

# 2024 INCOME TAX ORGANIZER

Taxpayer's Name				Social Security Number			
Spouse's Name				Social Security Number			
Taxpayer's Occupation			Date of Birth (D.O.B.)			Blind?	
Spouse's Occupation			Date of Birth (D.O.B.)			Blind?	
Address					e-mail address		
City		State	Zip	Home Phone		Work Phone	
Cell/Mobile Phone		Do you consent to receiving text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## DEPENDENT CHILDREN (who lived with you more than 6 months)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

## OTHER DEPENDENTS

1) Name	Social Security No.	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security No.	Time at home	Relationship	Income	Support by you	Support by dependent & others

## THINGS TO BRING (if applicable)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Last Year's Tax Return (if new client)  | <input type="checkbox"/> Cryptocurrency Sales and/or Earnings   | <input type="checkbox"/> Last Pay Stub of the Year   |
| <input type="checkbox"/> W-2 Form(s) for Wages   | <input type="checkbox"/> Business/Rental/Farm Income & Expenses   | <input type="checkbox"/> Charitable Contribution Details   |
| <input type="checkbox"/> 1099 Form(s) for Interest, Dividends, Sales, Retirement, Social Security, Self-employment, Unemployment, Cancelled Debt, & Other Income/Distributions | <input type="checkbox"/> Records of Estimated Taxes Paid  | <input type="checkbox"/> Voided Check for Direct Deposit   |
| <input type="checkbox"/> IRA Year-end Statements (IRA, Roth IRA, SEP IRA, & SIMPLE IRA)  | <input type="checkbox"/> HSA forms (1099-SA & 5498-SA)  | <input type="checkbox"/> Form(s) 1095-A – For health Insurance purchased on healthcare.gov (or your state's ACA marketplace) |
| <input type="checkbox"/> K-1s from Partnerships, Corporations, Estates or Trusts   | <input type="checkbox"/> Childcare Provider Information   | <input type="checkbox"/> Copy of Driver's License for Taxpayer & Spouse  |
| <input type="checkbox"/> Assets Held Outside the USA (bring statements)  | <input type="checkbox"/> Property Tax Statements  | <input type="checkbox"/> Copy of Social Security Card (for new clients and new family members)                               |
|  | <input type="checkbox"/> 1098 Form(s) - Mortgage Interest, Tuition, Student Loans, Vehicle/Boat Donations | <input type="checkbox"/> All other documents referenced below & on page 2  |
|  | <input type="checkbox"/> Closing Papers for Purchases & Sales (with purchase and sale dates & amounts)    |  |
|  | <input type="checkbox"/> All Other Statements Showing Income  |  |
|  | <input type="checkbox"/> Undocumented Income (bring details)  |  |

<b>RENTAL/SELF-EMPLOYMENT/FARM INCOME</b> (see reverse for expenses) Landlords (rents received) \$ _____ Self-employment (total received) \$ _____ Farm income (total received) \$ _____		<b>OTHER INCOME (cont.)</b> Roth Conversions (form 1099-R) \$ _____ Gambling Winnings (form W2-G) \$ _____ Unemployment (1099-G) \$ _____ Alimony Received \$ _____ Prizes/Awards \$ _____ Scholarships & Fellowships \$ _____ Debt Cancellation \$ _____ Partnerships & S-Corporations \$ _____ Estates & Trusts \$ _____ Social Security/RR Retirement \$ _____ State Tax Refunds \$ _____ Royalties (music/writing/other) \$ _____ Sick Pay &/or Disability \$ _____ Veteran's Payments \$ _____ Withdrawals from HSA/MSA \$ _____ Hobby Income \$ _____ Odd Jobs/Side Jobs \$ _____ Research/Survey/Online \$ _____ Insurance Claims/Lawsuits \$ _____ Public Assistance \$ _____ Barter \$ _____ Foreign Income \$ _____ Cryptocurrency sales/earnings \$ _____ All Other Income \$ _____																						
<b>SALE OF STOCK OR OTHER PROPERTY</b> <table border="0"> <tr> <td>Item:</td> <td>Cost:</td> <td>Sale:</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>		Item:	Cost:	Sale:	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____		
Item:	Cost:	Sale:																						
_____	\$ _____	\$ _____																						
_____	\$ _____	\$ _____																						
_____	\$ _____	\$ _____																						
_____	\$ _____	\$ _____																						
_____	\$ _____	\$ _____																						
_____	\$ _____	\$ _____																						
<b>OTHER INCOME</b> Wages (forms W2) \$ _____ Interest (forms 1099-INT) \$ _____ Dividends (forms 1099-DIV) \$ _____ Tips \$ _____ Child Care \$ _____ Retirement (forms 1099-R) \$ _____ Social Security (form SSA-1099) \$ _____ Jury Duty \$ _____ Election Judging \$ _____																								

★ Bring statements if available. Double-check 'online' accounts that don't send paper statements (e.g. brokerage, HSA, tuition, etc.).

# Potential Deductions and Credit Items

## ADJUSTMENTS

**Payments to an IRA** Traditional  Roth   
 Taxpayer Amount \$ \_\_\_\_\_ SEP  SIMPLE   
 Spouse Amount \$ \_\_\_\_\_

### Penalty for Early Withdrawal

**Alimony Paid** \$: \_\_\_\_\_ SS#: - -

### Self-Employed Health Insurance

### Student Loan Interest

**Payments to HSA/MSA:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

### Classroom Materials for Educators

## MEDICAL EXPENSES

Insurance & Medicare (not pretax)..... \_\_\_\_\_  
 Long Term Care Insurance ..... \_\_\_\_\_  
 Prescriptions ..... \_\_\_\_\_  
 Eyeglasses, Hearing Aids & Batteries..... \_\_\_\_\_  
 Doctors ..... \_\_\_\_\_  
 Dentists ..... \_\_\_\_\_  
 Hospital / Ambulance ..... \_\_\_\_\_  
 Auto Mileage..... \_\_\_\_\_ miles  
 Other Medical Expenses, Travel..... \_\_\_\_\_  
 Reimbursement ..... \_\_\_\_\_  
 Did you receive reimbursement at work? \_\_\_\_\_

## TAXES

Real Estate Taxes ..... \_\_\_\_\_  
 State taxes paid in '24 for '23 or earlier..... \_\_\_\_\_  
 Sales tax paid on vehicles, boats, planes ..... \_\_\_\_\_  
 Sales tax paid (from receipts) ..... \_\_\_\_\_  
**2024 State Tax Estimates**  
 date pd. \$ \_\_\_\_\_ date pd. \$ \_\_\_\_\_  
 date pd. \$ \_\_\_\_\_ date pd. \$ \_\_\_\_\_  
**2024 Federal Tax Estimates**  
 date pd. \$ \_\_\_\_\_ date pd. \$ \_\_\_\_\_  
 date pd. \$ \_\_\_\_\_ date pd. \$ \_\_\_\_\_  
 Vehicle License Tabs, Pers. Prop. Tax ..... \_\_\_\_\_

## INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (**Form 1098**)  
*First Mortgage/Refinance* ..... \_\_\_\_\_  
*Loan Origination Fee/Discount Fee*..... \_\_\_\_\_  
*Second Mortgage*..... \_\_\_\_\_  
*Home Equity*..... \_\_\_\_\_  
*Equity loan used only to buy/build/improve home?* Y  N   
 Mortgage Insurance ..... \_\_\_\_\_  
 Second Home Interest Payments ..... \_\_\_\_\_  
 Home Mortgage—Pd. to Individuals ..... \_\_\_\_\_  
 (name, address, Social Security number) \_\_\_\_\_  
 Investment Interest: *Margin Account*..... \_\_\_\_\_  
*Other Investment Interest*..... \_\_\_\_\_

## OTHER MISCELLANEOUS EXPENSES

Gambling Losses ..... \_\_\_\_\_  
 Impairment Related Work Expenses..... \_\_\_\_\_

## HIGHER EDUCATION EXPENSES

Post Secondary Tuition/Req. Fees Paid..... \_\_\_\_\_  
 Date: \_\_\_\_\_ Year in School..... \_\_\_\_\_

## CONTRIBUTIONS

Churches (receipted)..... \_\_\_\_\_  
 Other Contributions of Money (receipted) .... \_\_\_\_\_  
 Charitable Auto Mileage..... \_\_\_\_\_  
 Volunteer Expenses (receipted)..... \_\_\_\_\_  
 Property Donated (for which you have receipts)  
 Fair market value (bring documentation if over \$500)..... \_\_\_\_\_  
 Auto, Boat Donations (Form 1098C) ..... \_\_\_\_\_  
 Qualified Charitable Distribution from IRA? \_\_\_Y\_\_\_N (bring details)

## CASUALTY & THEFT LOSSES

(BUSINESS RELATED OR FEDERAL DISASTER AREA)

Cost of Property Lost ..... \_\_\_\_\_  
 Fair Market Value of Property ..... \_\_\_\_\_  
 Insurance Reimbursement Received ..... \_\_\_\_\_  
 Federally Declared Disaster Area? \_\_\_Y\_\_\_N (bring details)

## AUTOMOBILE EXPENSE

Total Miles: \_\_\_\_\_ Business Miles: \_\_\_\_\_  
 Commuting Miles: \_\_\_\_\_ Personal Miles: \_\_\_\_\_  
 Jan. 1, 2024, Odometer Beginning:..... \_\_\_\_\_  
 Dec. 31, 2024, Odometer Ending: ..... \_\_\_\_\_  
 Gas & Oil..... \_\_\_\_\_  
 Interest ..... \_\_\_\_\_  
 Tolls & Local Transportation ..... \_\_\_\_\_  
 Lease Payments ..... \_\_\_\_\_  
 Parking..... \_\_\_\_\_  
 Other: \_\_\_\_\_

## BUSINESS EXPENSES

Taxes ..... \_\_\_\_\_  
 Utilities ..... \_\_\_\_\_  
 Insurance ..... \_\_\_\_\_  
 Repairs ..... \_\_\_\_\_  
 Supplies ..... \_\_\_\_\_  
 Business Meals..... \_\_\_\_\_  
 Business Travel ..... \_\_\_\_\_  
 Advertising ..... \_\_\_\_\_  
 Professional Dues/Memberships ..... \_\_\_\_\_  
 Legal/Professional Fees ..... \_\_\_\_\_  
 Wages (bring copies of W2s/941s if they have been filed)  
 Contract Labor..... \_\_\_\_\_  
 Equipment (bring a list with details)..... \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Is your primary place of business in your home? If yes, bring all home related expenses, total square footage and square footage of space that is exclusively and regularly used for business.

## CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Do you have a dependent care benefit plan at work? \_\_\_\_\_

## ADOPTION EXPENSES

Amount Paid: \_\_\_\_\_ Date Finalized: \_\_\_\_\_ (bring papers)

## ENERGY CREDITS / PLUG-IN VEHICLE

(BRING RECEIPTS AND DETAILS)

Furnace  Central AC  Heat Pump  Doors/windows   
 Solar  Wind  Geothermal  Plug-in EV  Other \_\_\_\_\_

Please sign here \_\_\_\_\_ date \_\_\_\_\_