

# TAX ORGANIZER

Toni L. Ladnier, CPA LLC  
PO Box 2852  
St. Francisville, LA 70775  
(225) 635-3845

Dear Valued Client,

Enclosed is your Tax Organizer for tax year 2024. This organizer will assist you in collecting and reporting information necessary for us to properly prepare your 2024 income tax returns. Please complete the organizer sections as appropriate and provide supporting documentation where necessary.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare complete and accurate returns for you. In addition, this will help us to plan with you and to manage your tax situation in future years. If my firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year. We do ask that you answer all of the questions in the Organizer.

Please provide to us the following additional information:

- A copy of your 2022 and 2023 tax returns, if not prepared by my firm.
- Original Form(s) W-2.
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts.
- Forms(s) 5498 for contributions to IRA accounts.
- Form(s) 1099 or statements reporting dividend, interest, retirement distributions or other income received.
- Broker statements providing details of capital gains transactions.
- Form(s) 1098 and copies of real estate tax bills.
- Legal documents pertaining to the sale or purchase of real estate.
- Cost of tuition, uniforms, supplies and classroom fee(s) split for each dependent child in grades K-12.
- All supporting documentation if you are claiming a medical expense deduction.
- All supporting documentation if you are claiming a charitable contribution deduction. We must receive the acknowledgement letter from the charity for all donations of \$250 or more in order to include the deduction on your return.
- Forms 1095-A, 1095-B or 1095-C, if you received them.
- Please provide bank information if you wish to receive your refund electronically or if you wish to pay your balance due electronically. A voided check is preferred.
- Please provide a copy of your state issued driver's license for both the taxpayer and spouse.
- Updates to dependents, marital status, address, phone number or email address.
- Any tax notices received from the IRS or other taxing authority.

**We are no longer able to offer a cut-off date to guarantee completion of your return by April 15th. Please turn in ALL tax forms and this completed organizer as soon as possible in order to have a better probability of your return being completed by April 15th. Returns are completed in the order they are received, regardless of complexity. Returns that are missing substantial documentation will not be held in place and will be put to the back of the line until all documents are received.**

In addition to completing this organizer, please find enclosed an engagement letter which outlines the terms of our engagement. **You and your spouse (if filing a joint return) must sign and return this letter to us, along with your tax documents, prior to us preparing your tax returns.**

Thank you for completing this Tax Organizer. Please contact us if you need further assistance.

Cordially,



Toni L. Ladnier  
On behalf of: Toni L. Ladnier, CPA LLC

## 1040 - INDIVIDUAL TAX RETURN ENGAGEMENT LETTER

Toni L. Ladnier, CPA LLC  
PO Box 2852  
St. Francisville, LA 70775  
(225) 635-3845

Dear Valued Client,

Thank you for selecting my firm to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of the services we will provide.

We will prepare your federal and state returns for tax year 2024 based on the information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2024. It is also your responsibility to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets. These documents may be necessary to prove accuracy and completeness of the returns to a taxing authority.

You are responsible for the returns, so you should review them carefully before you sign them.

We must use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. In order to avoid penalties, we will apply the "more likely than not" reliance standard to resolve such issues. You agree to honor our decisions regarding the need to make protective disclosures in your return.

Penalties of as much as \$100,000 can be imposed on you for failing to disclose participation in "reportable transactions" which are certain arrangements the IRS has identified as potentially abusive. We will insist that all such transactions be properly disclosed. It is your responsibility to disclose such transactions to us.

The law also imposes penalties when taxpayers understate their tax liability. If you should have concerns about such penalties, please call us.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, we are available to represent you. Such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the return will be invoiced in accordance with the terms we agree on for that engagement.

Our fee for preparation of your tax returns will be based on the amount of time required at standard billing rates plus out of pocket expenses. All invoices are due and payable upon presentation. Returns will not be filed until your invoice is paid in full. If we choose to accept payment from you on delayed terms, an interest charge, to the extent permitted by state law, will be added to all invoices not paid within thirty (30) days of the due date.

We will retain copies of records you supplied to us along with our work papers for your engagement for a period of five (5) years. After this time our work papers will be destroyed. All of your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.

To affirm that this letter correctly summarizes your understanding of our engagement, please sign below in the space indicated and return it to us.

Thank you again for choosing my firm to prepare your 2024 tax returns. We appreciate your confidence in us. Please call with any questions.

Cordially,



Toni L. Ladnier, CPA  
On behalf of: Toni L. Ladnier, CPA LLC

Accepted by:

Both Taxpayer and Spouse must sign for preparation of joint returns.

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Taxpayer – Print Name

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Taxpayer - Signature

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Spouse – Print Name

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Spouse - Signature

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Date

Taxpayer	Spouse
First Name . . . . .	
Middle Initial . . . . .	
Last Name . . . . .	
Suffix . . . . .	
Social Security Number . . . . .	
Date of Birth . . . . .	
Date of Death . . . . .	
Check ("X") which phone number to list on return.	
Home Phone . . . . .	
Work Phone . . . . .	
Cell Phone . . . . .	
Fax Number . . . . .	
Legally Blind . . . . .	
Totally Disabled . . . . .	
Claimed as a Dependent . . . . .	
Presidential Election Fund (\$3) . . . . .	
Occupation . . . . .	
E-mail address . . . . .	
State of Residence as of 12/31 . . . . .	
County of Residence as of 12/31 . . . . .	
School District as of 12/31 . . . . .	
Sales tax rate of locality in 2024 . . . . . %	
If Part Year, Period of Residency . . . . . to . . . . .	

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type . . . . .	<input type="checkbox"/> Driver's license OR <input type="checkbox"/> State Issued ID	<input type="checkbox"/> Driver's license OR <input type="checkbox"/> State Issued ID
ID number . . . . .		
ID issuing state . . . . .		
ID issue date . . . . .		
ID expiration date . . . . .		

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### Filing Status

Status on 2023 return : ☐

Status as of 12/31/2024 : ☐ 1 Single

Enter ("X") in the box ☐ 2 Married filing joint

☐ 3 Married filing separately

(Enter spouse's name and SSN above)

☐ 4 Head of Household Non-dependent name: \_\_\_\_\_

Non-dependent SSN: \_\_\_\_\_

☐ 5 Qualifying surviving spouse (QSS) Year spouse died \_\_\_\_\_

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### Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_

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

If address is in a foreign country, enter that country . . . \_\_\_\_\_

Foreign province/county . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_

If a bona fide resident of a U.S. territory, enter territory . . . \_\_\_\_\_

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### Preparer's Information

Preparer's name Toni L Ladnier

Firm's name Toni L. Ladnier, CPA LLC

Street PO Box 2852

City St Francisville State LA Zip Code 70775

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### Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign _____	Date _____
here _____	Date _____

SSN \_\_\_\_\_

## Personal Information

Yes	No	<b><u>Personal Information</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>1</b> Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
<input type="checkbox"/>	<input type="checkbox"/>	<b>2</b> Did you purchase or sell your principal residence or did your address change?
<input type="checkbox"/>	<input type="checkbox"/>	<b>3</b> Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
<input type="checkbox"/>	<input type="checkbox"/>	<b>4</b> Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	<b>5</b> Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	<b>6</b> Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
<input type="checkbox"/>	<input type="checkbox"/>	<b>7</b> Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?

Yes	No	<u>Dependents</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Are there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,300 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you pay education expenses for your dependent children?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did anyone in your family receive a scholarship of any kind during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you pay any dependent care expenses for a child or a parent?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	7 Are all of your dependents either US residents or citizens?

Yes	No		<b><u>Health Care Coverage</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you or a member of your family have minimum essential coverage in 2024? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes	No	<u><b>Income (In 2024, did you or your spouse have any of the following?)</b></u>
		1 Wages? (include form(s) W-2)
		2 Non-employee compensation? (include form(s) 1099-NEC)
		3 Miscellaneous Income? (include form(s) 1099-MISC)
		4 Interest income? (include form(s) 1099-INT)
		5 Dividend income? (include form(s) 1099-DIV)
		6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
		7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
		8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
		9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
		10 Disability income? (include form(s) W-2 or 1099)
		11 Unemployment compensation? (include form(s) 1099-G)
		12 Alimony?
		13 Did you receive tip income NOT reported to your employer?
		14 Did you receive payments from a Long-Term Care insurance contract?
		15 Did you barter your services for goods or services from someone else?
		16 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
		17 Did you receive employer-provided adoption benefits for a previous year?
		18 Did you cash in any U.S. savings bonds?
		19 Did you make a loan to someone at an interest rate below market rate?
		20 Did you receive a housing allowance for ministerial services you provided?
		21 Did you receive any income not reported in this Organizer?
		22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
		23 Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes	No	<b><u>Foreign Reporting</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>1</b> Did you have an interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	<b>2</b> Were you the grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	<b>3</b> Did you receive income from a foreign source or pay taxes to a foreign government?

Yes	No	<u>Retirement &amp; Other Plans</u>
		1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
		2 Did you rollover a retirement plan distribution into another plan?
		3 Did you convert a traditional IRA to a Roth IRA?
		4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
		6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
		7 Did you make any contributions to an HSA (Health Savings Account) in 2024?
		8 Did you receive a qualified disaster distribution in 2024?
		9 Did you receive an early distribution for a qualified birth or adoption distribution?

Yes	No		<b><u>Purchases, Sales, Gains and Losses</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	2	Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you purchase a new vehicle, aircraft or boat?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did any security become worthless during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did any debts become uncollectible during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No		<b><u>Business and Rental Property Income &amp; Deductions</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1	If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you remove any of your business assets for personal use?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2024?
<input type="checkbox"/>	<input type="checkbox"/>	8	Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<input type="checkbox"/>	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase any furniture or equipment for your business?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you make any improvements to your rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you receive income from raising animals or crops?

Yes	No		<b><u>Other Deductions</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2024?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you refinance a mortgage or take out a home equity loan during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you or your spouse pay any educational expenses for yourselves?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did you pay alimony?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did you donate non-cash donations?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you donate a vehicle?

Yes	No		<b><u>Miscellaneous</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you make gifts of more than \$18,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you engage the service of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	4	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	5	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2024?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	8	Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes ☐ No ☐

**Return preparation and filing**

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

☐ Check sent to you in the mail

☐ Other quick refund via a bank product

☐ Apply to next year's estimates

☐

☐ Direct deposit (please provide voided blank check)

Type of account: ☐ Checking ☐ Savings

If you owe taxes, how do you want to pay them?

☐

☐ Paper check sent with my return ☐ Credit card

☐ Installment Agreement

☐ Direct debit (please provide a voided blank check)

Type of account: ☐ Checking ☐ Savings

☐ ☐ 3

Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's  
name \_\_\_\_\_

Phone  
Number \_\_\_\_\_

Personal identification  
Number (5 digit PIN) \_\_\_\_\_

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



SSN

[illegible]