Did you make any charitable contributions?

Cash Contributions:

<u>List to Whom Contributed</u>	<u>Amount</u>	<u>Receipts</u>
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Non-Cash Items Given to Charity (detailed list required):

<u>List Organization</u>	<u>Value</u>	<u>Receipts</u>
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Miles driven for charitable purposes: # _____ of miles

Check all questions and provide documentation for all questions answered 'Yes'.

WISCONSIN ADJUSTMENTS

Yes No

Did you make any contributions to a **WI** college savings account? If Yes, fill in the information below for **each student**. If more than 2 beneficiaries, use Comments and Notes.

WI EdVest Account
 Tomorrow's Scholar Account
Name _____ SS # _____
Amount \$ _____

WI EdVest Account
 Tomorrow's Scholar Account
Name _____ SS # _____
Amount \$ _____

Did you receive child support (for WI Homestead credit only)?

Did you purchase items out of state with No Sales Tax paid? If Yes, list purchase amount \$ _____

Did you pay rent for housing? (Annual) \$ _____ Was heat included? Yes No

Did you pay for a Dependent(s) to attend a private school? If Yes, complete the information below for **each student**. If more than 2 children, please use Comments / Notes / Missing Tax Items (bottom of page).

Student's Name _____
Grade:
K 1 2 3 4 5 6 7 8 9 10 11 12
Amount Paid in 2022 \$ _____
Name of School _____
Address _____
School FEIN # _____

Student's Name _____
Grade:
K 1 2 3 4 5 6 7 8 9 10 11 12
Amount Paid in 2022 \$ _____
Name of School _____
Address _____
School FEIN # _____

Do you want to donate to any of the following?

Endangered Resource Fund \$ _____
Red Cross WI Disaster Relief \$ _____
Cancer Research \$ _____
Veterans Trust Fund \$ _____

Multiple Sclerosis \$ _____
Second Harvest/Feeding Amer. \$ _____
Military Family Relief \$ _____
Special Olympics \$ _____

Profit or Loss From Business Worksheet

(Fill out IF NOT prepared by EWH)

Business Name _____

FEIN Number _____

Entity Type: Sole Proprietorship Single Member LLC

Business Belongs to: Taxpayer Spouse

Description of Business Activity _____

Yes **No**

Did you receive loan proceeds from the **Economic Injury Disaster Loan (EIDL)**?

If Yes, provide: Amount \$ _____ Date Received _____

Balance owed on this loan as of December 31, 2023: Amount \$ _____

Did you make any payments in 2023 that would require you to file Form(s) 1099?

If Yes, did you or will you file all required Forms 1099?

Beginning Inventory Jan. 1, 2023 \$ _____ Ending Inventory Dec. 31, 2023 \$ _____

Number of 1099's enclosed _____

INCOME	\$
Gross Receipts or Sales	
Less: Returns & Allowances	
Cost of Goods Sold	
EXPENSES	\$
Advertising	
Vehicle Expense - See Next Page	
Commissions & Fees	
Contract Labor	
Employee Benefits	
Insurance (other than health)	
Mortgage Interest (paid to banks)	
Health Insurance	
Other Interest	
Legal & Professional Services	
Office Expense	
Pension & Profit Sharing Plans	
Equipment Lease	
Rent	
Repairs & Maintenance	
Supplies	
Taxes & Licenses	
Travel	
Meals	
Entertainment	
Utilities	
Wages	
Telephone	
Dues & Subscriptions	
Bank Service Charges	

Profit or Loss From Business Worksheet (Continued)

Other Expenses: Please list	\$

Equipment Purchases: Please list	\$

Yes **No**

- Did you have a home office?
 If Yes, total square footage of home _____ and total square footage of office space _____

- Did you have a personal vehicle used for business?

	Vehicle 1	Vehicle 2
Driven by (circle one)	Taxpayer / Spouse	Taxpayer / Spouse
Description of Vehicle		
Date Purchased		
Cost or other basis. If leased, enter yearly lease payments		
Actual Vehicle Costs in 2023		
Business Miles Driven in 2023		
Commuting Miles Driven in 2023		
Was the Vehicle used for Personal Use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support the Business Miles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
➔ Is evidence in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Farm Worksheet

Business Name _____

FEIN Number _____

Entity Type: Sole Proprietorship Single Member LLC

Business Belongs to: Taxpayer Spouse

FARM INCOME	\$
Farm Income	
Distributions received from co-ops	
Agricultural program payments	
Crop insurance proceeds received in current year	
Other income	
FARM EXPENSES	\$
Car and Truck	
Chemicals	
Conservation expenses	
Custom hire	
Depreciation	
Employee benefits	
Feed purchased	
Fertilizer/Lime	
Freight/Trucking	
Gasoline/Fuel/Oil	
Insurance	
Mortgage interest	
Interest - other	
Labor hired	
Pension/Profit sharing	
Rent/Lease - machinery	
Rent/Lease -other	
Repairs/Maintenance	
Seeds/Plants	
Storage/Warehousing	
Supplies	
Taxes	
Utilities	
Veterinary, etc.	
Other expenses	

Did you use gas or special fuels in off-road vehicles for business or farm use? Number of gallons _____

Did you use a personal vehicle used for Farming?

Description of Vehicle	
Date Purchased	
Cost or other basis. If leased, enter yearly lease payments	
Actual Vehicle Costs in 2023	
Business Miles Driven in 2023	
Commuting Miles Driven in 2023	
Was the Vehicle used for Personal Use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support the Business Miles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➔ Is evidence in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Rent and Royalty Income Worksheet

Yes **NO**

Did you make any payments in 2023 that would require you to file Form(s) 1099?

If Yes, did you or will you file all required Forms 1099?

	Property #1	Property #2	Property #3
Description of Property			
Gross Rents & Royalties			
Expenses:	\$	\$	\$
Advertising			
Auto			
Travel			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Other Professional Fees			
Management Fees			
Mortgage Interest (Form 1098)			
Other Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Wages & Salaries			
Other:			

Please **✓** check one for each property:

- Single Family
- Multi-family

Vacation

Land

Self-rental

Commercial

Royalties

Other _____

- Single Family
- Multi-family

Vacation

Land

Self-rental

Commercial

Royalties

Other _____

- Single Family
- Multi-family

Vacation

Land

Self-rental

Commercial

Royalties

Other _____

What % of the property did you occupy during the year?

_____ %

_____ %

_____ %

If property was a Vacation home, how many days was it occupied by you?

_____ days

_____ days

_____ days

How many days rented?

_____ days

_____ days

_____ days

Were you active in the management of the rental property?

Yes No

Yes No

Yes No