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Personal Organizer

This checklist will serve as a guide in assembling your tax data and help you take advantage of all allowable deductions for tax preparation.

Members
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TAX YEAR ENDED 2024

TAXPAYER BACKGROUND INFORMATION (FOR NEW CLIENTS AND CHANGES FOR CURRENT CLIENTS)

(T) Taxpayer's Full Name

(S) Spouse's Full Name

Address		Apt. #
City	State	Zip
Same address as last year:	Yes	No
T Social Security #	S Social Security #	
T Date of Birth	S Date of Birth	
T Occupation	S Occupation	
Home Phone #	Work Phone #	
Work Phone #	Fax #(s)	
E-mail address	E-mail address	

DEPENDENTS

Name	Birth Date	Social Security #	Relationship

INDIVIDUAL ESTIMATED TAX PAID (please provide us documentation of payments) DO NOT INCLUDE WITHHOLDING FROM SALARIES

	IRS:	State:	Date paid	IRS:	State:
1st Qtr pymt:					
2nd Qtr pymt					
3rd Qtr pymt					
4th Qtr pymt					
Amt paid w/ extension					

WAGES FROM W-2'S

(Please enclose all copies of W-2 Forms received.)

PENSION, ANNUITY, INTEREST & DIVIDEND INCOME, & IRS DISTRIBUTIONS

(Please enclose all 1099 Forms received.)

UNEMPLOYMENT & SOCIAL SECURITY INCOME

(Please enclose government forms received.)

CAPITAL GAIN(S)/LOSS(ES)

(Please enclose 1099B Forms received and purchase details.)

OTHER INCOME

T/S/J	Sources	
	Prizes and awards	\$
	Royalties	\$
	Honorariums	\$
	Alimony received (No Child Support)	\$
	Other: Please Itemize	\$
	Do you have any expenses to offset other income	Yes _____ No _____

Name:

Tax Year: 2024

ADJUSTMENTS

<u>T/S/J</u>	Source	
	Regular IRA Contributions (not included on W-2)	\$ _____
	Educator Expense	\$ _____
	Medical Savings Accounts or Health Savings Contributions	\$ _____
	Moving Expense (Military) (provide detail)	\$ _____
	*Alimony Paid to: _____	\$ _____
	Recipient's Social Security #: _____	

NOTE: Does not apply to alimony initiated after 1/1/19*Note: A contribution to an IRA by April 15th may apply for the previous year.**ITEMIZED DEDUCTIONS
MEDICAL EXPENSES

Medical Insurance Premium (including Medicare supplement, if retired) not paid by employer or not withheld from your paycheck	\$ _____
Prescriptions and eyeglasses not reimbursed by your medical insurance	\$ _____
Doctors and hospitals not reimbursed by your medical insurance	\$ _____
Auto mileage for medical purposes	_____
Other (please explain)	\$ _____

TAXES

Sales Tax (If you bought any type of vehicle, please include invoices/documentation)	\$ _____
Real Estate (enclose Form 1098 from mortgage company) or tax payment receipt	\$ _____
Other taxes (please explain) personal property, etc.	\$ _____

INTEREST

Personal home interest - principal home (enclose Form 1098)	\$ _____
Equity Line Interest or Second Mortgage	\$ _____
Personal home interest - 2nd home (enclose Form 1098) (includes certain boats)	\$ _____
Personal investment interest expense	\$ _____

Note: If you sold or purchased your home during the year, please provide copies of the settlement statements.

CONTRIBUTIONS-If over \$500 please provide detailed list of each contribution

By cash or check: Church(es)	<u>Taxpayer must have receipts or cancelled checks</u>	\$ _____
By cash or check: Charities	<u>please provide statements for all contributions listed here</u>	\$ _____
Non-cash - volunteer travel expenses		\$ _____
Non-cash - supplies for church or charity		\$ _____
Non-cash mileage for volunteer work		\$ _____
Non-cash - fair market value of clothing, furniture, real estate, etc.		\$ _____

EDUCATION CREDITS

Name of Student: _____	(Provide Form 1098T)
Year of College: (Circle one) FR SO JR SR Training Program Post-Graduate	
Tuition and fees \$ _____	Date paid: _____
Student loan interest paid \$ _____	
Payee _____	
<u>Educational Expense</u>	<u>Please separate expense by each student</u>
Tuition and fees \$ _____	Transportation \$ _____
Books and supplies \$ _____	Lodging \$ _____
Auto travel (miles) \$ _____	Meals \$ _____
Courses taken: _____	

CHILD CARE CREDIT

Name of Dependent	Age	Relationship	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Information on Child Care Provider is required:

Provider's name: _____

Address: _____

Federal ID or Social Security #: _____

HOME OFFICE INFORMATION

**Please use a separate page for each business activity
one separate page for self-employed business expenses).**

Home Office Expenses (if applicable)

Do you rent your home? (Circle one) Yes No

If you own your own home, date of purchase _____

Purchase price \$ _____

Total square footage of home _____

Square footage of office and product area _____

Is office space used exclusively for business? Yes _____ No _____ (if no stop

Is home office for convenience of employer? Yes _____ No _____ (if no stop

Do you received any rents from your employer for your office in home? Yes _____ No _____

Type of Expense - Indirect (Please provide total amounts paid for the entire house)

Rent paid \$ _____ Interest \$ _____

Insurance \$ _____ Taxes \$ _____

Utilities (gas, electric, etc.) \$ _____

Repairs and Upkeep \$ _____ **Building**

Building Improvements \$ _____

Type of Expense - Direct

R & M on Office Area \$ _____

Supplies for Office Area \$ _____

Furnishing for Office Area \$ _____

Auto Expenses -- See Business Organizer (for Schedule C clients)

Name: _____

Tax Year: 2024

MINISTER'S INFORMATION**GENERAL INFORMATION**

Are you ordained, licensed or equivalent _____

Yes

No

Are you exempt from paying Social Security? (Please provide approved Form 4361, if yes) _____

Does your employer own and provide your parsonage? _____

If yes, what is its furnished rental value? _____

\$ _____

Current fair market value _____

\$ _____

If no, do you own your own home? _____

Date of purchase _____

Purchase price _____

\$ _____

Parsonage allowance officially designated _____

\$ _____

Is this amount included on the income line of W-2 or 1099? _____

Fair rental value of furnished home per month (For all housing over \$36,000, please provide written Real Estate Professional appraisal)**Business Expenses**

Have you been reimbursed for your professional expenses, including mileage? _____

If yes, how much? _____

\$ _____

Show the details of your expenses by completing the information below:**Total Parsonage Expenses Paid by You for Year****Type of Expense**

Rent paid	\$ _____
Principal payments	\$ _____
Taxes	\$ _____
Interest	\$ _____
Insurance	\$ _____
Repairs and upkeep	\$ _____
Lawn Care Expenses	\$ _____
Furniture/appliances	\$ _____
Decorator items	\$ _____
Misc. supplies/expenses	\$ _____
Utilities (water, electric, gas, phone etc.)	\$ _____

Unreimbursed Professional Expenses

Religious materials (Min \$	_____
Continuing Education	\$ _____
Gifts to Congregation	\$ _____
Office supplies	\$ _____
Postage	\$ _____
Seminars and Dues	\$ _____
Subscription	\$ _____
Telephone	\$ _____
*Business Long Distanc	\$ _____
*Business Cell	\$ _____
Vestments	\$ _____
Ministry Meals	\$ _____
Entertain # of People	\$ _____
Travel Fares & Hotels &	\$ _____
Other (give details)	_____

Description	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Equipment purchases (i	\$ _____

Was auto available for personal use in off duty hours: (Circle one) Yes No

Percentage of Personal Use _____

Auto Expenses**Auto Information**

Year/make _____

Purchase price (If purchased in 2023 include copy of invoice) _____

\$ _____

Date of purchase _____

Odometer at purchase _____

Total miles for year ** _____

Business miles** _____

Commuting miles _____

Auto lease (if 1st year, enclose copy of lease) _____

\$ _____

Registration fees _____

\$ _____

Garage rent _____

\$ _____

Gas, oil and lube _____

\$ _____

Insurance and auto club _____

\$ _____

Repairs, tires and batteries _____

\$ _____

Tolls and parking ** _____

\$ _____

Washing and polishing _____

\$ _____

Interest on auto loan (do not include elsewhere) ** _____

\$ _____

****NOTE: Complete this whether claiming mileage or actual expenses.**

Name: _____

Tax Year: 2024

RENTAL PROPERTY INFORMATION

(Use separate sheet for each property.)

Type and location of rental property:

How many rental days: _____

What services do you provide (such as breakfast, daily room cleaning, laundry etc) _____

How many rooms have you dedicated in your home solely for use of paying customers
and never lived in those rooms personally. _____

Was property used for personal purposes more than 14 days or 10% of total days rented in tax year? Yes No

Number of days used personally (Not including days spent working on the property) _____

Rent received, including sales tax, if applicable \$ _____

Date of purchase _____

Purchase price \$ _____

If property was purchased or sold in 2024, please provide settlement statement

Cost of improvements made this tax year:

Type	Date	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(If additional space needed, please use separate sheet.)

RENTAL INCOME

\$ _____

Expenses:

Association Fees	\$ _____	Office supplies/postage	\$ _____
Advertising	\$ _____	Pest control	\$ _____
Auto mileage (# OF MILES)	\$ _____	Repairs	\$ _____
Cleaning and maintenance	\$ _____	Sales tax	\$ _____
Commissions	\$ _____	Supplies	\$ _____
Decorating/painting	\$ _____	Special Assessments	\$ _____
Insurance	\$ _____	Taxes (real estate)	\$ _____
Lawn care	\$ _____	Trash Disposal	\$ _____
Legal/professional fees	\$ _____	Travel away from home	\$ _____
Licenses	\$ _____	Utilities	\$ _____
Management fees	\$ _____	Other: Provide Description	_____
Mortgage interest paid	\$ _____		_____
to banks, etc.	\$ _____		_____

Do you actively participate in this activity?

Yes _____ No _____ More than 100 hrs

Yes _____ No _____ More than 500 hrs

Yes _____ No _____ More than 750 hrs