

2023 Estimated Payments

NAME: _____

Did you make Estimated Payments to the IRS, PA (or another state) or Local? If so, list below			
IRS (due dates listed)	Amount	Date	Check #
Q1 (4/15/2023)	\$		
Q2 (7/15/2023)	\$		
Q3 (9/15/2023)	\$		
Q4 (1/17/2024)	\$		
PA (due dates listed)	Amount	Date	Check #
Q1 (4/15/2023)	\$		
Q2 (7/15/2023)	\$		
Q3 (9/15/2023)	\$		
Q4 (1/17/2024)	\$		
Local (due dates listed)	Amount	Date	Check #
Q1 (4/15/2023)	\$		
Q2 (7/15/2023)	\$		
Q3 (9/15/2023)	\$		
Q4 (1/17/2024)	\$		

Please list any 2023 tax related questions or concerns (please wait until after 4/15 for questions about next tax year):

2023 SUMMARY SHEET

NAME: _____

*****WE DO NOT NEED RECEIPTS*****

PLEASE DO NOT SUBMIT RECEIPTS. KEEP RECEIPTS FOR YOUR RECORDS. PROVIDE US A SUMMARY.

PLEASE SUMMARIZE	YOU	SPOUSE
Medical Summary:	Amount	Amount
Health Insurance Premiums (not including Medicare from SS statements or paid from an Employer plan)	\$	\$
Out of pocket co-pays & prescriptions (exclude if paid from or reimbursed by HSA, MSA, FSA)	\$	\$
Prescriptions	\$	\$
Medical Parking, tolls, hotels	\$	\$
Medical Miles Driven	\$	\$
Long Term Care Premium paid		
Tax Summary:	Amount	Amount
Sales Tax on MAJOR purchases (vehicle, appliance)	\$	\$
Real Estate Taxes primary residence	\$	\$
Real Estate Taxes vacation home, not rental		
State Taxes paid with 2022 return in 2023	\$	\$
Local Taxes paid with 2022 return in 2023	\$	\$
Mortgage Interest Paid: (form 1098)	\$	\$
Total Charity: (may be deductible)	Amount	Amount
Check or Cash Contributions	\$	\$
Non Cash Contributions (estimate value)	\$	\$

	You	Spouse
Home Office:	Amount	Amount
Rent	\$	\$
Homeowner or renter insurance	\$	\$
Total Utilities	\$	\$
Internet & Cell phone	\$	\$
General household repairs	\$	\$
Other misc. unreimbursed expenses		
Furniture and Equipment (not reimbursed)	\$	\$
Square Footage of Home		
Square Footage of Office		

529 Contributions made in 2023 – refer to 529 statements

Full Name	Social Security Number	Amount