**RETURNING CLIENT-INDIVIDUAL TAX ORGANIZER-2024**

Please complete pages 1 through 4 and all applicable sections.

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

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

**\*New Only**

**Home address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_

Number Street City, town or post office State ZIP-Code

**\*New Telephone number (Taxpayer) \*New Telephone number (Spouse)**

Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Blind? Yes No 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**

**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** |
| **1st -04/15/2024** |  |  |  |
| **2nd -06/15/2024** |  |  |  |
| **3rd -09/15/2024** |  |  |  |
| **4th -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)**

**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**)

**-Contribution(s) to REG IRA or ROTH IRA Outside of W2(NOT SEP IRA)**

Taxpayer REG IRA\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROTH IRA\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse REG IRA\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roth IRA\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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-End of Year Statements**

**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.)**

**-Stock Sold End of Year Statements**

**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.)**

**-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**

**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 |  |  |
| **Long Term Care Insurance Paid-Taxpayer** |  |  |
| **Long Term Care Insurance Paid-Spouse** |  |  |
| Other |  |  |
|  |  |  |
|  |  | **Total Mileage-** |
| **1099 SA for HSA Contribution (Employer or Self) Form Required** | **-** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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) |  |
| **Real Estate Taxes Paid (Primary)** |  |  | **College Costs** |  |
| Second Home |  |  | Please Provide **1098-T** Form College |  |
|  |  |  |  |  |
| **Vehicle Registration Amount Paid** |  |  | **College Invest used for Expense** |  |
| (***Ownership Tax only*** not total paid) |  |  | Please Provide **1099Q** is used |  |
|  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Paid Cash or Check-Name of Organization** | **Amount** | **Goods Given (Goodwill, Arc, etc.)** | **Thrift Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Charitable Mileage (.14)** |  |  |  |

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

**Self-Employed Business and 1099 Income and Expenses**

|  |  |
| --- | --- |
| **Name of Company(if applicable)-** | |
|  | **EIN-** |
| **Income(Total for the year)** |  |
|  |  |
| **Expenses(Total for the year in each category)** |  |
| **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** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **SEP IRA CONTRIBUTION** |  |
|  |  |
|  |  |

**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.**

**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)**

|  |  |
| --- | --- |
| **Rental Income(Total for the year collected before expenses(Gross))** |  |
| **Expenses-Total for the year(Most common, write in any missing category)** |  |
| **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)**

|  |  |  |
| --- | --- | --- |
| **Address/Description** | **Date Sold** | **Selling Price** |
|  |  |  |
|  |  |  |
|  |  |  |

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