



**S.P.I.T.S.**



**SKINNER'S PROFESSIONAL INCOME TAX SERVICES**

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**Tax Return Organizer**

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Print this form out, take some time to fill it out, and upload it to the portal or send it to us by fax, email or mail. This will save you time and help us work with you more effectively.

### Tax Return Organizer - 2024 Tax Year

Name and Address:		Occupation
Taxpayer:		
Address:		
Spouse:		
Address:		
Phone Numbers	Home/Cell:	Work:
Email Address:		

**Do you wish \$3 to go to the Presidential Election Campaign?** (Tax amount not affected) ☐ Yes ☐ No

**Filing Status:** ☐ Single ☐ Married ☐ Head of Household ☐ Qualifying Widow

**Birth Date:** (Month, Day, Year) **Yourself:** \_\_\_/\_\_\_/\_\_\_ **Spouse:** \_\_\_/\_\_\_/\_\_\_

### VIRTUAL CURRENCY:

**At any time during 2024, did you receive, sell, send, exchange, or otherwise dispose of any financial interest in any virtual currency?** ☐ Yes ☐ No



## **HEALTH INSURANCE COVERAGE:**

Starting with the 2019 plan year, the Federal Shared Responsibility Payment no longer applies.

Some states, however, have their own individual health insurance mandate, requiring you to have qualifying health coverage or pay a fee with your state taxes. Please read the following statements carefully. More than one might apply to your "tax family."

1. If you had health care coverage with a government Marketplace (Exchange) during 2024. Please provide Form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.
2. If you are claiming someone on your return who was included on another taxpayer's policy with a Marketplace. If so, then you will also need a copy of that taxpayer's 1095-A.
3. If a dependent filed a return for 2024. Provide a copy of the return.
4. If you had compliant health insurance through an employer plan, private policy or with a government plan and provide Form 1095-B, 1095-C or other proof of insurance document.
5. If you were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family.
6. Complete the information below if you or any individual included in your "tax family" did NOT have insurance coverage for any month of 2024.

**Please indicate any months that a member of your "tax family" was NOT insured.**

**Name:** \_\_\_\_\_

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

**Name:** \_\_\_\_\_

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

**Name:** \_\_\_\_\_

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

**Name:** \_\_\_\_\_

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

**DEPENDENTS:**

Name (First, Initial, Last)	Relationship	Date of Birth	Social Security Number	Months Lived in Home

Do you have a child under the age of 17 as of December 31, 2024 who has earned an income (interest, dividends, etc.) of more than \$1,100?.. ☐Yes ☐No

**INCOME:**

Number of W2s- (Attach W-2's) \_\_\_\_\_

Name of Employer	Amount
1.	
2.	
3.	
4.	

**Interest Income** (Attach 1099's) (List and identify as non-taxable Interest Income)

Name and Address of Payer	Amount

**INCOME (continued):**

If you received any interest from a "Seller Financed" mortgage:

Name and Address of Payer	Amount

Dividend Income (Attach 1099's)

Name of Payer	Amount

Capital Gains and Losses:

Investment

Other Gains and Losses: (Include details of dispositions of any business/rental/farm assets)

Investment



## **INCOME (continued):**

### **Pensions, IRA Distributions, Annuities, and Rollovers**

**Number of Pension or Retirement Plans Receiving Payments From or Withdrew Money From \_\_\_\_\_**  
(Attach all 1099's or other related papers)

Name of Payer	
1.	
2.	
3.	
4.	
5.	

**Social Security Benefits Received (Y/N) \_\_\_\_\_** (Attach SSA-1099)...

**Number of K-1s from Rents/Royalties, Partnerships, S Corporations, Estates, Trusts \_\_\_\_\_**  
(Attach K-1's for all Partnerships/S Corporations/Fiduciaries)  
(Attach separate schedule(s) showing receipts & expenses for each rental property)

**Unemployment Compensation Received (Y/N) \_\_\_\_\_**(Attach 1099-G)

**Did you receive any payments from a pension or profit sharing plan?**

☐ Yes ☐ No (Attach 1099)

### **Other Income:**

Description	Amount
Gambling Winnings (Attach W2-G)	
Cancellation of Debt (Attach 1099-C)	

**INCOME (continued):**

**Did anyone in your family receive a scholarship of any kind during 2024?**

If yes, please supply details. ☐ Yes ☐ No (This includes athletic scholarships)

**CREDITS:****Child and Dependent Care:**

- (1) Number of Qualifying Dependents \_\_\_\_\_
- (2) Name, address and identification number of each provider:

Name	Address:	SSN/EIN	Amount Paid

**If payments were made to an individual, were the services performed in your home?** ☐ Yes ☐ No

If "Yes," have payroll reports been filed? ☐ Yes ☐ No

**Adoption Expenses (Y/N)** \_\_\_\_\_.

"Special Needs" child ☐ Yes ☐ No

**Tuition & Fees paid for higher education (Y/N)** \_\_\_\_\_

**American Opportunity Credit - (How many years have you claimed?)** \_\_\_\_\_

**Foreign Tax Credits**.....

Attach detail of type foreign tax, country, and whether "withheld" or paid direct.

**2024 Estimated Tax Payments**

Federal - Date	Amount	State – Date	Amount

**Other Payments:** (Enter Advanced Child Credit Payment Here)

Date	Amount	Date	Amount

Other payments or credits - Attach schedule and explain... ..

**ITEMIZED DEDUCTIONS:**

Medical and Dental	Amount
1. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B) paid in 2024 (reduce any insurance reimbursements)	
2. Transportation and lodging incurred to obtain medical care	
3. Other - hearing aids, eyeglasses, medical devices, etc.	

Taxes Paid in 2024	Amount
1. State and local income taxes not listed elsewhere	
2. Real estate taxes not listed elsewhere	
3. Personal property taxes (includes owners tax on auto registration)	





## **ITEMIZED DEDUCTIONS (continued):**

### **Interest Paid in 2024**

**Amount**

1. Home mortgage interest paid to financial institutions (Attach 1098)	
2. Home mortgage interest paid to individuals	
Name:	
Address:	
1. Points paid on [ ] purchase [ ] refinance (include details)	
2. Investment Interest	
3. Student Loan Interest	

## **OTHER DEDUCTIONS:**

### **Automobile Use in 2024**

To deduct mileage for auto expenses on a tax return, a log must be kept which details mileage driven for business purposes. This log, or something which keeps track of mileage, would be needed to justify the write off for the expense in the event of an audit.

#### **Car #1**

<b>Make</b>	
<b>Model</b>	
<b>Year</b>	
If the vehicle is being used by the owner, please provide the following information	
<b>Date of Purchase</b>	
<b>Purchase Price</b>	

### **For the Period of Jan. 1, 2024 to Dec.31, 2024**

**Amount**

<b>Business Mileage</b>	
Moving Mileage – only members of the Armed Forces on active duty who moved because of a permanent change of station	
Charitable Mileage	
<b>Total Mileage</b>	

**OTHER DEDUCTIONS (continued):****Automobile Use in 2024 (continued)****Car #2**

<b>Make</b>	
<b>Model</b>	
<b>Year</b>	
If the vehicle is being used by the owner, please provide the following information	
<b>Date of Purchase</b>	
<b>Purchase Price</b>	

**\*Commuting mileage must not be added to business mileage.**

**For the Period of Jan. 1, 2024 to Dec. 31, 2024**

**Amount**

<b>Business Mileage</b>	
Moving Mileage – only members of the Armed Forces on active duty who moved because of a permanent change of station	
Charitable Mileage	
<b>Total Mileage</b>	

**Did you lease a car which you used for business purposes?** ☐ Yes ☐ No

If "Yes", provide (1) fair market value or capitalized cost of the car on the 1st day of the lease or rental agreement, (2) term of the lease, (3) number of payments made, (4) number of days the car was leased in 2021, (5) percentage of business use, (6) business or work the car was used in, (7) amount of expenses reported by you to your employer on Form W2.

**Contributions: (Written documentation is required for all gifts of \$250 or more)** **Amount**

1. Cash	
<b>Name of Organization</b>	
3. Other than cash - Attach details	



## **OTHER DEDUCTIONS (continued):**

### **Casualty and Theft Losses - Attach Details**

**Miscellaneous Deductions: Eliminated for tax years 2018 through 2025 due to tax reform.**

<b>Employee business expenses - attach details</b>	<b>Amount</b>
Reimbursed	0
Not Reimbursed	0
Job hunting expenses (list)	0
<b>Other Expenses</b>	0
Tax Preparation	0
Union Dues	0
Business Publications	0
Professional Dues/Fees	0
Safety Deposit Box Rental	0
Small Tools used in your trade or business	0
Business telephone	0
Uniforms & Cleaning	0
IRA Custodial fees	0
Investment Expenses	0
Education Expenses (attach details)	0
Business Entertainment	0
Other Miscellaneous deductions	0



## **OTHER DEDUCTIONS (continued):**

**Did you change your state residency during 2024?** ☐ Yes ☐ No

If "Yes" AND you were a member of the Armed Forces on active duty who moved because of a permanent change of station, please provide the following:

<b>Previous address:</b>	
<b>Date of move:</b>	
<b>Distance:</b>	
<b>Costs of move:</b>	
<b>(describe)</b>	

## **ADJUSTMENTS TO INCOME:**

	Maximize?	Amount
1. Your IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Spouse's IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Keogh SEP deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Penalty for early withdrawal of savings.		
5. Alimony paid - List name		
6. Self-employed health insurance premiums		

## **SALE OF ASSETS**

**If you have added or disposed of any fixed assets used in trade or business or rental or farm activities, please provide the following:**

Addition:      Description, Date acquired, cost (& trade-in, if any)

Dispositions:      Description, Date of disposition, amount realized

**Note:** If we did not prepare your 2023 return, please provide the date acquired, cost, depreciation method used, and accumulated depreciation.



## **SALE OF ASSETS (continued):**

**Did you sell your primary residence during 2024?** ☐ Yes ☐ No

If "Yes," provide a copy of the closing statements of the sale and a copy of the closing statement at the time of your purchase, details of any capital improvements you made during the time you owned the property, and any expenses of sale incurred by you. If you have purchased a replacement property indicate cost and date acquired. If you have previously sold a residence, provide a copy of 1099-S from your tax return for the year of sale.

**For the year 2024: (Provide details for any "Yes" response)**

**Did your principle residence (and second residence, if any) loan(s) exceed the fair market value of the residence?...** ☐ Yes ☐ No

**Do you have a balance borrowed against a home (equity line of credit) in excess of \$1,000,000, or total mortgage indebtedness in excess of \$750,000?...** ☐ Yes ☐ No

**Did you exercise any stock options?....** ☐ Yes ☐ No

**Did you purchase, sell, or own any bonds you paid more or less than the face amount?** ☐ Yes ☐ No

**Did you sustain any non-business bad debts?....** ☐ Yes ☐ No

**Did you or your spouse make any gifts in excess of \$15,000 to any one donee?.....** ☐ Yes ☐ No

**Were you the recipient of, or did you make a "below-market" or "interest-free" loan?....** ☐ Yes ☐ No



## Rental & Royalty Income and Expense

**Property Type:** ☐ Residential ☐ Commercial Location:

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### If Vacation Home:

Number of days rented	
Number of days used personally	

**Property is owned by:** ☐ Taxpayer ☐ Spouse ☐ Joint

**Percentage ownership if not 100%:** \_\_\_\_\_%

(Please indicate if income and expenses below are listed at 100% or your percentage.)

**Did you live in part of the rental property?** ☐ Yes ☐ No

If yes, what percentage did you occupy as a tenant? \_\_\_\_\_%

☐ **Check if rented to a related party.** Explain relation \_\_\_\_\_

Income	Amount		
1. Rental income.			
2. Royalties received			
Expenses	Amount	Expenses	Amount
1. Advertising		16. Property taxes	
2. Association dues		17. Utilities	
3. Auto miles driven		Other (description)	
4. Travel		18a.	
5. Cleaning and Maintenance		18b.	
6. Commissions		18c.	
7. Insurance		18d.	
8. Legal and professional fees		18e.	
9. Allocated tax preparation fees		18f.	
10. Licenses and permits		18g.	
11. Management fees		18h.	

**Rental & Royalty Income and Expense (continued)**

Expenses	Amount	Expenses	Amount
12. Mortgage interest -- (Form 1098)		18i.	
13. Other interest		18j.	
14. Repairs		18k.	
15. Supplies		18l.	

**Depreciation:**

Property	Date Acquired	Date Placed in Service	Cost or Other Basis

**Business Income & Expenses (Sole Proprietorship)**

Principal business or profession: \_\_\_\_\_

Business name: \_\_\_\_\_

EIN: \_\_\_\_\_

Business address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business is owned by: ☐ Taxpayer ☐ Spouse

Accounting Method: ☐ Cash ☐ Accrual

Inventory method: ☐ Cost ☐ Lower cost or market ☐ Other ☐ N/A

Did you materially participate in the business? ☐ Yes ☐ No

Check if this is the first year of the business. ☐ Yes ☐ No



**Business Income & Expenses (Sole Proprietorship)(continued):**

Income	Amount	Cost of Goods Sold	Amount
1. Gross receipts or sales		1. Beginning of year inventory	
2. Returns and allowances.		2. Purchases	
3. Other income.		3. Cost of items used personally	
		4. Cost of labor	
		5. Materials and supplies	
		6. Other costs	
		7. End of year inventory	

Expenses	Amount	Expenses	Amount
1. Advertising		21. Other taxes	
2. Bad debts (N/A cash benefits)		22. Licenses	
3. Commissions and fees		23. Travel	
4. Employee benefits		24. Meals and entertainment	
5. Health insurance		25. Utilities	
6. Other insurance		26. Wages	
7. Mortgage interest		27. Management fees	
8. Other interest		28. Consulting expenses	
9. Legal and accounting fees		29. Payroll service	
10. Allocation of tax preparation fees		30. Employee vehicle expense	
11. Office expense		31. Employee mileage reimbursement	
12. Pension and profit sharing plans		32. Client gifts (limited to \$25 each)	
13. Rent, vehicles		33. Education and seminars	
14. Rent, equipment		34. Other: (Description)	
15. Rent, building		35.	



**Business Income & Expenses (Sole Proprietorship)(continued):**

Expenses	Amount	Expenses	Amount
16. Repairs & maintenance, building		36.	
17. Repairs & maintenance, equipment		37.	
18. Repairs & maintenance, vehicles		38.	
19. Supplies		39.	
20. Payroll taxes		40.	

**Depreciation**

Property	Date Acquired	Date Place in Service	Cost or Other Basis



## **Farm Income & Expense**

**Principal business or profession:** \_\_\_\_\_

**Business name:** \_\_\_\_\_

**EIN:** \_\_\_\_\_

**Business address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Accounting method:**    ☐ Cash    ☐ Accrual

**Check if you materially participated in farm operations:**    ☐ Taxpayer    ☐ Spouse

<b>Income</b>	<b>Amount</b>
<b>1. Sales of livestock and other resale items</b>	
<b>2. Cost of above.</b>	
<b>3. Sales of livestock, produce, etc. you raised</b>	
<b>4. Cooperative distributions (1099-PATR)</b>	
<b>5. Cooperative distributions, taxable portion</b>	
<b>6. Agricultural program payments</b>	
<b>7. Agricultural program, taxable portion</b>	
<b>8. Commodity Credit Corporation Loans</b>	
<b>9. Crop insurance loans</b>	
<b>10. Custom hire</b>	
<b>11. Other:</b>	



### **Farm Income & Expense (continued):**

<b>Expenses</b>	<b>Amount</b>	<b>Expenses</b>	<b>Amount</b>
<b>1. Car and truck expenses</b>		<b>19. Machinery and equipment rental</b>	
<b>2. Chemicals</b>		<b>20. Land rental</b>	
<b>3. Conservation expense</b>		<b>21. Other</b>	
<b>4. Custom hire (machine work)</b>		<b>22. Repairs and maintenance</b>	
<b>5. Employee benefit programs</b>		<b>23. Seeds &amp; plants purchased</b>	
<b>6. Employee health insurance</b>		<b>24. Storage and warehousing</b>	
<b>7. Feed purchased</b>		<b>25. Supplies purchased</b>	
<b>8. Fertilizers and lime</b>		<b>26. Payroll taxes</b>	
<b>9. Freight and trucking</b>		<b>27. Other taxes</b>	
<b>10. Gasoline, fuel, and oil</b>		<b>28. Utilities</b>	
<b>11. Other insurance</b>		<b>29. Veterinary, breeding, &amp; medicine</b>	
<b>12. Mortgage interest</b>		<b>30. Other:</b>	
<b>13. Other interest</b>		<b>31.</b>	
<b>14. Labor hired</b>		<b>32.</b>	
<b>15. Legal and professional fees</b>		<b>33.</b>	
<b>16. Allocated tax preparation fees</b>		<b>34.</b>	
<b>17. Pension and profit share plans</b>		<b>35.</b>	
<b>18. Vehicle rental</b>		<b>36.</b>	



## **Farm Income & Expense (continued):**

### **Depreciation**

<b>Property</b>	<b>Date Acquired</b>	<b>Cost or Other Basis</b>	<b>Depreciation Method</b>	<b>Prior Depreciation</b>

## **Business Use of Home**

Do you use any part of your home regularly and exclusively for business? ☐ Yes ☐ No

Estimated percentage of time spent in home office compared to total time spent in this business activity. (e.g., 10%, 20%). \_\_\_\_\_

Description of work done in home office \_\_\_\_\_

Total square footage of home \_\_\_\_\_ sq. ft.

Total area of home used regularly for business....\_\_\_\_\_ sq. ft.

	<b><u>Direct costs</u> (benefit only business portion of home)</b>	<b><u>Indirect costs</u> (benefits all of the home)</b>
<b>Home insurance</b>		
<b>Repairs and maintenance</b>		
<b>Utilities</b>		
<b>Rent</b>		
<b>Other.</b>		

**Business Use of Home (continued):**

If Daycare Facility:

Days used as a daycare facility.	
Prior year carryover of unallowed losses	

Cost of home and improvements and prior depreciation.				
Depreciation of home, improvements, furniture, and equipment.				
Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

**Household Employees: (Nanny Tax)**

Did you pay a household employee at least \$2,300 this year? ☐ Yes ☐ No  
(e.g., housekeepers, nannies, nurses, yard workers, health aides, babysitters)

If yes, please provide the following information for each:

Name		Federal Income tax withheld	
		Social Security tax withheld	
Wages paid		Medicare tax withheld	
		State income tax withheld	

Employer Identification Number (you can no longer use your Social Security number): \_\_\_\_\_



### **Household Employees: (Nanny Tax) (continued):**

Has W-2 been filed?	Yes [ ]	No [ ]
If no, do you want us to prepare for you?	Yes [ ]	No [ ]
Have the necessary state employment returns been filed? If	Yes [ ]	No [ ]
No, do you want us to prepare for you?	Yes [ ]	No [ ]
Was the household employee under eighteen years of age and a student?	Yes [ ]	No [ ]

### **Tax Refunds & Payments**

If you would like your tax refund (if any) deposited directly into your bank:

Account Type:	Your Account Number:	Bank Routing Number:
Checking [ ] Savings [ ]		

If you would like to pay any tax due (if any) withdrawn directly from your bank:

Account Type:	Your Account Number:	Bank Routing Number:
Checking [ ] Savings [ ]		

If we have not previously prepared your return - please provide a copy of your , 2019, 2020, 2021 tax returns.

### **Tax Notices & Audits**

Did you settle any notices or settle any tax examinations concerning your prior tax years' returns?

☐ Yes ☐ No

(If yes, please provide copy of notices, settlement reports, etc.)



### **Additional Information**

**Please elaborate on any of your tax data or include facts and circumstances we should be aware of to properly prepare your tax return. Also include any questions you may have.**
