



**Tina-303-562-1287/720-709-5337 or Matt-720-709-5336**

## NEW CLIENT-INDIVIDUAL TAX ORGANIZER-2024

**Please provide last year's tax return, this is required as a new client**

**Taxpayer's name** \_\_\_\_\_ **Last Four-Digits of SSN** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Spouse's name** \_\_\_\_\_ **Last Four-Digits of SSN** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Home address** \_\_\_\_\_  
                     Number                      Street                      City, town or post office                      State                      ZIP-Code

### Telephone number (Taxpayer)

Home \_\_\_\_\_

Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Blind? Yes   No

### Telephone number (Spouse)

Home \_\_\_\_\_

Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Blind? Yes   No

## Copies of the Driver's licenses will be required for Taxpayer and Spouse.

**\*Dependent Children Who Lived With You for 6months out of the year:**

Full Name	Social Security Number	Date of Birth	Relationship	Dependent Care	CC-Y/N

**Child Care:**

Name	Address (Street, City, Zip-Code)	Tax-ID(SSN/EIN)*	Amount Paid	DCB

**Statement with Tax ID required for Dependent Care Deduction.**

**-Insurance purchased through Market Place (Connect for Health) Yes \_\_\_\_\_ \***

**\*Form 1095A Required to file Tax Return**

**-State Refund for 2023(per tax return filed) Please provide total amount received \_\_\_\_\_**



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**-Estimated Tax Payments Made (NOT Included on Other Income Statements(W2's, 1099's)**

Quarter Due Dates	Date Paid	Federal Amount Paid	State Amount Paid
1 <sup>st</sup> -04/15/2024			
2 <sup>nd</sup> -06/15/2024			
3 <sup>rd</sup> -09/15/2024			
4 <sup>th</sup> -01/15/2025			

**Income**

**-Income-W2**

Please provide all W-2s and include the number of W-2s provided for Tax Year 2024

Number of W-2s Provided \_\_\_\_\_ (Taxpayer)

Number of W-2s Provided \_\_\_\_\_ (Spouse)

**-Income-1099 MISC/1099-NEC (Self-Employment Income)**

Please provide all 1099s and include the number of 1099s provided for Tax Year 2024

Number of 1099-NEC/Misc Provided \_\_\_\_\_ \*(Taxpayer)

Number of 1099-NEC/Misc Provided \_\_\_\_\_ \*(Spouse)

**\*Please use page 5 for Business income and Expenses and page 6 for Rental Income and Expenses**

**-Social Security Income-Form SSA-1099**

Please provide all SSA-1099 Forms and include the number of SSA-1099s provided for Tax Year 2024

Form SSA-1099, SS Statement \_\_\_\_\_ (Taxpayer)

Form SSA-1099, SS Statement \_\_\_\_\_ (Spouse)

**-Pensions & IRA's-1099R**

Please provide all 1099-R Forms, Distributions from Pensions, Annuities, Retirement, IRAs, etc.

Please provide all company forms that distributed 1099-Rs for Tax Year 2024

Form 1099-R \_\_\_\_\_ (Taxpayer)

Form 1099-R \_\_\_\_\_ (Spouse)

**-Unemployment-Form 1099-G Certain Government Payments (This is Taxable Income)**

Please provide all 1099-Gs for Tax Year 2024

Form 1099-G \_\_\_\_\_ (Taxpayer)

Form 1099-G \_\_\_\_\_ (Spouse)



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## Income

### - Gambling Income-Form W-2G

Please provide all W-2Gs and include the number of W-2Gs provided for Tax Year 2024

Form W2-G \_\_\_\_\_ (Taxpayer)

Form W2-G \_\_\_\_\_ (Spouse)

## Investment Income

### -Interest Income-1099 INT

Please provide all 1099-Interest Statements and include the number of statements received for Tax Year 2024

Number of 1099-Int Provided \_\_\_\_\_

Name of Payer	Amount	Name of Payer	Amount

### -Dividend Income

Please provide ALL pages (Front and Back) of Form 1099-B, Proceeds from Broker and Barter Exchange Transactions. (Please provide below all companies that distributed 1099-Bs for Tax Year 2024.)

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### -Stock Sold

Please provide ALL pages (Front and Back) of Form 1099-B, Proceeds from Broker and Barter Exchange Transactions. (Please provide below all companies that distributed 1099-Bs for Tax Year 2024.)

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### -Property Sold Primary Residence or Second Home only(Settlement Statement for the sale of the property required along with Original Purchase Price(Cost Basis))

Address/Description	Date Sold	Date Purchased	Selling Price	Cost Basis	Primary/Second Home

See Page 6 for Rental Home Sale



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### Itemized Deductions

#### Medical Expenses

Paid to Whom	Amount	Mileage-.21 cents
Medical Insurance (supplemental only)		
Annual out of pocket Prescription cost		
Doctors / Dentist out of pocket cost		
Hospitals / Clinics out of pocket cost		
Eye Expenses out of pocket cost		
Hearing Aids and medical equipment out of pocket cost		
Therapy, Homecare, etc. out of pocket cost		
<b>Long Term Care Insurance Paid-Taxpayer</b>		
<b>Long Term Care Insurance Paid-Spouse</b>		
Other		
		<b>Total Mileage-</b>
<b>1099 SA for HSA Contribution (Employer or Self) Form Required</b>	-	

Mortgage Interest-Form 1098(Not Rental See Page 6)	Amount	Educational Expenses	Amount
Home Mortgage (Primary)		Student Loan Interest-Taxpayer	
Home Mortgage (Primary)		(Provide Forms)	
Home Mortgage (Second home)		Student Loan Interest-Spouse	
		(Provide Forms)	
<b>Real Estate Taxes Paid (Primary)</b>		<b>College Costs</b>	
Second Home		Please Provide <b>1098-T</b> Form College	
<b>Vehicle Registration Amount Paid</b>		<b>College Invest used for Expense</b>	
<b>(Ownership Tax only not total paid)</b>		Please Provide <b>1099Q</b> is used	

#### Contributions/Donations(If needed provide list)

Paid Cash or Check-Name of Organization	Amount	Goods Given (Goodwill, Arc, etc.)	Thrift Amount
<b>Charitable Mileage (.14)</b>			

**Energy Credit Solar, Electric Vehicle Credit(NEW) and Energy Credits(Windows, HVAC & Insulation)-Please provide documents for these credits.(Invoice, Purchasing agreement, etc)**



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## Self-Employed Business and 1099 Income and Expenses

<b>Name of Company and EIN(if applicable)-</b>	
	<b>EIN-</b>
<b>Income(Total for the year)</b>	
<b>Expenses(Total for the year in each category)</b>	
Advertising	
Contract Labor Paid	
Insurance (Liability)	
Legal and Professional Services	
Office Supplies	
Rent	
Tools	
Equipment	
Meals with clients only	
Bank Service Fees	
Internet	
Cell phone	
<b>SEP IRA CONTRIBUTION</b>	

**Business Mileage Total for the year \_\_\_\_\_(67 cents per mile 2024)**

**Please provide Mileage Log form from Mile IQ-Otherwise it is your responsibility if you get audited to provide this to the IRS. They require the log to include starting mileage (1/1) and ending mileage (12/31) year to year along with day-to-day business mileage.**



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## **Rental Property Information**

**If you are contracted with a Property Management Company, please provide end of year statement for each property from the company you use. Any expense you paid outside of the management company please provide below.**

**(Only fill out if you manage your own rental property or paid outside of management company)**

<b>Rental Income(Total for the year collected before expenses)</b>	
<b>Expenses-Total for the year(Most common, write in any missing category)</b>	
Advertising	
Auto and Travel                      Mileage-	
Cleaning and Maintenance	
Insurance	
Legal and other Professional Fees	
Management Fees	
Mortgage Interest	
Repairs	
Supplies	
Real Estate Taxes	
Utilities	
HOA	
Bank Service Fees	

## **Rental Property Sold (Settlement Statement for the sale of the property required)**

<b>Address/Description</b>	<b>Date Sold</b>	<b>Selling Price</b>

**If you did a 1031 exchange of a rental property, there is additional paperwork required and additional fee.**