



HETLETVED

CPA

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Tax Disclosures
2023

Name: _____
Notifications will be provided via text
Cell Number: _____ ☐ I do not wish
Land Line: _____ to receive texts
Email: _____

****This form is required every year****

Please complete this form for you and all dependents. Only one per family is required

Part 1. All Taxpayers Tax return copy preference: ☐ Folder ☐ Flash Drive ☐ Portal

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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REFUND: Direct deposit Bank: _____ ☐ Checking ☐ Savings

Routing No: _____ Account No: _____

<input type="checkbox"/>	<input type="checkbox"/>
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I've reported all taxable income.

<input type="checkbox"/>	<input type="checkbox"/>
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I've included all W-2s, 1099s, 1099-Gs, 1099-SAs, 1098-Ts, & 1095-As. No other forms will be received.

<input type="checkbox"/>	<input type="checkbox"/>
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Healthcare.gov: I purchased my health insurance through the healthcare exchange

(Also known as the health insurance marketplace or Obamacare) and Form 1095-A is included.

<input type="checkbox"/>	<input type="checkbox"/>
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I paid out of pocket (not through my employer) for my health insurance in 2023.

Total premiums paid for the year: \$_____ (Include Ministry Sharing Plans)

<input type="checkbox"/>	<input type="checkbox"/>
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I gave a gift to an individual over \$17,000.

<input type="checkbox"/>	<input type="checkbox"/>
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RETIREMENT CONTRIBUTIONS:

☐ TRADITIONAL IRA ☐ SEP ☐ ROTH IRA

(Do not include contributions to an employer's plan)

if yes, \$_____

<input type="checkbox"/>	<input type="checkbox"/>
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*I have foreign accounts in excess of \$10,000.

<input type="checkbox"/>	<input type="checkbox"/>
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I made energy efficient improvements to my home in 2023 (windows, doors, solar, hvac, water heater)

Improvement made: _____ Cost \$_____ Labor \$_____

<input type="checkbox"/>	<input type="checkbox"/>
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I have long-term care (nursing home) insurance that qualifies for the

ND partnership plan tax credit. (if yes) 2023 premiums paid: \$_____

<input type="checkbox"/>	<input type="checkbox"/>
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I made payments to ND College Save in 2023. Total paid: \$_____

ESTIMATED TAX PAYMENTS: I made Federal and or State estimated tax payments (list)

Federal: Apr 2023 _____ Jun 2023 _____ Sept 2023 _____ Jan 2024 _____

State: Apr 2023 _____ Jun 2023 _____ Sept 2023 _____ Jan 2024 _____

(Do not include the balance due from your 2022 tax return)

<input type="checkbox"/>	<input type="checkbox"/>
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I paid student loan interest of \$_____ and 1098-Es are included.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

I (or my dependent) attended college in 2023 and form 1098-T is included. Books \$_____

<input type="checkbox"/>	<input type="checkbox"/>
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I paid for childcare (daycare) in 2023. Total paid: \$_____ Include after school programs and day camps

<input type="checkbox"/>	<input type="checkbox"/>
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I (or my employer) contributed to a HSA in 2023 and 1099-SA is included. Total spent: \$_____

<input type="checkbox"/>	<input type="checkbox"/>
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*I received (as a reward, award or payment for property or services) a digital asset in 2023.

*I sold, exchanged, gifted, or otherwise disposed of a digital asset in 2023. (Cryptocurrency, NFTs, etc.)

Taxpayer's Driver's License or State-Issued Photo ID

Circle 1 Driver's License
2 State-Issued Photo ID

Number _____ State _____

Issue Date _____

Expiration Date _____

☐ I don't have or refuse to provide ID

Spouse's Driver's License or State-Issued Photo ID

Circle 1 Driver's License
2 State-Issued Photo ID

Number _____ State _____

Issue Date _____

Expiration Date _____

☐ I don't have or refuse to provide ID

Part 2. Business / Farm (not required unless you own a business, farm, or rental activity)

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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I have documentation of business mileage driven. (vehicle mileage log)

<input type="checkbox"/>	<input type="checkbox"/>
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I have provided information on all equipment purchases, trades, and sales.

<input type="checkbox"/>	<input type="checkbox"/>
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*I was required to issue 1099s. If yes, did you file all required 1099s? ____ Yes ____ No

* Taken directly from 2023 1040 or other schedule. These questions must be answered on all tax returns.

Signed:

Date:



***this page is not required
unless you are a new client,
are noting changes from a
prior year, or itemize***

Dependents: (PLEASE VERIFY WITH SOCIAL SECURITY CARD)				# of months in your home
Name	Birthdate	Social Security #	Son or Daughter	this year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Married & Over 65 Standard Deduction: \$30,700

MEDICAL EXPENSES		INTEREST EXPENSE	
	AMOUNT		AMOUNT
(Do not list items paid by insurance, flex, or HSA)		Home - paid to Bank	
Medical Insurance		Home - paid to Individual	
Medicare Premiums		(Name, SS# & Address)	
Long-term Care (Nursing Home) Insurance premiums			
Prescription drugs, medicines, insulin,		Points paid	
Doctors, clinics, hospital, etc.			
Dental expense		*If you have financed the purchase of a home, or refinanced your existing home, please provide a copy of the closing statements.	
Vision expense			
Hearing expense			
Other _____			
Medical travel			
(_____ Miles @ 22¢)			
*note: medical expenses may not be deductible in full			
TAXES PAID		CONTRIBUTIONS	
	AMOUNT		AMOUNT
State income tax		(Do not include political contributions)	
Real estate tax		Church	
		Other	
		Non Cash	
		Charity travel	
		(_____ Miles @ 14¢)	