2024 Tax Organizer

PLEASE DOWNLOAD TO YOUR COMPUTER BEFORE FILLING OUT.

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2023 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2024 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

Note: The General Questions and worksheets include a variety of questions designed to assist in completing your tax return. Not all questions will be applicable to your situation and can be left blank. If you answer yes to any of the questions, be sure to provide the applicable details.

Please	e provide the following information:				
	A copy of your 2023 tax return (if not in our possessi	on).			
	Original Form(s) W-2.				
	Schedule(s) K-1 showing income or loss from partne	rships, S corporations or est	tates or trusts.		
	Copies of other compensation or pension documenta	tion, such as Form 1099-MIS	SC, Form 1099-R, Fo	rm 1099	-NEC.
	Copies of Form 1099-K used to report transactions to and Zelle.	nrough a third-party paymen	t network, such as Pa	ayPal, V	enmo
	Form(s) 1099 or statements reporting dividend and in	nterest income.			
	Brokerage statements showing transactions for stock	s, bonds, etc.			
	Form(s) 1098 reporting interest paid, copies of real enholdings.	estate tax bills and other info	ormation relating to re	eal prop	erty
	Copies of closing statements regarding the sale or p	urchase of real property.			
	All other information notices you received, or any ite	ms you have questions abou	ıt.		
Please	e provide all relevant documentation or applicable details	s for any questions below for	which you have ans	wered "`	res"
	Health Insurance	e and Education			
				YES	NO
1.	Did you or your spouse have self-employment health	insurance?			
2.	Did you contribute to or receive distributions from a H	ealth Savings Account (HSA	1)?		
3.	Did you have a college savings account (e.g.: 529, Ed	ducations Savings Account,			
	etc.)?If yes, please enter total 2022 qualified amount:				
	Direct Deposit of Refu	nd and Foreign Incom	e		
	Direct Deposit of Itela	na una i oreign meom		YES	NO
1.	Did you have any foreign income or a foreign account section of this organizer.	? Please refer to the guideli	nes on the income		
2.	The Internal Revenue Service encourages all taxpaye direct withdrawal of taxes owed. If you would like WC out the information in the next section.	rs to opt for a direct deposit PA to handle your payment	of refunds, or a options, please fill		
	a) If you receive a refund, would you like to choose	direct deposit?			
	b) If you owe income taxes, would you like to choos bank account?	se to have the amount withdo	rawn from your		
N	IOTE: WCPA will not initiate payments or refunds until	you have thoroughly review	ved and approved yo	our retur	n.
CAL	JTION: Review information for accuracy. PL	EASE PROVIDE A VOI	DED CHECK IF I	POSSII	BLE
1.	Name of financial institution:				
2.	Routing Number:				
3.	Account Number:				
4.	Type of Account:	Checking:	☐ Savings:		



GALLAGHER TAX & INVESTMENT LLC 3350-A ANNAPOLIS LN N. PLYMOUTH, MN 55447 Telephone: (612) 306-2830

Taxpayer Information			Spouse Info	ormation			
Last name			Last name				
First name			First name				
Middle Initial Suffix			Middle Initial.			Suffix	
Social security number			Social securi	ty number.			
Occupation			Occupation				
Work phone Ext	····		Work phone			Ext	
Cell phone			Cell phone				
E-mail address			E-mail addre	SS			
Date of birth			Date of birth.				
Address					Ap	artment/Suite #	
City			State		ZIP c	ode	
Home phone			Fax number				
Dependent Information							
First Name Last Name	MI Suffix	Nu	Security mber ionship	Date of Birth	f	Months Lived with Taxpayer	Child Care Expenses
	∤ -	Nu	mber		f		Child Care Expenses
	∤ -	Nu	mber		f		Child Care Expenses
	∤ -	Nu	mber		f		Child Care Expenses
	Suffix	Nu Relati	mber		f		Child Care Expenses
Last Name	Suffix	Nu Relati	mber				Child Care Expenses Amount Paid
Last Name Child and Dependent Care Provider E	Suffix	Nu Relati	mber			with Taxpayer	
Last Name Child and Dependent Care Provider E	Suffix	Nu Relati	mber			with Taxpayer	
Last Name Child and Dependent Care Provider E	Suffix	Nu Relati	mber			with Taxpayer	
Last Name Child and Dependent Care Provider E	Suffix	Nu Relati	mber			with Taxpayer	
Child and Dependent Care Provider E	xpenses	Relati	mber			with Taxpayer	
Child and Dependent Care Provider E Name Education Tuition and Fees	xpenses	Relati	mber			with Taxpayer	

2	N2 4	Inco	me
	11/4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Please provide if you have any of the following income or forms: Form(s) W-2 - Wages, Salaries, Tips and Other Compensation						
Form(s) 1099-R - Distributions from Pensions, Annuities, Retirement, Pr	ofit-Sharing, IRAs, etc	с				
Form(s) SSA-1099 - Social Security/Railroad Benefits Social Security Benefits from Form SSA-1099 Railroad Retirement Benefits from Form RRB-1099 Medicare B, C or D premiums withheld Form(s) 1099-MISC - Miscellaneous Income and 1099-NEC						
Form(s) 1099-INT - Interest Income						
Form(s) 1099-DIV - Dividend Income						
Form(s) 1099-B, 1099-S - Sales of Stocks, Bonds, Real Estate, etc.						
Provide all stock sale transaction information, including initial cost information.						
Foreign Income – Foreign Accounts and Trusts (Qualification Criteria)						
 Did you have taxable interest, ordinary dividends or other income from a foreign account of, or a Transferor to a foreign trust? Did you have a financial interest in or signature authority over a financial account (such account) located in a foreign country? Did you receive a distribution or were the Grantor of, or Transferor to a foreign trust? 						
If you answered Yes to any of these questions, provide the name of the foreign country whe	re the financial account is I	ocated:				
Virtual Currency and Cryptocurrency						
All sale or other exchange of virtual currency and cryptocurrency, or use it to pay for good compensation, or holding it as an investment.	ls or services, or receiving i	it as				
Other Government Forms to provide:						
Form(s) 1099-G - Certain Government Payments, Schedule K-1s - Partnership, S-Corpora Gambling or Lottery Winnings, Form(s) 1099-Q - Payments from Qualified Education Prog	ation, Trust or Estate Incom- irams	e, Form(s) W-2G -				
Other Income:						
Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Provice farm you own. Include a list of all new equipment acquired this year, including date of pure		r any business, rental or				
Retirement Plan Contributions Traditional IRA contributions made for 2024 Roth IRA contributions made for 2024 SEP, Keogh, Individual 401(k) or SIMPLE Contributions		-				

	2024 Deductions
Medical and Dental Expenses – Please provide total amounts, DO NOT SEN	ID RECEIPTS
Prescriptions & Medications	
Health Insurance Premiums	
Doctors, dentists, etc	
Hospitals, clinic, etc.	
Eyeglasses and contact lenses	
Miles driven for medical purposes	
Other medical and dental expenses:	
Taxes	
Real estate taxes paid on principal residence	
Real estate taxes paid on additional homes or land	
Auto license registration fees based on the value of the vehicle	
Other personal property taxes:	
Interest Expenses	
Home mortgage interest paid - Provide Form(s) 1098.	
Lender Name	Amount
Points paid on loan to buy, build, or improve main home	
Lender Name	Amount
Charitable Contributions (please provide spreadsheet or receipts) Cash/Check/Credit Contributions	
Noncash Charitable Contributions	
Please provide all receipts with details listing the following information: Donee, donee address date contributed, your cost, value at time of donation, and how you acquired the property.	s, description of donation, date acquired, and
Miscellaneous Deductions	
Union and professional dues	
Professional subscriptions books supplies	

	Did a lend	er cancel any of your	debt in 2023? (Pro	vide any Forms 1099	-A or 1099-0	C)			
		ake energy efficient in							[
	Did you pu	urchase a motor vehicl	le or boat during 20	23?					[
	If yes, pro	vide documentation sh	nowing sales tax pa	aid.					
	Did you pu	urchase a hybrid or ele	ectric vehicle in 202	23? If yes, enter year	, make, mod	del, and date purch	ased		[
	Did you do	onate a vehicle in 2023	3? If yes, provide F	orm 1098C					[
	Did your n	narital status change o	during 2023?						[
	If yes, exp	olain:							
	Were you	or your spouse perma							[
	Do you ha	ve dependents who m	nust file?						[
	Do you ha \$2,300?	ve children who are u	nder age 19 or a fu	II-time student under	age 24 with	n investment incom	e greater than		[
	Did you pr	ovide over half the su	pport for any other	person during 2023?					[
	Did you in	cur adoption expenses	s during 2023?						[
	IRA or qua	ceive a total distribution Alified plan within 60 d	lays of the distribut	ion?					[
		ceive any disability pa							[
	-	ceive tip income not r ly, sell, refinance, fore							[
	closing or:								[
	-	w statements, 1099-C							[
		sold a home, did you							[
		cur any casualty or the							[
		cur any non-business							[
		ay any individual for d							[
		ke a retirement accou							
	-	uy or sell any stocks o							
	expenses?	se the proceeds from S							[
		cur any moving expen							
		ceive any income not							
	-	pect your income and							
		ide explanation of cha							
	-	ceive Form 1095-A (H		•		•			
		e during 2023, did you							
	,	ou obtain a Paycheck							
	•	, has any portion of th	_						_
		ay any alimony in 2023							[
					, paia tana t			Ц	L
	Enter your	state of residence.	Taxpayer:		-	Spous	se:		_
n	nated Tax	ces Paid		State			Local		
_	Date	Amount	Date	Amount	ID	Date	Amount		II
				,Juiit			, anount		

Additional Information	
Additional information	