R.D. BOORSMA & ASSOCIATES INC 2024 TAX ORGANIZER

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office@rdboorsma.com

NAME	SSN	I	OOB//
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ADDRESS			
SPOUSE	SSN	·	DOB//
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ADDRESS			
DIRECT DEPOSIT (M	UST PROVIDE BANK ROUT	ING & ACCOU	UNT NUMBER)
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Student Name Year 1 2 3 4 Year 1 2 3 4 Student Name Cost of books or materials required for courses \$____ **DAYCARE EXPENSES:** Provider Name Provider Address _____ Provider ID# (Fed ID#) Provider Name Provider Address Provider ID# (Fed ID#) RENTAL PROPERTY INCOME & EXPENSES Rental Property Address _____ List of major improvements: PROPERTY INCOME MAINTENANCE INSURANCE TAXES **UTILITIES** RENTERS CREDIT FOR TENTANT Landlord Name___ _____ Address_____ Months Rented _____ Rent amount per month \$____ ____Address_____ Landlord Name Months Rented Rent amount per Month \$ PREPAID ESTIMATED TAXES 2024 (DO NOT INCLUDE W2) _CITY___ 1ST QUARTER FEDERAL STATE 2ND QUARTER FEDERAL STATE CITY 3RD QUARTER FEDERAL____STATE____CITY___ 4TH QUARTER FEDERAL STATE CITY

COLLEGE TUITION PAID: PROVIDE THE 1098T FOR EACH STUDENT