

GAVREL FINANCIAL SERVICES, LLC

2024 Income Tax Organizer

Taxpayer Name:				Occupation:			
Soc. Sec. #:	xxx-xx-xxxx	Date of Birth:	dd/mm/yyyy	TDL#:		Issue Date:	
						Exp Date:	

Spouse Name:				Occupation:			
Soc. Sec. #:	xxx-xx-xxxx	Date of Birth:	dd/mm/yyyy	TDL#:		Issue Date:	
						Exp Date:	

Address:			
City & State:		Zip:	

Filing Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Married-Joint	<input type="checkbox"/> Married-Separate
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IF YOU PURCHASED OR SOLD A HOME IN 2024, PLEASE PROVIDE A CLOSING DISCLOSURE.

Home Phone:	(xxx) xxx-xxxx		
Taxpayer Work Phone:	(xxx) xxx-xxxx	Taxpayer Cell Phone:	(xxx) xxx-xxxx
Spouse Work Phone:	(xxx) xxx-xxxx	Spouse Cell Phone:	(xxx) xxx-xxxx

Taxpayer Email:			
Spouse Email:			

IN ORDER TO COMPLY WITH SAFEGUARD SECURITY STANDARDS OF THE IRS, PLEASE PROVIDE EITHER A COPY OF YOUR (AND YOUR SPOUSE'S) DRIVER'S LICENSE OR STATE ISSUED PICTURE ID.

CHILDREN AND OTHER DEPENDENTS

First Name	Last Name	MI	Date of Birth	Social Security No.	Relationship	Mos. in home
			dd/mm/yyyy			
			dd/mm/yyyy			
			dd/mm/yyyy			
			dd/mm/yyyy			
			dd/mm/yyyy			

IF YOU PAID FOR DEPENDENT CARE, PLEASE FILL OUT INFORMATION ON PAGE

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PLEASE PROVIDE US WITH THE FOLLOWING INCOME RELATED DOCUMENTS

◆ W-2 Forms for ALL jobs	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ 1099 Forms for ALL types of income (IF UNEMPLOYMENT BENEFITS WERE RECEIVED – PROVIDE FORM 1099G)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ 1098 Forms for ALL Mortgage Interest Deductions	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Stock sale data (<i>ESPECIALLY</i> cost basis information) Form 1099B	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Stock Option data if you exercised ANY options during the year	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Settlement/closing statements from ALL real estate sales and purchases	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Moving expenses if you or family member are active military	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ K-1 Forms from ALL Partnerships, Sub S Corporations and Trusts	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ 2023 Federal Income Tax Return (<i>ESPECIALLY</i> depreciation schedules)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ 2023 State Income Tax Returns (If applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Accounting Records (Income/Expense summaries) for your business	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Accounting Records (Income/Expense summaries) for your rental properties	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ Accounting Records (Income/Expense summaries) for royalties	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
◆ IRA, 401(k), Annuity and Investment Statements (Form 1099-R)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

FOR PART-YEAR TEXAS RESIDENTS *ONLY*:

Date you moved to Texas: dd/mm/yyyy			
Did you sell your former residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Sold: dd/mm/yyyy
Did you live in that residence at least 2 years prior to the sale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you convert your former residence to rental property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

INTEREST INCOME: (Form 1099 Int)

Bank or Other Payer	Amount	Tax-Exempt	
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DIVIDEND INCOME: (Form 1099 Div)

Payer	Ordinary Dividends	Capital Gains	Tax-Exempt
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Foreign Tax Withheld:	\$		

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RENTAL PROPERTY:	Days Rented/Available for Rent:	
	Rental #1	Rental #2
Income/Rent Received	\$	\$
Deductions:		
Mortgage Interest (Form 1098)	\$	\$
Property Taxes (On Form 1098 if not paid personally)	\$	\$
Homeowners/Fire Insurance/Flood Insurance	\$	\$
Mortgage Insurance Premiums (Found on Form 1098)	\$	\$
Cleaning/Maintenance Expenses	\$	\$
Repairs	\$	\$
Utilities	\$	\$
Advertising	\$	\$
Professional Fees	\$	\$
HOA Fees	\$	\$
Management Fees	\$	\$
Auto Mileage	Miles	Miles
Other (describe):	\$	\$
Depreciation information:	Fair Market Value:	

ROYALTIES:		
	Rental #1	Rental #2
Income (Form 1099 Misc)	\$	\$
Deductions:		
Property Taxes	\$	\$
Severance Taxes (On Form 1099 Misc)	\$	\$
Auto Mileage if any	Miles	Miles
Depletion (Natural Resources)	\$	\$
Other (describe):	\$	\$
Other (describe):	\$	\$

OTHER INCOME:	
	Amount
State Tax Refund (Form 1099G)	\$
Alimony Soc. Sec. # of Payer: xxx-xx-xxxx (If Divorced Prior to 01/01/19)	\$
Pension Income (Forms 1099R)	\$
IRA Withdrawals and Rollovers	\$
Social Security Benefits (His & Hers) Form 1099-SSA	\$
Gambling Winnings Form W-2 G	\$
Other (describe):	\$

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QUARTERLY ESTIMATED INCOME TAX PAYMENTS:

Overpayment applied from 2023 Federal Tax Return:			\$
Federal	Date (if not 4/15/24):	dd/mm/yyyy	\$
Federal	Date (if not 6/15/24):	dd/mm/yyyy	\$
Federal	Date (if not 9/15/24):	dd/mm/yyyy	\$
Federal	Date (if not 1/15/25):	dd/mm/yyyy	\$
Extension Payment:			\$

MOVING EXPENSES: ONLY APPLIES TO ACTIVE MILITARY AND THEIR FAMILY

Moved FROM (City):		Moved TO (City):		Miles:	
Cost of transporting household goods to new home			\$		
Cost of storing household items (one month only allowed)			\$		
Cost of lodging enroute			\$		
Cost of airfare (entire family)			\$		
MILITARY REIMBURSEMENTS for moving expenses not included on your W-2 Form (This is on IRS Form 4782 provided by your employer)			\$		

REAL ESTATE SALES:

Did you sell your RESIDENCE ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you live there 2 out of the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sale price of your residence?	\$	
If the real estate you sold was NOT your residence, please provide the following:		
A. Settlement/closing statements from the SALE of this real estate		
B. Settlement/closing statements from the PURCHASE of this real estate		
C. Depreciation schedule (from prior year tax returns)		
D. Copy of Note/Amortization Schedule if you owner financed the sale		

DEDUCTIONS FOR INTEREST:

1st Residence

From Mortgage Company Statement (Form 1098)	\$
Points Paid	\$

2nd Residence

From Mortgage Company Statement (Form 1098)	\$
Points Paid	\$
Other Interest Deduction (describe):	\$
Other Taxes (describe):	\$

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MEDICAL DEDUCTIONS:

NOTE: Medical expenses are only deductible to the extent they exceed **7.5%** of your income AFTER insurance company reimbursements. If your medical expenses are too low, you may choose to omit this information.

SELF-EMPLOYED Medical Insurance Premiums	\$
OTHER Medical Insurance Premiums	\$
Long Term Care Insurance Premiums	\$
Cost of airfare (entire family)	\$
Out-of-Pocket Costs Of:	\$
Prescription Drugs:	\$
Doctors, Dentists, etc.:	\$
Hospitals:	\$
Lab Fees, Tests, etc.	\$
Hearing Aids	\$
Eyeglasses, Contact Lenses, etc.	\$
Parking & Tolls:	\$
Medical Mileage	
	Miles

If Health Insurance was obtained through the Healthcare.gov Marketplace please include Form 1095-A.

HEALTH SAVINGS ACCOUNT (Form 1099-SA needed if funds were used in year): 2024

How much did you contribute? (May be on W-2 Box 12)	\$
What is your health insurance deductible (Must exceed \$1,500 single taxpayer and \$3,000 for married taxpayer)	\$
What is the Year-End Balance?	\$
If you received a distribution, was it all used for healthcare expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEDUCTIONS FOR CHARITABLE CONTRIBUTIONS:

Paid by Cash or Check (Please provide detail/receipts or letter from donee)	\$
Payroll Deduction for qualified charities...etc.	\$

Clothing, Household Items, etc., Donated to **Qualified Charities:**

<u>Description of Item Donated</u>	<u>Name of Charity</u>	<u>Cost</u>	<u>Thrift Shop Value</u>
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Additional Notes:

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OTHER DEDUCTIONS:

CD Early Withdrawal Penalty	\$
Alimony PAID (Soc Sec # of Recipient xxx-xx-xxxx)	\$
Health Savings Account Contribution (Not included in W-2)	\$
Student Loan Interest Paid (Form 1098-E)	\$
Educator Expenses (Deductible up to \$300)	\$

COLLEGE COSTS:

Student Name(s):					
Classification of student(s):	<input type="checkbox"/> Fresh	<input type="checkbox"/> Soph	<input type="checkbox"/> Jr.	<input type="checkbox"/> Sr.	<input type="checkbox"/> Grad
Tuition & Fees (Form 1098-T) (excluding Room & Board)	\$				
Was the student taking at least 6 credit hours	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

STOCK OPTIONS EXERCISED:

ISO or Non-Qualified?		AMT Preference Amount?	\$
Amount included in W-2?	\$		

IRA & SEP CONTRIBUTIONS:

Type of IRA	Taxpayer		Spouse	
Traditional/Deductible IRA	\$		\$	
Non-Deductible IRA	\$		\$	
Roth IRA (Not Tax Deductible)	\$		\$	
SEP Deductible (Must have Self-Emp income)	\$		\$	
Covered by a Retirement Plan at work? (Per W-2 Box)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RESIDENTIAL CLEAN ENERGY CREDITS:

Did you purchase Solar/Wind, Geothermal and Fuel-Cell Technology FOR YOUR HOME in 2024: (MUST GENERATE ELECTRICITY FOR HOME)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount Paid	\$	
Did you purchase Clean Electricity Property in 2024?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid \$
Did you purchase Geothermal Heat Pump Property in 2024?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid \$
Did you purchase a Solar Water Heating device in 2024?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid \$
Did you purchase Oil Furnace or Hot Water Boiler Property in 2024?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid \$
Did you purchase Insulation or Exterior Window Property in 2024?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid \$
Property installed by 12/31/2024:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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CHILD CARE EXPENSES:			
Name(s) of Child(ren) receiving child care:			
1.	2.	3.	4.
Amount of "Pre-tax" childcare expenses included on your W-2, Box 10			\$
Child Care Provider #1:			
Name:			
Address:			
Phone #:			
SS#/IRS ID Number:			
Amount Paid in 2024:		\$	
Child Care Provider #2:			
Name:			
Address:			
Phone #:			
SS#/IRS ID Number:			
Amount Paid in 2024:		\$	

If we spot any ways to improve your future tax and financial situation as we work on your tax return, do you want us to bring them to your attention?

☐ Yes ☐ No

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Self Employed Business – Schedule C

Business Name:					
Business Address:					
EIN #:		1099 Income:	\$	Other Income:	\$
Beginning Inventory:		Ending Inventory:			

<u>EXPENSES:</u>					
Advertising:	\$	Legal Services:	\$	Licenses:	\$
Subscriptions:	\$	Professional Fees:	\$	Travel:	\$
Commission:	\$	Office Expenses:	\$	Per Diem (Jan-Sept):	\$
Bank Fees:	\$	Office Rent:	\$	Per Diem (Oct-Dec):	\$
Other Fees:	\$	Equipment Rent:	\$	Restaurant Meals:	\$
Contract Labor:	\$	Land Rent:	\$	Home Meals:	\$
Payroll:	\$	Repairs:	\$	Utilities:	\$
Non-Health Insurance:	\$	Maintenance:	\$	Cell Phone:	\$
Self-Employed Health Insurance:	\$	Supplies:	\$	Continued Education:	\$
Interest:	\$	Taxes:	\$	Internet:	\$
Additional Expenses:					

<u>HOME OFFICE:</u>					
Sq/Ft of Entire Home:		Property Taxes: (Describe)		Utilities: (Describe)	
Sq/Ft of Home Office:		A:	\$	A:	\$
Home Purchase Date:		B:	\$	B:	\$
Cost of Home:	\$	C:	\$	C:	\$
Mortgage Interest:	\$	Rent:	\$	D:	\$
HOA Fees:	\$	Insurance:	\$	Repairs:	\$
Additional Expenses:					

<u>AUTO:</u>					
Type of Vehicle:		Total Year Mileage:		Tolls:	
Year Placed in Service:		Business Mileage:		Parking:	

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ENGAGEMENT AGREEMENT

I (we) have engaged Gavrel Financial Services, LLC (Gavrel) to prepare my (our) Federal Income Tax Return for the tax year _____. I (we) understand and agree that Gavrel will charge a fee for this engagement and that fee will be based upon the preparation time and forms needed. I (we) understand this fee is not based on the outcome of the return and is due and payable at the time of preparation. I (we) understand that Gavrel will prepare the return based on information provided by me (us) or by others on my (our) behalf, and I (we) am (are) wholly responsible for the content of this return, and by my (our) signature(s) on this agreement accept full responsibility for the content of the return.

Taxpayer:	_____	_____	_____
	Signature	Printed Name	Date
Spouse:	_____	_____	_____
	Signature	Printed Name	Date

Return this Tax Organizer along with all necessary data to prepare your return(s) to:

Pete Gavrel
Gavrel Financial Services, LLC
423 Mason Park Blvd. Suite B
Katy, TX 77450
(281) 647-0822
(281) 398-4624 (Fax)
pete@gavrelfinancial.com