

## Income Tax Organizer for Tax Year 2024

|  |   |
|--|---|
| Name: _____<br>DOB ____/____/____ Occupation _____<br><small>(SSNs provided on page 2)</small> | Spouse Name: _____<br>DOB ____/____/____ Occupation _____<br><small>(SSNs provided on page 2)</small> |
|--|---|

**Filing Information:** \*\*\*\*\* If all information is unchanged, check the Unchanged box and continue to the next section \*\*\*\*\*

**\*Unchanged** (Please update any partial changed fields below)

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Type \_\_\_\_\_  
 Spouse Phone \_\_\_\_\_ Type \_\_\_\_\_  
 Othr Phone \_\_\_\_\_ Type \_\_\_\_\_  
 Othr Phone \_\_\_\_\_ Type \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Spouse email: \_\_\_\_\_

Filing Status:

☐ **Single**    
 ☐ **Head of Household**    
 ☐ **Qualifying Widow**  
☐ **Married Filing Joint**  
☐ **Married Filing Separate** (Enter Name/SSN of Spouse in notes)

Total Number of People Living in Your Home: \_\_\_\_\_

Number to be Claimed as Dependents: \_\_\_\_\_

Please provide information for dependents on page 2.

**[ ! ] New clients must provide complete dependent information on page 2.**

**Income:** \*\*\*\*\* Businesses Must Contact Our Office to Properly Submit Income & Expenses \*\*\*\*\*

**Form Count**  
 Only include amounts in fields where no tax form is submitted

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• If you or your spouse worked for an employer, list the number of W-2s provided.</li> <li>• If you or your spouse received unemployment in the past year, list the number of 1099Gs provided.</li> <li>• If you/your spouse provided any services for non-employers, list the number of 1099-NECs received.</li> <li>• If you or your spouse received interest from any bank, credit union, insurance companies, etc.</li> <li>• If you or your spouse received dividends from mutual funds or stocks, include forms 1099-DIV.<br/> <small>(This may be provided on your financial institution's issued Consolidated 1099 Statement)</small></li> <li>• If you or your spouse sold stocks or mutual funds, include forms 1099-B.<br/> <small>(This may be provided on your financial institution's issued Consolidated 1099 Statement)</small></li> <li>• If you or your spouse received Social Security/Social Security Disability (SSI), include forms SSA-1099.</li> <li>• If you or your spouse received regular retirement income/IRA distributions, include forms 1099-R.<br/>           * Is any military retirement? ____ If it is for a deceased spouse, please list spouses DOB ____/____/____</li> <li>• If you or your spouse withdrew from an IRA/401K as an early withdrawal, include forms 1099-R.<br/>           * Please list the purpose of the early withdrawal _____</li> <li>• If you or your spouse rolled over an IRA/401K to another account, include forms 1099-R.</li> <li>• If you or your spouse received a state income tax refund, include form 1099G or fill in amount.</li> <li>• If you received any other income forms (ex:K1 statement for partnership or S-Corp), list and provide.</li> <li>• Do you have signature authority over any foreign financial accounts?        Yes        No</li> </ul> <p>Please describe any other income received this year that you believe may affect your income tax return:</p> | W-2s _____<br>1099G _____<br>1099-NEC _____<br>1099-INT _____<br>1099-DIV _____<br>1099-B _____<br>SSA-1099 _____<br>1099-R _____ *<br>1099-R _____ *<br>1099-R _____<br>1099G ____ \$ _____<br>Other _____ |
|--|---|

|  |         |  |       |           |                                    |                          |
|--|---------|--|-------|-----------|------------------------------------|--------------------------|
| Deductions / Credits / Misc:   |         | Form Count / Dollar amt<br>Only include amounts in fields where no tax form is submitted |       |           |                                    |                          |
| <ul style="list-style-type: none"><li>If you own a home and made mortgage interest payments, include form 1098 for each mortgage.</li><li>For a reminder of other expenses that you may itemize, download the <i>Client Itemized Expense Aid</i>.</li><li>If contributions were made to an IRA (not payroll deducted), enter total contributions this tax year.<br/>* Please indicate type of IRA: Taxpayer - Traditional Roth ..... Amount .....<br/>Spouse - Traditional Roth ..... Amount .....<li>If you had daycare/dependent care expenses, include name, EIN (SSN if individual), address and amount paid to caregiver. The business or individual should provide you with a statement.</li><li>Student Loan Interest (only include dependent's interest if primary or spouse are obligated to debt) 1098-E .....<li>If Advance Premium Tax Credit for an ACA Health Plan was received, include form(s) 1095-A. 1095-A .....<li>Any member of the household who attended a qualifying college, vocational, or post secondary institution provide form 1098-T for each student who could be eligible for an education credit. 1098-T .....<br/>*If you are a SC resident and someone in your tax household attended college full time, please go to our website and download the SC Tuition Questionnaire and complete it. Pay close attention to the first three questions as these will tell you if you need to complete the entire questionnaire. *Download the questionnaire from our website and follow directions at the top of the form</li><li>If you own a Health Savings Account, please submit your contributions and submit form 1099-SA. 1099-SA .....<li>*Estimated Income Tax Payments: Please list payment dates and amounts for federal and state in notes.</li></li></li></li></li></ul> |         |  |       |           |                                    |                          |
| Persons Listed on Tax Return:  |         |  |       |           |                                    |                          |
| Primary SSN/ITIN - On File or - - Spouse SSN/ITIN - On File or - -   |         |  |       |           |                                    |                          |
| **Dependent first name is required. If the dependent was listed on your return prepared by us in the previous year, check the "On File" box adjacent to the first name line.   |         |  |       |           |                                    |                          |
| Dependent  | On File | Last Name  | DOB   | Soc Sec # | Relationship (Son, Daughter, etc.) | Months in Home This Year |
|  |         |  | • / / | • - -     | •                                  | •                        |
|  |         |  | • / / | • - -     | •                                  | •                        |
|  |         |  | • / / | • - -     | •                                  | •                        |
|  |         |  | • / / | • - -     | •                                  | •                        |
|  |         |  | • / / | • - -     | •                                  | •                        |
|  |         |  | • / / | • - -     | •                                  | •                        |
| For any additional dependents, please provide the same information in the Notes below or on a separate blank page.   |         |  |       |           |                                    |                          |
| Please provide the account information for direct deposit of any anticipated refund or if you elect to pay any amount due by ACH Debit.  |         |  |       |           |                                    |                          |
| Routing#   |         | Acct #   |       | Checking  | Savings                            |                          |
| *Bank information is required to be completed each year. If not completed, any refunds will be set to be mailed to the address on the return.  |         |  |       |           |                                    |                          |
| Notes (Please add additional notes on a blank page):   |         |  |       |           |                                    |                          |
|  |         |  |       |           |                                    |                          |