

2024 TAX ORGANIZER - page 1- required to start your tax return preparation

Please update any new information

Name	SS#	Birth date	Occupation
Spouse	SS#	Birth date	Occupation
Address			
Email address			
Phone Numbers			
Any significant events or changes in 2024?			

Dependents:

Name	SS#	Birth date	months lived with you in 2024	relationship

Marital Status at year end: ☐ Single ☐ Married ☐ Head of Household ☐ Married Filing Separate

MISCELLANEOUS QUESTIONS

YES NO

- ☐ ☐ At any time during 2024, did you (a) receive (as a reward, award or payment), or (b) sell, exchange, gift or otherwise dispose of a digital asset or a financial interest in a digital asset?
- ☐ ☐ **Do you have a foreign bank account or signature authority?** Even small accounts must be disclosed.
- ☐ ☐ If you had a foreign account(s) at any point in 2024, was the aggregate balance over \$10,000?
- ☐ ☐ Are you being claimed as a dependent of another person?
- ☐ ☐ Do you have a child who had interest or dividend income greater than \$1,300?
- ☐ ☐ Do you have any children who were 19 - 24 years of age and were full-time students?
- ☐ ☐ Do you have any dependent over the age of 24 who earned less than \$5050.00?
- ☐ ☐ Did you pay any tuition for college education?
- ☐ ☐ Were you notified by the IRS of changes to a prior year's return? (If yes, enclose agent's report.)
- ☐ ☐ Have you had any issues with the IRS concerning identity theft? (If yes, provide PIN number)

Check the appropriate boxes and provide supporting documents.

INCOME:

- | | |
|--|---|
| <input type="checkbox"/> W-2 FORMS | <input type="checkbox"/> JURY DUTY PAY |
| <input type="checkbox"/> 1099 FORMS (Int, Div, Royalties, Misc) | <input type="checkbox"/> UNEMPLOYMENT STATEMENT |
| <input type="checkbox"/> PENSION AND ANNUITY INCOME | <input type="checkbox"/> SOCIAL SECURITY STATEMENT |
| <input type="checkbox"/> K-1'S (Partnerships/S Corp/Estates) | <input type="checkbox"/> LOTTERY AND GAMBLING WINNINGS |
| <input type="checkbox"/> TAX EXEMPT INTEREST STATEMENTS - year end | <input type="checkbox"/> CANCELLATION OF DEBT |
| <input type="checkbox"/> STATE TAX REFUND STATEMENT | <input type="checkbox"/> CHILDREN'S INTEREST/DIVIDENDS |
| <input type="checkbox"/> IRA DISTRIBUTIONS/ROTH CONVERSIONS | <input type="checkbox"/> ALIMONY RECEIVED divorce prior to 2019 |
| <input type="checkbox"/> INSURANCE REIMBURSEMENTS | Amount: _____ From: _____ |
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- ☐ CAPITAL GAINS\LOSSES (Sales of mutual funds, stocks, bonds, land, etc.)

Date purchased and cost
Date sold and price
Cost of improvements
Cost of dividends reinvested
Selling costs incurred

Include copies of closing statements or
investment statements on sale and purchase

If property was used for business,
include tax returns for those years

- ☐ RENTAL INCOME (Compile each property separately, ask me a form if needed) includes VRBO/AIRBNB

Property address
Total rent received
Total expenses

Advertising
Auto and Travel
Cleaning and maintenance
Commissions
Insurance
Legal fees

Mortgage interest
Repairs/Decorating
Supplies
Property taxes
Utilities
Association Fees

Wages or labor
Major improvements
Telephone
Trash
Pest Control
Appliances purchased

ADJUSTMENTS

- | | |
|---|---|
| <input type="checkbox"/> STUDENT LOAN INTEREST | <input type="checkbox"/> COLLEGE INVEST 529 CONTRIBUTIONS |
| <input type="checkbox"/> IRA, Roth, SEP CONTRIBUTIONS (include statements) | <input type="checkbox"/> PENALTY ON EARLY WITHDRAWAL OF SAVINGS |
| <input type="checkbox"/> ALIMONY PAID To: _____ | <input type="checkbox"/> EDUCATORS' EXPENSES |
| divorce prior to 2019 Amount: _____ SS#: _____ | |
| <input type="checkbox"/> HEALTH SAVINGS ACCOUNT HSA CONTRIBUTIONS (please provide 1099-SA) | |
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CREDITS

- ☐ CHILD AND DEPENDENT CARE

Provider's Name _____	SS#\EIN# _____
Address _____	Amount paid \$ _____

- | | |
|---|---|
| <input type="checkbox"/> EDUCATION CREDIT | <input type="checkbox"/> RESIDENTIAL ENERGY CREDIT |
| <input type="checkbox"/> ELECTRIC VEHICLE CREDIT- need invoice and registration | <input type="checkbox"/> HEALTH PREMIUM CREDIT – Include Form 1095A |
| <input type="checkbox"/> ADOPTION CREDIT | |

ITEMIZED DEDUCTIONS – only if greater than standard deduction Married = \$29,200 Single = \$14,600

☐ **MEDICAL AND DENTAL EXPENSES**

(must total greater than 7.5 % of adjusted gross income)

- ☐ PRESCRIPTION DRUGS, INSULIN
- ☐ HEARING AIDS, BATTERIES, DENTURES
- ☐ GLASSES, CONTACTS, EYE EXAMS
- ☐ COPAYS, HOSPITAL, DOCTOR VISIT
- ☐ MEDICAL MILEAGE
- ☐ MEDICAL, DENTAL, LONG TERM CARE
- ☐ INSURANCE PREMIUMS

☐ **STATE AND LOCAL TAXES**

(Total is limited to \$10,000)

- ☐ PROPERTY TAXES
- ☐ STATE TAX PAID OR SALES TAX
- ☐ CAR OWN TAX

☐ **INTEREST PAID**☐ **MORTGAGE INTEREST** (limits apply)

(1st, 2nd, home equity, refinanced loans, only if used to buy, build or improve the home)

☐ **INVESTMENT INTEREST**☐ **CHARITABLE CONTRIBUTIONS** (cash and non-cash, mileage, must have receipt for any item > \$250)☐ **GAMBLING LOSSES** (up to winnings)☐ **CASUALTY AND THEFT LOSS**

(only if a Declared Federal Disaster)

☐ **ESTIMATED TAX PAYMENTS** required if your withholding doesn't cover your tax liability

	FEDERAL	STATE
PAYMENT	#1 \$ _____ DATE _____	\$ _____ DATE _____
	#2 \$ _____ DATE _____	\$ _____ DATE _____
	#3 \$ _____ DATE _____	\$ _____ DATE _____
	#4 \$ _____ DATE _____	\$ _____ DATE _____

☐ **BUSINESS INCOME including LYFT, UBER AND DOORDASH**(provide documentation or summary lists, include all business 1099 forms and year end bank statements)

GROSS SALES/INCOME FOR YEAR

RETURNS AND ALLOWANCES

BEGINNING INVENTORY

PURCHASES

ENDING INVENTORY

DEPRECIATION:

Asset purchases (provide description, cost and date of purchase)

Asset sales\discards

EXPENSES:

Advertising

Bad Debts

Bank charges

Cleaning

Dues and Publications

Rent

Repairs\Maintenance

Insurance

Interest Expense

Legal\Accounting Fees

Postage & Freight

Health Insurance

Office Expense

Payroll Taxes

Supplies

Taxes\Licenses\Permits

Travel (Lodging, Air, Meals)

Meals

Utilities

Wages

Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document: the business purpose, date and time, place and amount. For business meals, you must also document that (1) you discussed business during the meal, or (2) you had a substantial bona fide business discussion or activity before or after the meal, or (3) you ate alone while out of town. **Entertainment is no longer deductible.** Gifts are limited to \$25 a person per year.

Do you have written records as described for expenses? ___yes ___no

HAVE YOU ISSUED ALL REQUIRED 1099'S? ___yes ___no

BUSINESS AUTOMOBILE USE

The mileage and Section 1 **MUST** be completed for every vehicle used for business. Section 2 is not needed if you are using the government's standard mileage rate. Section 2 **MUST** be used if you leased the vehicle or electing to use actual expenses.

If this is the first year of business use of the vehicle, provide a copy of the purchase or lease contract.

Mileage	Jan - Dec	
Business miles		
Personal miles		
Total miles for the vehicle		

Section 1:		Section 2:	
Make/Model		Gasoline, oil, lubrication	
Date Purchased		Repairs and maintenance	
Parking/Tolls		Tires, batteries, etc.	
Interest		Insurance	
		License and Taxes	
		Interest	
		Wash and wax	
		Lease payments	

☐ BUSINESS OFFICE IN HOME

To qualify, an "office in home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting or dealing with you in the normal course of business. A home office meets the principal place of business rule if you use it regularly for administrative or management activities and you have no other fixed location to do such work.

Total Sq.ft.: of home _____ of office _____ of storage _____

Utilities _____ Insurance _____ Rent _____ Taxes _____

Interest _____ Condo or Mgmt fees _____ Other _____

Repairs and maintenance: of office _____ of home in general _____

QUESTIONS AND EXPLANATIONS YOU MAY HAVE (List any other income or expenses not included in this Tax Organizer. Attach additional sheets if necessary)
