## **Hope's Tax Service - 2024 TAX ORGANIZER**

## PERSONAL DATA - MUST PROVIDE ID FOR TAXPAYER And SPOUSE

Taxpayer's Name			
Spouse's Name			
Address			
Cell #	-mail Address:		
Other#	lternate E-mail	Address:	
Social Security Number You Spouse	Date of Birth		<u>Occupation</u>
IDENT	IFICATION I	NFORMATION	
Taxpayer's type of Photo ID		Spouse's type of Photo	o ID
Driver's License Photo ID number State ID was issued Date ID was issued Date ID expires  State-issued Photo ID		Driver's License Photo ID number State ID was issued Date ID was issued Date ID expires	State-issued Photo ID
DEPENDENT CHIL	DREN & OT	HER DEPENDENTS	DATA
<u>Name</u> <u>Da</u>	te of Birth	Social Security#	Relationship
le your direct deposit the come	20		POSIT OF REFUND
Is your direct deposit the same a as last year? YES OR NO	15	Routing Number	
as last year! ILS OR NO		Acct Number	
		Bank Name	
		Checking or Savings	
	INCON	<u></u>	
	INCON	/IL	
,	Nages Earned		
Taxpayer Employer Name	. 0 . 0 = 5	Spouse Employer Name	
Taxpayer Employer Name		Spouse Employer Name	e
Unemployment?		Unemployment?	
Retirement or Social Security?		Retirement or Social Se	curity?
		Interest/Dividend I	ncome Peceived
Self-employment?		Payor	Amount
Please provide income and expenses. Expenses can include	Δ	<u>ı uyor</u>	7 HIIOGIIL
all receipts, mileage, home office deduction for self-employm			
Any other income?	IOHE DUSHICSS		
Rental property?		Sale of stocks or bonds	or crypto?

MEDICAL EXPENSES (exp must exceed 7.5% of your adj gross income)	
Prescription Medicines	\$
Medical Insurance Prem.	\$
Long-Term Care Ins. Prem's	\$
Doctors/Dentists/Eye Exams	\$
Hospital	\$
Nursing Home	\$
Glasses/Contact Lenses	\$
Hearing Aids/Batteries	\$
Medical Supplies/Equipment	\$
Medical Travel (# of Miles)	\$
Parking/Lodging	\$
Medical Reimbursements	\$
Other Medical	\$

INTERES	ST EXPENSES	
Home Mtg (1st home)	\$	
Home Mtg (2nd Mtg or 2nd home)	\$	
What was 2nd Mtg used for?		

CHARITABLE CONTRIBUTIONS			
Check	\$	Cash	\$
Payroll deduction	\$	Other	\$

С	HARITABLE NO	N-CASH CONTRIBUTIONS	
	Date donated	Cash Value	FMV
Goodwill		\$	\$
Salvation Army		\$	\$
Other		\$	\$

TAXES PAID	
Fed. Tax pd w/ 2023 return	\$
IA Tax pd w/ 2023 return	\$
NE Tax pd w/ 2023 return	\$
Real Estate Tax-Home	\$
Auto Registration Tax	\$

EDUCATION COSTS (include 1098-T from college)	
Student Name Tuition/Fees Pd.	
	\$
	\$
College Savings Plan contributions?	\$

	CHILD CARE EXPENSES	
Amount	Name & Address of Provider	SSN/EIN

ENERG	Y EFFICIENT HOME IMPROVEMENTTAX CREDITS WE N	EED THE INVOICE
Date	Type of Improvement	Amount
		\$
		\$

	OTHER DEDUCTIONS	
Alimony Pd if ded \$	Gambling Losses (up to amount	Roth IRA Contributions \$
IRA Contributions \$	of claimable winnings) \$	

## Additional Law Enforcement Deductions Checklist: (only to be used for Off-duty Income)

UNIFORMS
Uniforms
Badges, Emblems, Insignia
Belts
Clothing
Dry Cleaning

PROFESSIONAL
Licenses, Permits
Union Dues
Association Dues
Professional Dues
Range Dues
Subscriptions
Seminars
Books, Manuals, Classes
Supplies

EQUIPMENT/SUPPLIES
Ammunition/Pouch
Camera, Film, Etc
Flashlight, Bulb, Batteries
Equipment Repairs
Safety Equipment
Guns
Mace
Maps
Whistle
Baton
Pager, Beeper
Cell Phone

TRAVEL
RT Mileage To/From 1099 Jobs