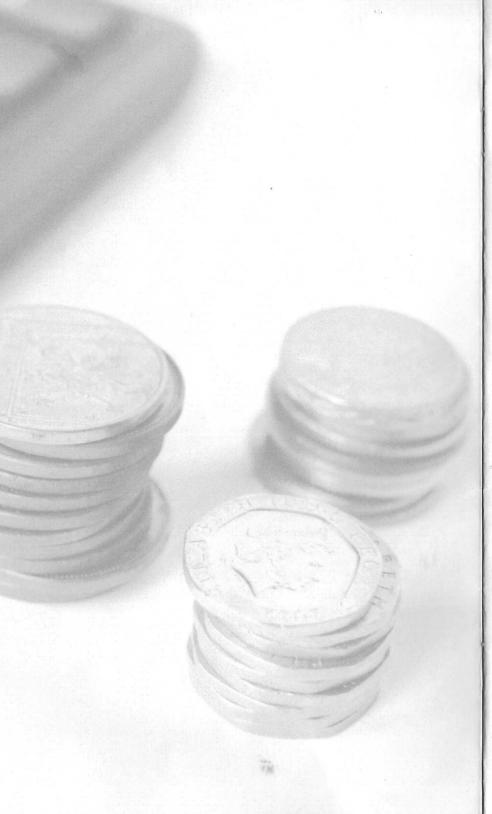
Income Tax Guide & Client Organizer



Assemble your tax info and take advantage of deductions



Income Tax Guide and Client Organizer

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	Year of Taxes	
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	Name	
Date	Day of Week	Time

PROVIDED BY

PREMIER ACCOUNTING AND TAX SERVICES, LLC

951.392.0755 premiertaxes2023@gmial.com 643 Canyon Crest Road Beaumont, CA 92223

This booklet is provided to assist you in assembling your tax information and to ensure that you are taking advantage of all allowable deductions. Please fill out all pages that apply to you as completely as possible and supply supporting documentation as required. This will enable us to prepare a complete and accurate return reflecting current tax laws.

Pl	ERSONAL	INFORM.	ATION	ALEXA PAR
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Phone: Home	Office		Office	
		Taxpayer		Spouse
Taxpayer				
First Name, Midd	dle Initial, Last Name		Birthdate	
Occupation	OTT TRANSPORT	SSN		
Street Address		Township		
County	City	State	e Z	ip Code
Email Address				
Spouse First Name, Middl	e Initial, Last Name		Birthdate	
Occupation		SSN		
Cocupation		OON		
DEPENDENTS You must provide a s	ocial security nu	mber for all	dependents.	
Name (First, M.I., Last)	Relationship	Birthdate	SSN	Moths in Home
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WAGES / SALARIES / W-2	FORMS				
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If anything above was a street of the s		on the installm	ent basis,	list line num	ber.	#	
2. If so, how much did	d you re	ceive on the pri	ncipal dur	ing the year?			
3. How much (if any)	was rec	ceived on princip	oal on a pr	rior year's ins	tallment sal		men leguen
4. List all interest rece	eived fro	om installment s	ales on pr	evious page	with Interes		
*IF NEW INSTALLI	MENT S	SALE, ALSO RE	PORT SE	LLING EXPE	NSES, MO	RTGAGE AS	SSUMED,
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Use amount reported on Social Security Be Statement (SSA-1099	l enefit 9) SONA	Taxpayer Spouse Enclose S	Cash F	Received			Total
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Alimony (provide name and SSN of payer) Child support payments/assistance Jury duty (or other public service) Tips/gratuities (not reported on W-2) Prizes/awards/lottery winnings (explain) Commissions/bonuses (not reported on W-2) Pensions/annuities (furnish Form 1099-R) IRA/Keogh/SEP/SIMPLE distributions Veterans benefits/disability income Business/self-employment/farm/rental (furnish a schedule or details) Unemployment compensation Barters and exchanges Scholarships and fellowships Workers' compensation/loss of time payments	MISCELLANEOUS INCOME (Important to list even if not taxable; show losses in brackets)	Amount
Jury duty (or other public service) Tips/gratuities (not reported on W-2) Prizes/awards/lottery winnings (explain) Commissions/bonuses (not reported on W-2) Pensions/annuities (furnish Form 1099-R) IRA/Keogh/SEP/SIMPLE distributions Veterans benefits/disability income Business/self-employment/farm/rental (furnish a schedule or details) Unemployment compensation Barters and exchanges Scholarships and fellowships Workers' compensation/loss of time payments		
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Barters and exchanges Scholarships and fellowships Workers' compensation/loss of time payments	Business/self-employment/farm/rental (furnish a schedule or details)	
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Other (explain):	Workers' compensation/loss of time payments	leofbar me
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DEDUCTIONS AND CREDITS

Check the following deductions and credits carefully. From your cancelled checks paid invoices or other records, determine your deductible expenditures during the past year. Enter the amount in the space provided after each deductible item. Also enter items you think are deductible that do not appear on the deduction lists so it can be determined whether they are allowable. Keep all paid receipts, contracts and cancelled checks for these deductions at least three years after the due date for filing.

IRA / KEOGH / SEP / SIMPLE RETIREMENT PLANS

	Covered by	Date	Regular	Roth			
	Pension Plan	Deposited	IRA	IRA	Keogh	SEP	SIMPLE
Taxpayer	Y/N	1 1	70.5	i an en kod	Landin Kalah	na dia mana na manana	al of the about
Spouse	Y/N	1 1					

In date column show month, day and year you have or intend to deposit funds. If various dates, enter "99/99/99." If amount not known and you want the maximum deduction, write MAX in appropriate column. Furnish details on rollovers or withdrawals.

s not allowed)		Amount paid
Special schoolin		
transportation fo or mentally hadr		
	al care)	
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	Support or corrections of mentally hade Support or corrections of the support of	or mentally hadnicapped Support or corrective devices Therapy and X-ray Transportation (fares for medical care) Total mileage for medical (items in this section) Other State Located

If you borrowed money after October 12, 1987, bring a list	
showing the dates, amounts and the use of the proceeds.	
Primary Residence	Amount
Home mortgage paid to financial institution	
Home mortgage paid to an individual:	
Name Name	
Address	
SSN	
Second Residence	
Home mortgage paid to financial institution	JE-FTHO!
Home mortgage paid to an individual:	
Name	10.60 65
Address	
SSN Cothern	
Other Home improvement leave	
Home improvement loans Interest on investments	
Interest on investments Interest on school loans (when did repayments begin?)	
CONTACT LENDING AGENCIES FOR AMOUNT OF INTEREST PAID DURING THE Y SHOWN ON END-OF-YEAR STATEMENTS OR REPORTED BY MAIL. ENCLOSE F	
SHOWN ON END-OF-YEAR STATEMENTS OR REPORTED BY MAIL. ENCLOSE F	
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MOVING EXPENSES If your residence has changed because you transferred to a new place of ment or because you changed employers, the cost of the move may be	of employ- deductible if any.
MOVING EXPENSES If your residence has changed because you transferred to a new place of ment or because you changed employers, the cost of the move may be The information below is necessary to determine the amount allowable, 1. Distance from former residence to new business location	of employ- deductible if any.
MOVING EXPENSES If your residence has changed because you transferred to a new place of ment or because you changed employers, the cost of the move may be The information below is necessary to determine the amount allowable, 1. Distance from former residence to new business location 2. Distance from former residence to former business location	of employ-deductible if any. miles
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MOVING EXPENSES If your residence has changed because you transferred to a new place of ment or because you changed employers, the cost of the move may be The information below is necessary to determine the amount allowable, 1. Distance from former residence to new business location 2. Distance from former residence to former business location	of employ-deductible if any. miles miles
MOVING EXPENSES If your residence has changed because you transferred to a new place of ment or because you changed employers, the cost of the move may be The information below is necessary to determine the amount allowable, 1. Distance from former residence to new business location 2. Distance from former residence to former business location 3. Subtract line 2 from line 1.	of employ-deductible if any. miles miles
MOVING EXPENSES If your residence has changed because you transferred to a new place of ment or because you changed employers, the cost of the move may be The information below is necessary to determine the amount allowable, 1. Distance from former residence to new business location 2. Distance from former residence to former business location 3. Subtract line 2 from line 1. In line 3 is less than 50 miles, stop here, you may not deduct moving expenses.	of employ-deductible if any. miles miles
MOVING EXPENSES If your residence has changed because you transferred to a new place of ment or because you changed employers, the cost of the move may be The information below is necessary to determine the amount allowable, 1. Distance from former residence to new business location 2. Distance from former residence to former business location 3. Subtract line 2 from line 1. If line 3 is less than 50 miles, stop here, you may not deduct moving experience to new employment began	of employ-deductible.if any.miles
MOVING EXPENSES If your residence has changed because you transferred to a new place of ment or because you changed employers, the cost of the move may be The information below is necessary to determine the amount allowable, 1. Distance from former residence to new business location	of employ- deductible if any. miles miles expenses.
MOVING EXPENSES If your residence has changed because you transferred to a new place of ment or because you changed employers, the cost of the move may be The information below is necessary to determine the amount allowable, 1. Distance from former residence to new business location 2. Distance from former residence to former business location 3. Subtract line 2 from line 1. If line 3 is less than 50 miles, stop here, you may not deduct moving expenses than 50 miles, stop here, you may not deduct moving expenses for train, bus, air travel, auto (include mileage), etc. Cost of lodging en route	of employ- deductible if any. miles miles expenses.
MOVING EXPENSES If your residence has changed because you transferred to a new place of ment or because you changed employers, the cost of the move may be The information below is necessary to determine the amount allowable, it. Distance from former residence to new business location 2. Distance from former residence to former business location 3. Subtract line 2 from line 1. If line 3 is less than 50 miles, stop here, you may not deduct moving expenses that this location? Still employed at this location? If "no." date left Transportation of family: Expenses for train, bus, air travel, auto (include mileage), etc.	of employ- deductible if any. miles miles expenses.

MEDICAL			Total mileage all trips	Amount paid by you
Medical or Health Savings	Account con	tributions]
Drugs and mdicine	and Comf. 100			
Prescriptions (doctor prescribed	l only, general dru	gs not allowed)		
Insulin				
Drugs and mdicine	199-199-1-1			
Insurance premiums paid by you	u (include Medica	re)		
Group health plans (deducted fr			The Sale Assessed	
Doctors, dentists, clinics, I			STATE CONTRACTOR	
Physicians, dentists, etc.		A CHARLES	P24) 60 (80)	Wis cobians
Clinics, hospitals, etc.		j jeroor	ylerisatives	dec ambrid
Other			elseketzteo:	emusiomes plins highs
Other medical expenses	Amount paid by you		alf walket on	Amount paid
Acupuncture services		Special schooling	and	
Ambulance		transportation for or mentally hadni	physically	-
Artificial limbs and teeth	SO REPORT NO	Support or correct		
Glasses and eye examinations	San American	Therapy and X-ray Transportation		n Carren
Hearing aids and batteries				
_ab tests		(fares for medical		
Medical care in home for aged		Total mileage for i		
Nurses (expense and board)		Other	ion)	
Rental or purchase of medical, lealing or convalescent equipment		Other	TAUS NA	
Thirthings Shi no headle	Torside territoris			
TAKES		reserved of profits	rady chien Miab ed no	a il ca etal
Description of Tax			State	Amount

Description of Tax	State Located	Amount of Tax
Real estate taxes (home - do not include special assessments)	Located	Ullax
Real estate taxes (other)	4 1938 LHO	BELAN
Property tax rebates (if any)	- LANGE BETTER	
Personal property tax (if any)	at hort noteno	
State or local taxes (not listed elsewhere or on W-2)		TATTOMENTAL TRANSPORTER
Sales tax	THE PARTY	38000
Other State of the	ned eors rem	tio stap o
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Important to list even if not taxable; show losses in brackets)	
Alimony (provide name and SSN of payer)	one a Birs, equ
Child support payments/assistance	900 8394 Julia = (*)
Jury duty (or other public service)	7531-12-11 10-11-11-11-11-11-11-11-11-11-11-11-11-1
Fips/gratuities (not reported on W-2)	
Prizes/awards/lottery winnings (explain)	BINTERS SANSTON
Commissions/bonuses (not reported on W-2)	
Pensions/annuities (furnish Form 1099-R)	
RA/Keogh/SEP/SIMPLE distributions	
/eterans benefits/disability income	La Cale Land
Business/self-employment/farm/rental (furnish a schedule or details)	
Unemployment compensation	'Aggir
Barters and exchanges	
Scholarships and fellowships	
Norkers' compensation/loss of time payments	ald officers and
Other (explain):	Land order and Printed
vilenzavian vol audiemperanka)	
	achina adminis

DEDUCTIONS AND CREDITS

Check the following deductions and credits carefully. From your cancelled checks paid invoices or other records, determine your deductible expenditures during the past year. Enter the amount in the space provided after each deductible item. Also enter items you think are deductible that do not appear on the deduction lists so it can be determined whether they are allowable. Keep all paid receipts, contracts and cancelled checks for these deductions at least three years after the due date for filing.

IRA / KEOGH / SEP / SIMPLE RETIREMENT PLANS

	Covered by	Date	Regular	Roth			
	Pension Plan	Deposited	IRA	IRA	Keogh	SEP	SIMPLE
Taxpaye	r Y/N	1 1				ANTENNA (III	
Spouse	Y/N	1 1					

In date column show month, day and year you have or intend to deposit funds. If various dates, enter "99/99/99." If amount not known and you want the maximum deduction, write MAX in appropriate column. Furnish details on rollovers or withdrawals.

CAPITAL GAINS AND LOSSES Sale of Property / Real Estate / Stocks / Bonds / Etc.

Furnish the information outlined below, <u>enclose statements from brokers</u> on purchases and sales of stock of commodities, real estate transaction papers, selling expenses and Form 1099-S.

		T S	DATES			OUNTS
	of stock description	J	Acquired	Sold	Sales Price	Purchase Price
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First fel desoid ;	HERMS AS THE	etier"		The large	amia	Feedard.
north Minneson						
THE RESIDENCE TO THE			15754110	emck		
Installments Sales:						
1. If anything above was sold	on the installm	ent basis,	list line num	ber.	#	
2. If so, how much did you re	ceive on the pri	ncipal dur	ing the year?		* — \$	
3. How much (if any) was rec					1000	2 montressor
4. List all interest received from					· · ·	
*IF NEW INSTALLMENT S						ASSUMED
	SED IN BUSINE					tooomile,
SOCIAL SECURITY		Cash F	Received	Medicare	Paid	Total
Use amount reported	Taymayas	Casiri	CCCIVCU	Medicare	o i aiu	
ose amount reported	raxpaver					Total
on Social Security Benefit	Taxpayer Spouse					TOTAL
on Social Security Benefit Statement (SSA-1099)	Spouse Enclose S	SA-1099	9 30070 %	Z COL	t agent	
on Social Security Benefit	Spouse Enclose S)	Mice good	Andrew Langue	
on Social Security Benefit Statement (SSA-1099)	Spouse Enclose S	CE	est or basis:		tania	
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on Social Security Benefit Statement (SSA-1099) SALE OF PERSONAl Date old residence acquired: Improvements (additions, lan	Spouse Enclose Si L RESIDENO	Co: way, new	st or basis: roof, etc.):			
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(Important to list even if not taxable; show losses in brackets)	Amount
Alimony (provide name and SSN of payer)	e en eu Hes brej so
Child support payments/assistance	b sonehazer
Jury duty (or other public service)	L Jupan
Tips/gratuities (not reported on W-2)	es in one es
Prizes/awards/lottery winnings (explain)	
Commissions/bonuses (not reported on W-2)	
Pensions/annuities (furnish Form 1099-R)	
IRA/Keogh/SEP/SIMPLE distributions	
Veterans benefits/disability income	erfered and
Business/self-employment/farm/rental (furnish a schedule or details)	
Unemployment compensation	
Barters and exchanges	
Scholarships and fellowships	
Workers' compensation/loss of time payments	la olbem mit
Other (explain):	
wile provide and another the second s	0.00
THE RESERVE OF THE PROPERTY OF	al-tues ad malage

DEDUCTIONS AND CREDITS

Check the following deductions and credits carefully. From your cancelled checks paid invoices or other records, determine your deductible expenditures during the past year. Enter the amount in the space provided after each deductible item. Also enter items you think are deductible that do not appear on the deduction lists so it can be determined whether they are allowable. Keep all paid receipts, contracts and cancelled checks for these deductions at least three years after the due date for filing.

IRA / KEOGH / SEP / SIMPLE RETIREMENT PLANS

	Covered by	Date	Regular	Roth			
	Pension Plan	Deposited	IRA	IRA	Keogh	SEP	SIMPLE
Taxpayer	Y/N	1 1	- A - 70 S			ON TRACE	A Contraction
Spouse	Y/N	1 1					Set Less

In date column show month, day and year you have or intend to deposit funds. If various dates, enter "99/99/99." If amount not known and you want the maximum deduction, write MAX in appropriate column. Furnish details on rollovers or withdrawals.

Meals. lodging and other expenses may also be allowed; list full details.

MISCELLANEOUS DEDU				Amoun	
-	Amo	Amount Sofaty deposit hov			
Tax preparation fees		Safety depos			
nion dues		Professional			
Subscriptions/trade journals		Tools/shoes/	<u> </u>	3.50	
Uniforms (cost and upkeep)			agency fees		
Second job mileage		Job hunting		550年7年	
landicapped job expenses		Job-related e expenses (e		10000	
Telephone (explain requirement): nvestment expenses (describe):	5 (5)	onponess (e	Apiani).	2010 10 JG	
	0.3 5.9				
Alimony paid to:	SSN:	HIN TOUR	Amount:	Su the #	
your tax return. Name of person	Addres	S	ID#	Amoun	
CHILD AND DEPENDENT If you or your spouse paid person so either of you co	someone to ca	k for work, you	may be al	ole to take	
If you or your spouse paid	someone to cauld work or loo endent care expended age of 13 or yell.	k for work, you enses. A quali our disabled sp).	may be ali fying perso	ole to take n is anv	
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For outside salesp				ursed by				
Vehicle mileage (odometer reading)						Vehic	<u>le 1</u>	Vehicle 2
A. End of year	Protit.	48740P.HE 48703						
B. Beginning of year								
1. Business miles		framet si		Liber	,			
Commuting miles	Burners	a peter set of	Magazini	i yan				
3. Personal miles	anticore	e relation						
4. Total miles driven								
Vehicle expense	•	axpayer and : ehicle 1	spouse have de Vehicle 2	eductions		1 for ta Vehic		2 for spouse Vehicle 2
Gas and oil								
Washing and lube				License	s			
Repairs and mainte	nance	1		Lease p	ayments		4-5-	
Tires/accessories		10 1 991		Interest		## E 3	2.01	
Insurance		3060 811	CERTIFICATE .	Garage	rent			
M	ake	Year	Mode		Date acc	1 -	Cost	or basis
Vehicle 1	14(3)		easthi			THE DELT	en le s	307 F A
Vehicle 2								
Travel expens	es – awa		er Spous		ngnts	Та	— <i>)</i> х Раує	er Spouse
Transportation	es – awa			Auto	rentals	Ta	—— <i>)</i> х Рауе	er Spouse
Transportation Lodging	es – awa			Auto	rentals	Та	x Paye	er Spouse
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Transportation Lodging Meals and tips Other busines		Tax Pay	er Spouse	Auto Cabs	rentals s, bus, etc.			
Transportation Lodging Meals and tips Other busines Entertainment		Tax Pay	er Spouse	Auto Cabs tive reco	rentals s, bus, etc. rd for enterta			
Transportation Lodging Meals and tips Other busines Entertainment Tickets/events		Tax Pay	er Spouse	Auto Cabs tive record Com Gifts.	rentals s, bus, etc. rd for enterta missions			
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EARNED INCOME CREDIT If you have more than three qualifying children, only list the three youngest children. Number of Full-time Child's name months lived student under in your home the age of 24? (First, M.I., Last) Birthdate Relationship Yes No 1. Are you a qualifying child for another taxpayer? 2. Is there more than one nonspouse adult occupying the home? (If "no," stop) No 3. If the other adult is not the child's parent or grandparent, did the adult occupy the home the entire year? (If "no," stop) Yes No_ 4. Does the other adult treat your child as his/her own child or grandchild? (If "no, " stop) No Yes 5. Is the other adult's income greater than yours? Yes No AND TRUSTS PARTNERSHIP. S CORP, ESTAT Enclose your copies of Schedule K-1, returns or other documents. Enter name, address and federal Employer Identification Number from any partnership, joint venture, limited liability company, corporation, estate or trust for which you do not have a Schedule K-1. QUESTIONS (For yes answers, supply details) 1. Were you eligible to be claimed as a dependent on another tax return? No 2. Were you notified by the IRS, state or city of any change to any prior year tax return? Yes ___ No ____ 3. Did you make any gifts of \$13,000 in value to any individual? Yes ____ No __ 4. Did you have living expenses in a foreign country as a result of income earned abroad? Yes No 5. Do you have any worthless stocks or uncollectible bad debts? Yes ____ No __ 6. Did you receive any reimbursement (medical, insurance) for an expense that was claimed as a deduction on a prior tax return? Yes ____ No ___ 7. Do you expect any significant changes in income or your tax liability in the coming Year? Yes ____ No ___ 8. Did you receive any income from a source that i not listed in this booklet? Yes ____ No ___ 9. Do you wish to designate (at no cost to you) \$3.00 of you taxes to the Presidential Campaign Fund? Yes ____ No __

20000	OTHER CREDITS
- (F. 2) E. (2)	OTHER CREDITS
Did you pay If "yes, " att	college tuition for yourself, spouse or dependent? Yes No ach Form 1098-T)
residence, s	ke any energy-efficient improvements to your principal such as insulation, windows, doors, furnace, etc.? Yes No yes," please provide details on a separate sheet. Include receipts.)
Did you pur (If "yes," att	chase an electric vehicle or electric plug-in vehicle? Yes No ach manufacturer's certification and purchase statement.)
	CHECK LIST AND CERTIFICATION
	ounts and details listed in this tax booklet for completeness and following items when presenting your information for preparation returns:
1.	This completed Client Organizer
2.	All W-2 Forms.
3.	Form K-1 indicated partnerships, limited liability companies, joint
4.	ventures, S corporations, estate and trust documents.
5.	Forms 1099 indicated dividend and interest income.
6.	Buy/sell statements to cover stock sales, real estate transactions and installment sales.
7.	Copies of sales contracts to determine finance charges.
8.	If you are a new client, provide copies of last year's tax returns.
9.	Copies of sales contracts to determine finance charges.
10.	Check If you are a new client, provide copies of last year's tax return
	OTHER QUESTIONS OR COMMENTS
Please note keep with the	e any other questions or comments on a separate piece of paper and his booklet.
	ewed the information contained in this booklet and to the best of my it is true, correct, and complete.
(Please Sig	in)

