

THE TAX GIRL
SHAUNTE TAYLOR
LOS ANGELES, CA. 90062
213-435-0725(Mobile)/213-652-1962(FAX)
THETAXGIRL@ATT.NET

2024
PERSONAL TAX ORGANIZER

TAXPAYER

Name _____ SS# _____ DOB _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

Driver License #	Issue Date	Expiration Date
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SPOUSE

Name _____ SS# _____ DOB _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

Driver License #	Issue Date	Expiration Date
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FILING STATUS

_____ Single
_____ Head of Household
_____ Married Filing Joint
_____ Married Filing Separate
_____ Qualifying Widower

DIRECT DEPOSIT

Bank Name _____
Routing # _____
Account # _____
_____ Checking _____ Savings

DISCLOSURE

Thank you for choosing The Tax Girl to assist with your 2024 Tax Filing. Your signature below confirms the terms of our engagement. We will prepare your 2024 Federal and State Income Tax Returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit the documents you submit. The Tax Organizer has been provided to assist you and help to avoid overlooking information.

We will return your original records at the end of this engagement. You should securely store these records, along with supporting documents, canceled checks, etc. as may be needed to prove accuracy and completeness of a return. We will retain copies of your records for seven years, after which these documents will be destroyed.

PRIVACY POLICY

We do not disclose any nonpublic personal information about our clients or former clients to anyone except as requested by our clients or as required by law. We restrict access to nonpublic personal information concerning our clients to employees who need access to such information to provide products and services. The TAX GIRL maintains physical, electronic, and procedural safeguards that comply with federal regulations to guard all non-public personal information. If there are any questions about our policy, please contact us.

SIGNATURE/DATE

Signing below TAXPAYER will certify the information provided is true and correct to the best of knowledge.

Signature (Taxpayer)

Date

Signature (Spouse)

Date

SECTION 1

**PLEASE COMPLETE ALL QUESTIONS AND ATTACH
ANY AND ALL APPLICABLE SUPPORTING
DOCUMENTS. DO NOT SEND PICTURES.
ATTACH COPY OF DRIVER LICENSE OR IDENTIFICATION**

DO YOU HAVE AN IDENTITY PIN? _____

HOW MANY W-2's DID YOU RECEIVE? _____

DID YOU RECEIVE UNEMPLOYMENT (EDD)? _____
(FORM-1099G)

ARE YOU SELF EMPLOYED? _____

ARE YOU A SOLE PROPRIETOR (DBA)? _____

ARE YOU A SINGLE MEMBER LLC (SMLLC)? _____

ARE YOU A MULTI MEMBER LLC (MMLLC)? _____

ARE YOU A PARTNERSHIP? _____ **FORM 1065**

ARE YOU A CORPORATION? _____ **FORM 1120 or 1120S**

ARE YOU TRUSTEE OR TRUSTOR? _____ **FORM 1041**

(COMPLETE PAGE 8)

DO YOU HAVE AN EIN? _____

(COMPLETE PAGE 8)

DO YOU RECEIVE a K-1 from an Entity or Trust? _____

(COMPLETE PAGE 8)

ARE YOU AN INDEPENDENT CONTRACTOR? _____

(Attach 1099-NEC and/or 1099-K & Complete Page 8)

DID YOU RECEIVE SOCIAL SECURITY INCOME? _____

(FORM SSA-1099)

DID YOU RECEIVE RETIREMENT INCOME? _____
(FORM 1099R) or RAILROAD RETIREMENT(RRB-1099)

DID YOU RECEIVE RENTAL INCOME OR ROYALTIES? _____
(Attach Income(1099-MISC) and/or Rental Worksheet

DID YOU RECEIVE DISABILITY INCOME? _____
(Form-1099G)

DID YOU RECEIVE OR PAY ALIMONY? _____

DO YOU HAVE HEALTH INSURANCE? _____
(ATTACH FORM 1095) for proof of health coverage.

DO YOU ITEMIZE DEDUCTIONS? _____
(ATTACH SUPPORTING DOCS)

DID YOU PAY CHILD CARE EXPENSES? _____
(COMPLETE SECTION 4)

DID YOU OR ANY DEPENDENT ATTEND COLLEGE? _____
(COMPLETE SECTION 5)

DID YOU PAY STUDENT LOAN INTEREST _____
(FORM 1098-E)

DO YOU RECEIVE FOREIGN INCOME? _____
(ATTACH SUPPORTING DOCS)

DO YOU RECEIVE INVESTMENT INCOME? _____
(ATTACH SUPPORTING DOCS (1099B or 1099-DIV)

**DID YOU INVEST, RECEIVE, SELL, OR EXCHANGE OR
DISPOSE OF VIRTUAL CURRENCY? _____**
(ATTACH SUPPORTING DOCS)

DID YOU PURCHASE HOME ENERGY OR SOLAR PANELS?_____ (ATTACH SUPPORTING DOCS)

DID YOU PURCHASE A NEW ELECTRIC OR PLUG-IN HYBRID VEHICLE?_____ ATTACH SUPPORTING DOCS)

DO YOU HAVE A FOREIGN BANK ACCOUNT OR ASSETS?_____ ATTACH SUPPORTING DOCS

DO YOU HAVE INCOME FROM ANY SOURCES BELOW:

___ AWARDS/GRANTS/PRIZES

___ DISTRIBUTIONS FROM A 529 PLAN (1099Q)

___ FARM INCOME OR FARM RENTAL INCOME

___ GAMBLING OR LOTTERY (W-2G)

___ HSA (1099SA)

___ LAWSUIT PROCEEDS (1099-MISC)

___ CANCELLATION OF DEBT (1099C)

___ SALE OF PRIMARY OR RENTAL PROPERTY- (1099-S)

___ STATE AND LOCAL INCOME TAX REFUNDS (1099G)

___ JURY DUTY

___ TAX EXEMPT INTEREST

DID YOU RECEIVE STUDENT LOAN FORGIVENESS? ____

DID YOU CONTRIBUTE TO A TRADITIONAL OR ROTH IRA? _____

DID YOU HAVE A CASUALTY LOSS IN A FEDERALLY DECLARED DISASTER AREA? _____

DID YOU ADOPT A CHILD? _____

ARE YOU A MEMBER OF THE NATIONAL GUARD OR ARMED FORCES RESERVIST? _____

DID YOU PAY ESTIMATED FEDERAL OR STATE TAX PAYMENTS? _____ (ATTACH PROOF OF PAYMENT)

SECTION 2

DEPENDENTS

Name _____ SS# _____

DOB _____ Relationship _____

Name _____ SS# _____

DOB _____ Relationship _____

Name _____ SS# _____

DOB _____ Relationship _____

SECTION 3

EARNED INCOME CREDIT

Each child that you claim must have lived with you for more than half of 2024 in the United States. The United States includes the 50 states and the District of Columbia. It doesn't include Puerto Rico or U.S. possessions such as Guam.

To prove the child lived with you in the United States, you must provide one of the following document(s) • school record • Medical records from doctors, hospital or medical clinic (immunization records may not include all the necessary information) • adoption or child placement documents • court records (foster children)

OR

2024 dated statements on letterhead from: • the child's school • the child's childcare provider (not a relative) • the child's health care provider, doctor, nurse or clinic • a social service agency • a placement agency official • your employer • an Indian tribal official • your landlord or property manager • a place of worship • shelters

AND

The child must be a qualifying child by one of the following:

1. Son, Daughter, Adopted Child, Grandchild, Niece, Nephew, Step-Child, Brother, Sister, or Foster Child.

2. The child must live with the Taxpayer for more than half of the Tax Year.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

What is the relationship of the child to the Taxpayer?

Did the qualifying child live with the Taxpayer for more than half the year?

Is the qualifying child under the age of 19 or 24 (Full Time Student)?

Is the qualifying child totally and permanently disabled regardless of age?

SECTION 4

CHILD CARE INFORMATION

Name of Provider _____

Address _____

City _____ State _____ ZIP _____

SS# _____ EIN# _____

Telephone _____ Amt Paid\$ _____

SECTION 5

EDUCATION EXPENSES (FORM 1098-T)

FORM 1098-T (REQUIRED)

Name of
College _____

Address _____ City _____ State _____

Tuition \$ _____ Books \$ _____

Name of Attendee _____

2yr College _____ 4yr College _____ Lifetime Learning _____

EIN# _____

SECTION 6

BUSINESS INCOME

Name of
Entity _____

Address _____

City _____ State _____ ZIP _____

EIN# _____ Gross Income\$ _____

Self Employed (DBA) _____ Independent Contractor _____ SMLLC _____

Partnership/MMLLC/Trust-Complete Business Tax Organizer

Business Expenses

- | | |
|--------------------------------|--------------------------|
| 1. Advertising _____ | 11. Other Expenses _____ |
| 2. Car Expenses _____ | 12. Payroll _____ |
| 3. Contract Labor _____ | 13. Repairs _____ |
| 4. Meals _____ | 14. Supplies _____ |
| 5. Depreciation _____ | 15. Taxes _____ |
| 6. Employee Benefits _____ | 16. Telephone _____ |
| 7. Insurance(Not Health) _____ | 17. Utilities _____ |
| 8. Interest _____ | |
| 9. Legal _____ | |
| 10. Office Expenses _____ | |

ADDITONAL INFORMATION

ATTACH ALL SUPPORTING DOCUMENTATION

VIA EMAIL: THETAXGIRL@ATT.NET

FAX : 213-652-1962

REQUEST SECURE BOX LINK

MAIL: THETAXGIRL

4858 W. PICO BL. #775

LOS ANGELES, CA. 90019

DROP OFF: 4428 WEST SLAUSON AVE #6

WINDSOR HILLS, CA. 90043

SEND PHOTOCOPIES OF DRIVER LICENSE OR ID