

# 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)

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

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

★ 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 (received).....  
Other Contributions of Money (received).....  
Charitable Auto Mileage.....  
Volunteer Expenses (received).....  
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 \_\_\_\_\_