

R.D. BOORSMA & ASSOCIATES INC
2024 TAX ORGANIZER
2920 FULLER AVE NE #101
GRAND RAPIDS MI 49505
Phone:616-361-0784 | Fax:616-361-6757
office@rdboorsma.com

FILLING STATUS → Joint☐ Single☐ Head of Household☐ Married Filing Separate☐

NAME _____ SSN _____ DOB ____/____/____
PHONE _____ EMAIL _____
ADDRESS _____

SPOUSE _____ SSN _____ DOB ____/____/____
PHONE _____ EMAIL _____
ADDRESS _____

DIRECT DEPOSIT (MUST PROVIDE BANK ROUTING & ACCOUNT NUMBER)

Bank Routing Number _____ Bank Account Number _____

DEPENDENTS (Do not include self or spouse)

NAME	SOCIAL SECURITY #	DOB	RELATIONSHIP
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

IF YOU HAVE ANY OF THE FOLLOWING DOCUMENTATION PLEASE PROVIDE:

FORM(S) → W2 Wages, Salaries, Tips and Other Compensation

FORM(S) → 1099 R: Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRA’s

FORM(S) → SSA 1099: Social Security, Railroad Benefits, Medicare B, C, or D Premiums

FORM(S) → 1099 MISC / 1099 NEC: If you are self-employed, please bring a separate list of expenses.

FORM(S) → 1099 INT: Interest Income / 1099 DIV: Dividend Income / 1099 B: Broker Statements

FORM(S) → 1098 T: Student Loan Interest Paid

FORM(S) → 1098 SA: Distributions made from a HSA (Health savings account), Archer MSA (Archer Medical Savings Account), MA MSA (Medicare Advantage Medical Savings Account)

FORM(S) → 1099 G: Certain Government Payments (Unemployment)

FORM(S) → Schedule K1: Partnership, S- Corporation, Trust

FORM(S) → 2024 Property Tax bill for Primary residence, Second Home, Cottage, or Lots

OTHER→ 2024 Vehicle registration fees _____
Donations: _____
Energy Efficient Home Improvement Expenses: _____

Date of divorce: _____ Alimony Paid or Received: _____

COLLEGE TUITION PAID: PROVIDE THE 1098T FOR EACH STUDENT

Student Name _____ Year 1 2 3 4

Student Name _____ Year 1 2 3 4

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 \$ _____

Landlord Name _____ Address _____

Months Rented _____ Rent amount per Month \$ _____

PREPAID ESTIMATED TAXES 2024 (DO NOT INCLUDE W2)

1ST QUARTER FEDERAL _____ STATE _____ CITY _____

2ND QUARTER FEDERAL _____ STATE _____ CITY _____

3RD QUARTER FEDERAL _____ STATE _____ CITY _____

4TH QUARTER FEDERAL _____ STATE _____ CITY _____