

2024 INCOME TAX ORGANIZER

The section to enter your Personal Information and the General Tax Return Questions are now located in the “CLIENT QUESTIONNAIRE”. Please complete that document in addition to this Organizer.

THIS ORGANIZER IS OPTIONAL. COMPLETING IT MAY ASSIST YOU IN GATHERING YOUR TAX RETURN INFORMATION & DOCUMENTS.

INCOME

Indicate if you received any of the following and supply the required documentation:

- ☐ Wages – provide Form W-2 for each job
- ☐ Social Security Income – provide Form 1099-SSA
- ☐ Unemployment Income – provide Form 1099-G
- ☐ HSA Distributions – provide Form 1099-SA

- ☐ Pension or Annuity Income – provide Form 1099-R for each account
- ☐ IRA Income – provide Form 1099-R for each account & year-end IRA statement(s) showing the fair market value on December 31, 2023
- ☐ Retirement Plan Transfer or Rollover – provide Form 1099-Rs
- ☐ Roth IRA Conversion – provide details and Form 1099Rs

- ☐ Interest Income – provide Form 1099-INT for each account
- ☐ Dividend Income – provide Form 1099-DIV for each account
- ☐ Stock Sale, Digital Assets, or other Investment Property Sales– provide Form 1099-B for each account
- ☐ Investment/Brokerage Account – provide *entire copy* of Form 1099 for each account

- ☐ Ownership in Partnership, LLC’s, Estate or S-Corporation – provide all Schedule K-1s
- ☐ Royalty Income – provide statement or information received
- ☐ Rent Income – provide completed Rental Property Organizer or your own schedule/list of income & expense details
- ☐ Farm Income – provide completed Farm Organizer or your own schedule/list of income & expense details
- ☐ Business Income – provide completed Business Organizer or your own schedule/list of income & expense details

Did you receive any income that you did not receive a tax document for?

☐ Yes ☐ No

If yes, please specify and supply additional information, if applicable

☐ Alimony Income

☐ Jury Duty Pay

☐ Other, please list:

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

EDUCATION EXPENSES AND CREDITS

College Expenses: Please provide Form 1098-T from the educational institution to claim any education credits.

Student Loan Interest Paid: Please provide form 1098

If you or your dependent received distributions from a Section 529 (Edvest) Program, please provide the Form 1099-Q

Were all distributions used to pay for either tuition & fees, room & board or books & other required material? ☐ Yes ☐ No

If no, please explain:

Section 529 Program (Edvest): If you contributed to a Section 529 Program for yourself or anyone else in 2024, please complete the following:

Beneficiary Name: _____ Amount Contributed: _____

Are you the owner of the Edvest or College Savings Account: ☐ Yes ☐ No

If no, provide name & address of account owner:

Beneficiary Name: _____ Amount Contributed: _____

Are you the owner of the Edvest or College Savings Account: ☐ Yes ☐ No

If no, provide name & address of account owner:

Beneficiary Name: _____ Amount Contributed: _____

Are you the owner of the Edvest or College Savings Account: ☐ Yes ☐ No

If no, provide name & address of account owner:

RETIREMENT

Important: If you are waiting to decide on a retirement plan contribution based upon your tax return, be sure you let us know when you submit your tax information, so we can discuss your options before we finalize your return.

Have you contributed or do you plan to contribute to any of the following for 2024?

☐ Yes ☐ No (if you did not make the contribution yet, please do not list a date contributed)

☐ Traditional IRA

☐ Taxpayer: Amount: _____ Date Contributed: _____

☐ Spouse: Amount: _____ Date Contributed: _____

☐ Non-Deductible Traditional IRA

☐ Taxpayer: Amount: _____ Date Contributed: _____

☐ Spouse: Amount: _____ Date Contributed: _____

☐ Roth IRA

☐ Taxpayer: Amount: _____ Date Contributed: _____

☐ Spouse: Amount: _____ Date Contributed: _____

☐ Self-Employed (SEP) IRA

☐ Taxpayer: Amount: _____ Date Contributed: _____

☐ Spouse: Amount: _____ Date Contributed: _____

DEDUCTIONS/CREDITS/EXPENSES

Have you contributed or do you plan to contribute to a Health Savings Account for 2024?

☐ Yes ☐ No (if you did not make the contribution yet, please do not list a date contributed)

☐ Taxpayer: Amount: _____ Date Contributed: _____

☐ Spouse: Amount: _____ Date Contributed: _____

Did you pay for Dependent Care Expenses in 2024? ☐ Yes ☐ No

If yes, please provide statement from the provider or list details below:

Child Name: _____ Amount Paid: _____

Provider Name: _____ Provider ID: _____

Provider Address: _____

Child Name: _____ Amount Paid: _____

Provider Name: _____ Provider ID: _____

Provider Address: _____

Medical/Vision/Dental

- ☐ Insurance Premiums (do not list pre-tax premiums, Marketplace premiums or Medicare deducted from your Social Security income)

☐ Medical: _____ ☐ Prescription: _____

☐ Dental: _____ ☐ Vision: _____

☐ LT Care (taxpayer): _____

☐ LT Care (spouse): _____

☐ Other: _____

- ☐ Out of Pocket Expenses

☐ Medical: _____ ☐ Dental: _____

☐ Eye Care: _____ ☐ Prescriptions: _____

☐ Long Term Care/Nursing Home: _____

☐ Miles: _____ ☐ Other: _____

Taxes

- ☐ Real Estate (list taxes paid in 2024)

☐ Home: _____

☐ Cottage: _____

☐ Vacation Home: _____

☐ Other: _____

- ☐ Sales Taxes on major purchases

☐ Item: _____ Tax Paid: _____

☐ Item: _____ Tax Paid: _____

Mortgage interest

- ☐ Residence - provide Forms 1098

- ☐ Cottage, Vacation or Second Home - provide Forms 1098

- ☐ Home Equity Line of Credit (can only be deducted if funds were used to buy, build or improve home) - provide Forms 1098

Charity

- ☐ Monetary Donations (paid by cash or check) - provide receipts or list below if you have receipts to substantiate
- ☐ Charity: _____ Amount Given: _____
- ☐ Charity: _____ Amount Given: _____
- ☐ Charity: _____ Amount Given: _____
- ☐ Charity: _____ Amount Given: _____
- ☐ Non-Monetary Donations (in-kind, goods donated, volunteer out of pocket expenses, charitable miles, etc.) - if you provide receipts, you must list a value - otherwise it will not be used
- ☐ Charity: _____ Description: _____ Value: _____
- ☐ Charity: _____ Description: _____ Value: _____
- ☐ Charity: _____ Description: _____ Value: _____
- ☐ Charity: _____ Description: _____ Value: _____

Other

- ☐ Educator Expenses: _____
- ☐ Gambling Losses: _____
- ☐ Alimony Paid: _____ Date of Divorce: _____
Ex-Spouse Name: _____ SSN: _____

Questions/Comments – please let us know if there is anything you would like us to know and/or anything you wish to discuss **with regards to your 2024 tax return** before we start working it. We will contact you when we start working on your tax return.

[illegible]

WISCONSIN SPECIFIC ITEMS

Rent paid for personal residence in 2024

Amount: _____

Was heat included in the rent? ☐ Yes ☐ No

Total amount of purchases you made (either online or out of state) in which you did not pay Wisconsin sales tax on - Amount \$_____

Private school tuition paid in 2024 for your dependent to attend a private school located in Wisconsin

Name & Address of School: _____

School Tax ID Number: _____

Student Name: _____ Grade Attended: _____

Student Name: _____ Grade Attended: _____

Student Name: _____ Grade Attended: _____

If you would you like to donate to any of the following through your Wisconsin Tax Return, please list the donation amount:

Wisconsin Endangered Resources \$_____

Cancer Research \$_____

Veteran's Trust Fund \$_____

Multiple Sclerosis \$_____

Military Family Relief \$_____

Second Harvest/Feeding America \$_____

Red Cross Disaster Relief \$_____

Special Olympics - WI \$_____