



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2024 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.

When possible, 2023 information is included for your reference. You do not need to make any 2023 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- ☐ A copy of your 2023 tax return (if not in our possession).
- ☐ Original Form(s) W-2.
- ☐ Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- ☐ Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, Form 1099-NEC or Form 1099-K.
- ☐ Form(s) 1099 or statements reporting dividend and interest income.
- ☐ Brokerage statements showing transactions for stocks, bonds, etc.
- ☐ Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- ☐ Copies of closing statements regarding the sale or purchase of real property.
- ☐ Copies of invoices regarding residential clean energy improvements.
- ☐ All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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2024
TAX ORGANIZER

Taxpayer Information		Spouse Information	
Last name		Last name.....	
First name		First name	
Middle Initial.....	Suffix.....	Middle Initial.....	Suffix.....
Social security number		Social security number	
Occupation		Occupation.....	
Work phone	Ext ...	Work phone.....	Ext ...
Cell phone		Cell phone	
E-mail address.....		E-mail address.....	
Date of birth.....		Date of birth	
Address		Apartment number.....	
City	State.....	ZIP Code.....	
Home phone.....	Fax number		

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

Education Tuition and Fees Attach all Form 1098-Ts and a list of your qualified education expenses.
Student Loan Interest Paid Enter total 2024 qualified student loan interest.....

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name

2023 Amount

_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name

2023 Amount

_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

Taxpayer

Spouse

Social Security Benefits from Form SSA-1099

Railroad Retirement Benefits from Form RRB-1099

Medicare B premiums withheld

Medicare C premiums withheld

Medicare D premiums withheld

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income, 1099-NEC, and 1099-K

1099-MISC, 1099-NEC, and 1099-K Payer Name

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name

2023 Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name

2023 Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions

Taxpayer

Spouse

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	2024 Amount	2023 Amount
Prescription medications	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____

Taxes	2024 Amount	2023 Amount
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 — Attach Form(s) 1098.		
Lender's Name	2024 Amount	2023 Amount
_____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name	2024 Amount	
_____	_____	

Cash/Check/Credit Contributions	2024 Amount	2023 Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Noncash Charitable Contributions
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

Miscellaneous Deductions	2024 Amount	2023 Amount
Union and professional dues	_____	_____
Professional subscriptions, books, supplies	_____	_____
Uniforms and protective clothing (including cleaning)	_____	_____
Job search costs	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees	_____	_____
Safe deposit box rental	_____	_____
Gambling losses (to the extent of gambling income)	_____	_____
Other expenses (list): _____	_____	_____

Yes No

- 1 Did a lender cancel any of your debt in 2024? (Attach any Forms 1099-A or 1099-C)..... ☐ ☐
- 2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024? If yes, please attach details..... ☐ ☐
- 3 Did you purchase a motor vehicle or boat during 2024? ☐ ☐
If yes, attach documentation showing sales tax paid.
- 4 Did you purchase a hybrid or electric vehicle in 2024? If yes, enter year, make, model, and date purchased: ☐ ☐
- 5 Did you donate a vehicle in 2024? If yes, attach Form 1098C..... ☐ ☐
- 6 What was the sales tax rate in your locality in 2024? % State ID ☐ ☐
- 7 Did your marital status change during 2024? ☐ ☐
If yes, explain:
- 8 Were you or your spouse permanently and totally disabled in 2024? ☐ ☐
- 9 Do you have dependents who must file? ☐ ☐
- 10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,600? ... ☐ ☐
- 11 Did you provide over half the support for any other person during 2024? ☐ ☐
- 12 Did you incur adoption expenses during 2024? ☐ ☐
- 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? ☐ ☐
- 14 Did you receive any disability payments in 2024? ☐ ☐
- 15 Did you receive tip income not reported to your employer? ☐ ☐
- 16 a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2024? If yes, attach closing or escrow statements, 1099-C or 1099-A forms..... ☐ ☐
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it? ☐ ☐
- 17 Did you incur any casualty or theft losses during 2024? ☐ ☐
- 18 Did you incur any non-business bad debts? ☐ ☐
- 19 Did you pay any individual for domestic services in 2024? ☐ ☐
- 20 Did you take a retirement account distribution related to a natural disaster? ☐ ☐
- 21 Did you buy or sell any stocks or bonds in 2024? ☐ ☐
- 22 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? . ☐ ☐
- 23 Did you incur any moving expenses? If yes, attach details..... ☐ ☐
- 24 Did you receive any income not included in this Tax Organizer? ☐ ☐
If yes, please attach information.
- 25 Do you expect your income and deductions in 2025 to be the same as 2024? ☐ ☐
If no, attach explanation of changes expected.
- 26 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach ☐ ☐
- 27 At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? ☐ ☐
- 28 If you paid any alimony, enter recipient's SSN: Alimony paid: ☐ ☐
- 29 Enter your state of residence Taxpayer Spouse
- 30 a Do you want to change the language with which the IRS communicates with you? ☐ ☐
b If yes, which language?

Electronic Filing and Direct Deposit of Refund

Yes No

- If your tax return is eligible for Electronic Filing, would you like to file electronically? ☐ ☐
- The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.
If you receive a refund, would you like direct deposit? ☐ ☐
- If yes, please provide a voided check (not a deposit slip) if your bank account information has changed.
What type of account is this? Checking ☐ Savings ☐

Estimated Tax Paid

Federal		State		Local			
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part I Coverage																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

ORG3A

Miscellaneous Itemized Deductions (FOR STATE USE ONLY)

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)		2024	2023
Employee Business Expenses			
Note: If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.			
1	Union and professional dues		
2	Professional subscriptions		
3	Uniforms and protective clothing		
4	Job search costs		
5	Other unreimbursed employee expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
Other Expenses Subject to the 2% Limitation			
Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No			
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Check to code assets as Investment Expense <input type="checkbox"/>			
Use ORG50 to record dispositions.			
Use ORG51A to enter additional assets.			
Use ORG11a for investment expenses related to interest income.			
Use ORG11b for investment interest related to dividend income.			
6	Tax return preparation fees		
7	Investment counsel and advisory fees.....		
8	Certain attorney and accounting fees.....		
9	Safe deposit box rental		
10	IRA custodial fees		
11 a	Government unemployment benefits repaid in 2024 <input type="checkbox"/>		
b	Other expenses (list):		

OTHER MISCELLANEOUS DEDUCTIONS		2024	2023
12	Federal estate tax paid on income in respect of a decedent		
13	Amortizable bond premiums (acquired before 10/23/86)		
14	Gambling losses (to the extent of gambling income)		
15	Claim repayments		
16	Unrecovered investment in annuity		
17	Ordinary loss attributable to certain debt instruments		