



Kristel's
*The **Tax Professionals** trusted since 1972*

Bradley G Kristel, EA David S Kristel, CPA

5018 Madison Avenue. . . Indianapolis IN 46227-4286

8005 S Meridian Street. . . Indianapolis IN 46217

(317) 783-6696 1-800-844-2293 Fax (317) 781-4652

(317) 888-4828 1-888-283-8959 Fax (317) 215-2170

Year-end Tax Organizer

Enclosed is our mail-in packet that you requested. Whether you choose to mail us your information to prepare your tax return or you just want something to help organize your information before coming in for a face-to-face tax appointment; it is designed to help you.

Enclosed is:

1. [Client Information](#) - To provide us with your contact and basic information.
2. [What to Bring](#) - A list of items you need to include for us to prepare your return.
3. [Dependent Questionnaire](#)
Complete this **ONLY** if you have dependents, one for each dependent is required.
4. [Head of Household Questionnaire](#)
Complete this **ONLY** if you are filing as an unmarried head of household individual with children.
5. [Taxpayer Consent to Release](#)
Complete this **ONLY** if someone other than you will need access to your tax return.
6. [Copy of our Privacy Policy Notice](#) - We are required to provide.
7. [Postage Paid Envelope](#) - To mail your information back to us postage paid.

If you had health insurance through the Market Place (Healthcare.gov) Please INCLUDE a copy of your 1095-A

Once your return is completed, we will mail your return to you with the electronic filing forms. These forms must be signed and returned to us BEFORE we can e-file your return.

**You may mail them back to us in the postage paid envelope provided,
or e-mail them to your tax preparer
or fax them to us (1-317-781-4652).**

We don't necessarily need the originals, just your signatures on the required forms. If we have any questions regarding your information, we will contact you based on the contact information shown on the Personal Questionnaire. If you have any questions, please call us at (317)783-6696 or 1-800-844-2293.

Check our website for more helpful information at www.kristels.com

PLEASE RETAIN FOR YOUR RECORDS

Enrolled Agents are the **ONLY Tax Professionals who have passed a 2-day exam in Tax Law and are **licensed** by the federal government to practice before the IRS.**

Client Information

Primary Taxpayers Name as it appears on S.S. Card _____

- SSN _____ Date of Birth _____
- Taxpayer Cell Number _____ Email _____
- County of Residence as of Jan 1st _____ County of Employment as of Jan 1st _____
- DL or State ID # _____ Issuing State _____ Issue Date _____ Exp Date _____

Spouses Name as it appears on S.S. Card _____

- SSN _____ Date of Birth _____
- Taxpayer Cell Number _____ Email _____
- County of Residence as of Jan 1st _____ County of Employment as of Jan 1st _____
- DL or State ID # _____ Issuing State _____ Issue Date _____ Exp Date _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Dependents

Number of dependents being claimed on this tax return? _____

- SSN, DOB, and Dependency Questionnaire are required for each dependent being claimed.
- If you are claiming childcare expenses the end-of -year statement from all childcare providers will be required.
- Non-custodial parents claiming dependent children are required to have a signed Form 8332.

Property Tax / Renters Deduction

Homeowners – If you do not have a 1098 mortgage statement or proof of payment(s) complete this section.

- Property Tax Paid on Primary Residence \$ _____
- Primary address if different than above: _____

- Property Tax Paid on additional Properties \$ _____

Renters

- Landlords / Leasing Office Name: _____
- Landlords / Leasing Office Address: _____

- # of months rented in tax year _____ Amount paid per month \$ _____

Estimated Tax Payments

Federal (IRS)

State (DOR)

1 st Qtr	Date Paid _____	\$ _____	1 st Qtr	Date Paid _____	\$ _____
2 nd Qtr	Date Paid _____	\$ _____	2 nd Qtr	Date Paid _____	\$ _____
3 rd Qtr	Date Paid _____	\$ _____	3 rd Qtr	Date Paid _____	\$ _____
4 th Qtr	Date Paid _____	\$ _____	4 th Qtr	Date Paid _____	\$ _____

Consent to Release

A signed consent form must be on file before any tax return can be released or discussed with anyone other than the taxpayer and/or spouse.

Items Needed to complete your return

Please bring all that apply to you

If you are a **NEW** client include:

1. Copy of prior year tax return
2. Picture ID & Social Security Cards
3. Birthdates for everyone on tax return

Income Information

- ◆ W2(s) Employment Income
- ◆ 1099-G(s) Unemployment Received
- ◆ 1099-NEC(s) Non Employee Compensation Income
- ◆ W2-G(s) Gambling Winnings and losses per win
- ◆ 1099-R(s) Retirement/IRA Distributions
- ◆ 1099-SSA(s) Social Security Received
- ◆ 1099-INT(s) Interest Income
- ◆ 1099-DIV(s) Dividends Income
- ◆ 1099-B(s) Sale of property/investments
- ◆ Farm income and expenses
- ◆ Form K-1(s) Partnerships, Trusts, S-Corps
- ◆ 1099-MISC(s) Miscellaneous Income
- ◆ Any additional income not listed

Sch A-Itemized Deductions (if Qualify)

- ◆ Property (Real Estate) Taxes paid
- ◆ 1098(s) Mortgage Interest paid
- ◆ Premium Mortgage Insurance (PMI)
- ◆ Excise tax paid on vehicle plates
- ◆ Out of pocket medical expenses (in excess of HSA used)
- ◆ Medical mileage
- ◆ Donations made to charitable organizations
- ◆ Charitable mileage

Other items, Deductions & Credits

- ◆ Form 8332 to Claim any Non Custodial Dependent
- ◆ Estimated tax payments (Dates & amounts made)
- ◆ Rent Paid including Landlord's Name and Address
- ◆ Educator Expenses (up to \$250 out of pocket)
- ◆ 1098-E Student Loan Interest paid
- ◆ Indiana College Choice 529
 - ➡ Contributions and account #'s
- ◆ Child Care expenses paid
 - ➡ Provider name, address
 - ➡ identification #, amount paid
- ◆ 1098-T College Education expenses paid
- ◆ Private School costs for dependents
- ◆ Energy Efficient Home Improvements
- ◆ Electric Vehicle Purchases
- ◆ 1095-A, proof of Marketplace insurance (if applicable)
- ◆ 1099-SA(s) Health Savings Account Distributions
- ◆ Bank Information for direct deposit or pay balance due
 - ➡ Bank Routing & Account # 's

Schedule C Worksheet

Self Employed

Businesses / or Contractors

- ◆ Business Name and Address (if any)
- ◆ Federal ID # (if any)
- ◆ Gross Business Income
- ◆ Office in Home?
 - ➡ Total square foot of home and office
 - ➡ Utilities paid on home except water
 - ➡ Homeowners Insurance paid

Retail Businesses:

- ◆ Material and Supplies Purchased
- ◆ Beginning and Ending Inventory
- ◆ Merchandise Purchased for Resale

Business Expenses:

- ◆ Advertising
- ◆ Materials and Supplies Purchased
- ◆ Business Mileage
 - ➡ Travel Log Totals-Per Vehicle
 - ➡ **OR** Vehicle expense totals(actual expenses)
- ◆ Contract Labor/ 1099's issued
- ◆ Equipment Rental Expenses
- ◆ Gross Wages employees & employer taxes paid
- ◆ Travel Expenses
- ◆ Travel Meals (while away overnight)
- ◆ Mortgage Interest, Real Estate Taxes, Insurance
- ◆ Rent and Utilities Paid on Business Property
- ◆ Repairs and Maintenance (non-vehicle)
- ◆ Office Expenses
- ◆ Tools and Uniforms
- ◆ Legal and Professional Fees
- ◆ Insurance
 - ➡ Liability & Workman's Comp
 - ➡ Self-Employed Health Insurance Paid

Schedule E Worksheet for Each Rental Property

- ➡ Rental Property Address
- ➡ Cost or Value & Date Placed in Service
- ◆ Rents Received
- ◆ Advertising Costs
- ◆ Cleaning and Maintenance
- ◆ Improvements that increase rental value
- ◆ Property Taxes & Mortgage Interest
- ◆ Legal and Professional Fees
- ◆ Management Fees
- ◆ Rental Related Mileage
- ◆ Repairs and Supplies
- ◆ Utilities you paid on Rental
- ◆ Insurance (other than health)

IRS Requires Income Tax Preparers to have proof of amounts provided to them "before" preparing a business form. Be prepared to provide a written or printed document containing all business totals to the preparer. Check out our website for helpful worksheets. kristels.com

IRS Required Dependency Questionnaire

We're sorry, but IRS requires that YOU complete this for each dependent

1. Could **YOU** the taxpayer, filing this return, (or your spouse if married filing jointly) be a dependent of any other person? ☐ Yes ☐ No

2. Dependent's name as it appears on their social security card _____

3. Dependent's Date of Birth: _____ Age _____ (as of December 31, 2023)

4. Relationship: **check one** ☐ Son ☐ Daughter ☐ Stepchild ☐ Eligible Foster Child (court directed)

or ☐ Other Relation _____

examples: brother, sister, step brother, step sister, half brother, half sister, aunt, uncle, niece, nephew, parent, grandparent, grandchild

or ☐ No Relation, did this person **live with you** in **your household** the **entire year (full 12 months)**? ☐ Yes ☐ No

5. If dependent "**child**" is **YOUR "son or daughter"**, **check one** ☐ under 19 ☐ 19 to 24 & full time student (in school at least 5 months)
☐ any age and totally and permanently disabled (**you must have written proof**)

5a. If the dependent "**child**" is "**NOT YOUR**" son or daughter, **you must explain why the child's own parents are not claiming this dependent:** _____

6. If the dependent is **YOUR "child"**, did they live with you **more than 6 months (at least 183 nights)** in 2023? ☐ Yes ☐ No
(if born or died during the year, check Yes)

6a. If the dependent is **NOT YOUR "child"**, did they live with you the entire year (a full 365 nights) in 2023? ☐ Yes ☐ No

7. Do you have, if IRS requested, **Written Proof with "your" address as the "dependent's" address as "proof"**?
(Such as school records, medical records, child care records, etc?). ☐ Yes ☐ No

8. Can any other person claim the dependent lived with them more than 6 months or 183 nights? ☐ Yes ☐ No

9. Is the dependent a citizen or national of the United States? ☐ Yes ☐ No

10. Is the dependent married? ☐ Yes ☐ No

10a. If "Yes", is he/she filing a joint return with his/her spouse? ☐ Yes ☐ No

11. Did the dependent **earn more than \$4,700 in 2023?** (Earnings are worked for and do not include Social Security or investments)
☐ Yes ☐ No

12. Check any and all financial assistance received **by or for the dependent**

☐ Child support ☐ Food Stamps ☐ Medicare ☐ Medicaid/ Hoosier Healthwise ☐ WIC ☐ Welfare
☐ Housing/Utility assistance ☐ Day Care Benefits ☐ Help from Family ☐ Other _____
☐ Social Security Benefits \$ _____ / month (if dependent receives social security, how much?)

13. Who paid more for the dependents support? ☐ I paid more than dependent paid ☐ Dependent paid more than I paid
You must be able to prove you paid more for the dependents support than the total income received by the dependent
("support" means living expenses, such as food, clothing, housing, health, education, recreation, transportation, etc.)

14. If you file as **Single or Head of Household** - does anyone in your household earn more money than you do? ☐ Yes ☐ No ☐ N/A
If Yes, what is the higher income person's relationship to the dependent? _____

15. Are you using this dependent solely for the purpose of filing Head of Household ☐ Yes ☐ No ☐ N/A

I have disclosed the above information to my income tax preparer to prepare my 2023 tax return and I further submit that this information is correct to the best of my knowledge and **I can prove and produce records if requested.**

Signature: _____ Date: _____ Reviewed by _____

Head of Household Questionnaire

1. Marital status: (check ONLY one)

☐ Never married

☐ Still Legally Married, but spouse did not live with me at any time during the last 6 months of the year

To prove your spouse did not live with you at any time during the last 6 months of the year;
Could you provide IRS, if requested, with any of the following? (check all that apply)

☐ Lease agreement in your name (or mortgage statement in your name)

☐ Utility bills in your name

☐ Letter(s) from clergy, family, neighbors, friends, etc.

☐ Letter(s) from social services or other governmental agency

☐ Any other supporting documentation, if so, what _____

☐ Divorced If IRS requested it, could you provide them with your Divorce decree ☐ Yes ☐ No

☐ Legally Separated If IRS requested it, could you provide them with your Separation Agreement . . ☐ Yes ☐ No

☐ Spouse Deceased If IRS requested it, could you provide them with a Death Certificate ☐ Yes ☐ No

2. Name of qualifying dependent (s) _____	Relationship _____
_____	Relationship _____
_____	Relationship _____

Note: If the dependent is not related to you, you do not qualify for Head of Household filing status.

3. You must be able to prove you provided MORE THAN HALF the cost of maintaining the home of your child or relative? (check all the items you have that will provide that proof, if IRS should request them)

☐ Rent receipts or mortgage statement

☐ Insurance documents

☐ Utilities/Phone bills

☐ Grocery receipts

☐ Property tax bills

☐ Home maintenance and repair bills

☐ Any other household bills _____

4. Is anyone else providing income to the household? ☐ Yes ☐ No If so, who _____

I have disclosed the above information to my income tax preparer for them to prepare my _____ income tax return and I further submit that this information is correct to the best of my knowledge.

Signature: _____ Date: _____ Reviewed By _____

TAXPAYER CONSENT TO RELEASE TAX INFORMATION

Mandatory statements required by IRS Rev Proc 2013-14 dated January 14, 2013

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

► The law states if you do not specify the duration, it's valid for one year from date of signature. Please specify an expiration date: **Exact Date** _____ **or up to** ☐ **2 Years** **or** ☐ **3 Years**

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

I, _____ authorize **Bradley G Kristel Inc.** to disclose
taxpayer's name as shown on the tax return

_____ to _____
what information, including year (ie tax return, W-2's, etc.) (list name; person, mortgage company, rental agency, bank, etc.)

For the intended purpose of _____

Method of Delivery (Required):

to be picked up by (name of person) _____

by phone (name and phone number) _____

by mail (address and whose attention) _____

by fax (fax number and whose attention) _____

by e-mail (e-mail address and whose attention) _____

Please Note: e-mail is **NEVER** recommended because it is not a safe form of delivery

Taxpayer Signature: _____ Date: _____

A copy of your ID MUST be included with this release to be considered valid.



Kristel's *The Tax Professionals* trusted since 1972

Bradley G Kristel, EA David S Kristel, CPA

◆ **Taxes** ◆ **Business Accounting** ◆ **Payroll Processing**

5018 Madison Av Corner of Thompson & Madison

(317) 783-6696 1-800-844-2293 Fax (317) 781-4652

8005 S Meridian St Across from Perry Meridian MS

(317) 888-4828 1-800-283-8959 Fax (317) 215-2170

Privacy Notice

This notice is provided to you in accordance with the Gramm-Leach-Bliley Act in relation to the privacy requirements of financial institutions, including tax preparers.

In conducting our business, we obtain certain nonpublic personal financial information about you. This includes information we receive from you and information we may receive from the Internal Revenue Service or a State Department of Revenue.

Access to this information is restricted to individuals in our office only on a need-to-know basis in order to provide the services you are requesting.

We do not, and will not, disclose any information we obtain from you or about you to anyone **without your written permission and valid ID.**

If you want any of your information sent to anyone, we have a "Taxpayer Consent to Release Information" form that must be signed by you indicating what information you want sent and where you want it sent. This form must be in our possession before we will send any information to anyone, such as mortgage companies, rental agencies, attorneys, or other family members. We discourage information being sent by e-mail or fax for various security reasons but will do so at your specific direction.

We also require the "Taxpayer Consent to Release Information" form be signed by you if you would like someone other than you to pick up your tax return.

If you have any questions or concerns about our privacy policies, please make them known before you disclose any information about yourself to us.