



2024 CLIENT TAX ORGANIZER

Please feel free to attach additional sheets for any items.

PERSONAL INFORMATION					
	Taxpayer			Spouse	
First name and Initial					
Last name					
Social Security number					
Date of Birth (mm/md/yyyy)					
Occupation					
E-mail address					
Home phone					
Work phone					
Cell Phone					
Address				Apt/Suite	
City			State	Zip Code	
Filing Status:	Single	Married filing joint	Married filing separate	Head of Household	Widow(er)
Legally Blind	Yes	No		Yes	No
Disabled	Yes	No		Yes	No
Pres Campaign Fund	Yes	No		Yes	No

DEPENDENTS							
Name	Relationship	Date of Birth	Social Security Number	Months Lived at Home	US Citizen or Resident	Full Time Student or Disabled	Dependents Gross Income

ESTIMATED TAXES PAID				
Payment & Due Date	Date Paid	Federal	State 1	State 2
Applied from last year's refund				
First Quarter 4/15/24				
Second Quarter 6/15/24				
Third Quarter 9/15/24				
Fourth Quarter 1/15/25				

INCOME TAX QUESTIONS

1. Did your marital status change during the year?	Yes	No
2. Did your address change during the year?	Yes	No
3. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan?	Yes	No
4. Could you be claimed as a dependent on another person's tax return?	Yes	No
5. Were you notified or audited by either the IRS or State taxing agency?	Yes	No
6. Have you or your spouse been an identity theft victim and given an identity theft protection six-digit PIN by the IRS?	Yes	No
7. Were there any changes in dependents from last year?	Yes	No
8. Did you have any children under 19 (or 24 if a full-time student) who received more than \$1,250 in investment income?	Yes	No
9. Did you pay education expenses for your dependent children?	Yes	No
10. Did you pay any dependent care expenses for a child or a parent?	Yes	No
11. Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent? ..	Yes	No
12. Did you receive any unemployment or disability income?	Yes	No
13. Were you a citizen of, have income from, or live in a foreign country?	Yes	No
14. Did you have an interest in or signature authority over a financial account in a foreign country?	Yes	No
15. Were you the grantor of or transferor to a foreign trust?	Yes	No
16. Did you receive income from a foreign source or pay taxes to a foreign government?	Yes	No
17. Did you receive a distribution from or make a contribution to an IRA (traditional, ROTH, or SEP)?	Yes	No
18. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA?	Yes	No
19. Did you receive stock from a stock bonus plan with your employer?	Yes	No
20. Did you have any self-employed business during the year? If yes, please complete the Business Income Organizer.	Yes	No
21. Did you have any rental activity during the year? If yes, please complete Rental Organizer.	Yes	No
22. Did you purchase or sell any rental property this year?	Yes	No
23. Did you exchange any property for other property?	Yes	No
24. Did you buy any internet merchandise for which you did not pay sales/use tax?	Yes	No
25. Did you work out of town for part of the year?	Yes	No
26. Did you purchase a 'clean fuel' or electric hybrid vehicle in 2024?	Yes	No
27. Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024?	Yes	No
28. Did you pay any student loan interest?	Yes	No
29. Did you pay alimony?	Yes	No
30. Did you donate a vehicle?	Yes	No
31. Did you give a gift of more than \$17,000 to any one person?	Yes	No
32. Did you go through bankruptcy, foreclosure, or repossession proceedings?	Yes	No
33. At any time during the year, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?	Yes	No
34. Did you or a member of your family have minimum essential coverage in 2024? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)	Yes	No
35. Do you want to allow your tax preparer to discuss this year's return with the IRS?	Yes	No

INCOME			
Type of Income	Form(s) to Attach	# Attached	Comments
Wages, Salaries and Tips Income	Form W-2s		
Interest Income	Form(s) 1099-INT & Broker statements		
Dividend Income	Form(s) 1099-DIV		
Pensions, Annuities, Profit Sharing, IRA's, etc.	Form(s) 1099-R		
Social Security/Railroad Benefits	Form(s) SSA-1099		
Partnership, Trust, Estate Income	Form(s) K-1		
Investments Sold	Form(s) 1099-B & confirmation slips (should include Date Acquired, Date Sold, Cost, and Sale Price)		
Property Sold	Form(s) 1099-S & closing statements		
Address of Property Sold		Date Acquired	Cost & Improvements

OTHER INCOME			
Type	Amount	Type	Amount
Alimony received		Gambling/lottery winnings	
Jury duty		Disability income	
State income tax refund		Other	
Other		Other	

ADJUSTMENTS TO INCOME			
Type	Amount	Type	Amount
Alimony Paid		Tuition and fees paid	
Recipient Name:		Who was it paid for?	
Social Security #:		Student loan interest	
Educator expenses		IRA/SEP Contributions (Taxpayer)	
Health Savings Account		IRA/SEP Contributions (Spouse)	

MEDICAL AND DENTAL EXPENSES			
Type	Amount	Type	Amount
Medical insurance premiums (paid by you)		Medical therapy	
Long Term Care insurance		Medical equipment, supplies	
Prescription medicines and drugs		Eye exam, glasses, contacts	
Doctors, dentists and nurses		Hearing aids, batteries	
Hospitals and nursing homes		Braces	
Mileage			

TAXES PAID			
Type	Amount	Type	Amount
Real property tax (attach bills)		Other:	
Personal property tax		Other:	

INTEREST EXPENSE			
Type	Amount	Type	Amount
Mortgage interest paid (attach 1098s)		Investment Interest	
Interest paid to individual for your home (attach amortization schedule)			
Name		Social Security Number	
Address			

CHARITABLE CONTRIBUTIONS			
Type	Amount	Type	Amount
Total cash contributions		Charitable mileage	
Total non-cash contributions (If over \$500 attach list)			

DAY CARE EXPENSE		
Type	Provider #1	Provider #2
Name		
Address		
EIN/SS#		
Amount Paid		
Children cared for		

ADDITIONAL COMMENTS

TAX REFUND/PAYMENT

To have your tax refund directly deposited into your bank account, or to make a payment of your taxes from your bank account, please provide the required banking information below. To help avoid errors, we strongly recommend that you provide us with a copy of a voided check.

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Account Owner: Taxpayer Spouse Joint

SIGNATURE

The undersigned hereby verify that all items stated in this questionnaire are true and correct.

Signature _____

Print Name: _____ Date: _____