

NOBLE INCOME TAX, LLC

1 800 909 Taxes (8293)

Fax: 888 503 5781

Mailing to : Box 179 Burtonsville, MD 20866 Email: info@nobleincometax.com

2023 Tax Year

We need your Basic or updated Information for this year

First:	Last:	Spouse's First:
Address:		
Zip code:	City	State
Telephone	Time available to receive call : am pm	
Work Phone	Cell Phone	
Your B-day:	Your Occupation:	Your SS:
Spouse's B-day	Spouse's Occupation:	Spouse SS :
E mail Address :		

Single:	Married Filing Jnt.	Married filing Sep.	Head of H	Widower
Your Employer #1 _____				\$
Your Employer #2 _____				\$
Spouse's Employer #1: _____				\$
Spouse's Employer #2 _____				\$
Did you receive any Other Incomes (e.g,1099) ?	You ()Yes ()No	Spouse ()Yes ()No		
Did you receive Social Security Income this year ?	You ()Yes ()No	Spouse ()Yes ()No		
List below ONLY changes from last year or check box () Same dependents as Last Year				

Please remove the following former Dependents for this year:

1 _____ (2) _____ (3) _____ (4) _____

Current Dependents (do not list your name or spouse's) (** names only if on file)

NAME (first and Last names)	Social Security #	Birthday	Relationship
1 _____	- -	- - -	_____
2 _____	- -	- - -	_____
3 _____	- -	- - -	_____

Use Check Box as a check-off of documentation being enclosed or write the amount :

Do you and your Family have Medical Insurance coverage for this year ? # of months of coverage: ()

() Interest Income: \$ _____ () Dividend Income \$ _____

() Other income (Alimony, Gambling, Part time job paid in cash) \$ _____

() Capital gain or loss from sale investments (if applicable) \$ _____

() **Unemployment compensation received:** \$ _____

() **Real Estate Tax** (if you are not filing long form otherwise write on page 2) \$ _____

() **Last year state refund** (if you filed a long form last year) \$ _____

() IRA contribution \$ _____ (Regular or Roth). **IRA withdrawal:** \$ _____

() Interest paid on student loan last year: \$ _____ (provide proof)

() Out of pocket Teacher's expenses (\$250 max.) \$ _____

CHILDCARE TOTAL EXPENSES \$ _____ Do you participate in Payroll Childcare deduction ()

Child #1 \$ _____ Child #2 \$ _____ Child #3 \$ _____

Person or Organization who provided childcare and EIN

Name & Address: _____

Zip code & city: _____

Are you being claimed as a dependent on any other person's return? () **YES** or () **NO**

Did you rent an Apt. or house last year in California ? : () Yes or () No, # of months ? ()

Landlord Address & Phone:

() **e file with Direct.** () **Collect Fee from refund**

I will pay by Paypal

Continuation of Employer’s Info:

Your Employer #3	_____	\$
Your Employer #4	_____	\$
Spouse’s Employer #3:	_____	\$
Spouse’s Employer #4	_____	\$

*******2023 LONG FORM CLIENTS ONLY *******

2023 Standard deduction

Single or Married Filing Separately: \$13,850
 Married Filing Jointly/Widow(er):\$27,700
 Head of Household: \$20,800

Medical Expenses: Dr Visits \$ _____ Dental...Bills..\$ _____ Med..Ins...Premium\$ _____ Med. Mileages\$ _____
--

Your notes to us below:

Taxes Real Estate \$ _____ Vehicle registration \$ _____ Other Taxes \$ _____

MORTGAGE INTEREST: (Lender form 1098) Primary Lender \$ _____ Secondary Lender \$ _____ Other Lender \$ _____

<u>CHARITABLE CONTRIBUTION:</u> Church contribution: \$ _____ Other than cash:\$ _____

NOBLETAX Use Only (Missing information)

JOB RELATED EXPENSES: Union dues: \$ _____ Work clothes & upkeep: \$ _____ Tools, materials, tools: \$ _____ Job related expenses: \$ _____ Education (job related): \$ _____ Last year Tax Prep. Fees: _____ \$ Others: _____ _____

ELIMINATED

Casualty & Theft (Police Report): \$