

2024 Tax Organizer Personal Information

Personal Information

Name		SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
Occupation		Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2024

☐ Single ☐ Married ☐ Widowed - If widowed and your spouse died after December 31, 2022, enter the date of death _____

☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2024? _____

Yes No

☐ ☐ Are you or your spouse blind?

☐ ☐ Are you or your spouse disabled?

☐ ☐ Are you or your spouse a full-time student?

☐ ☐ Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

☐ ☐ At any time during 2024 did you:

(a) receive (as a reward, award, or payment for property or services) a digital asset?

(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2024 appointment is scheduled for _____

Dependent and Other Information

Name:

SSN:

Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return _____

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2023						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All

YES NO

- ☐ ☐
- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
-
- ☐ ☐
- Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

- ☐ Employer
- ☐ Medicare
- ☐ Medicaid
- ☐ Marketplace (Exchange)
- ☐ Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- ☐ ☐
- Was your previous insurance policy canceled in 2024?
-
- ☐ ☐
- Was coverage offered by your employer or your spouse's employer?
-
- ☐ ☐
- Are you a member of a federally recognized Indian tribe?
-
- ☐ ☐
- Are you eligible for services through an Indian healthcare provider?
-
- ☐ ☐
- Are you a member of a healthcare sharing ministry?
-
- ☐ ☐
- Did you live in the United States the entire year?
-
- ☐ ☐
- Are you enrolled in TRICARE?
-
- ☐ ☐
- Did you apply for CHIP coverage?
-
- ☐ ☐
- Do any of the following apply to you? Do NOT indicate which one.
- Became homeless
 - Evicted in the past six months, or facing eviction or foreclosure
 - Received a shut-off notice from a utility company
 - Recently experienced domestic violence
 - Recently experienced the death of a close family member
 - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 - Filed for bankruptcy in the last six months
 - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

TS	Employer Name	2024 Federal Wages	2023 Federal Wages

Retirement

Provide all copies of Form 1099-R

TS	Payer Name	2024 Distribution	2023 Distribution

☐ Yes

☐ No

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes

☐ No

Did you use any of the distributions for disaster relief?

2024

Income

Name: _____

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

[illegible]

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

[illegible]

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

2024

Income

Name: _____

SSN:

Form 1099-Misc Income

Provide all copies of Form 1099-MISC[illegible]**Form 1099-NEC Income****Provide all copies of Form 1099-NEC**[illegible]

Other Income and Adjustments

Name:

SSN:

Other Income

	2024 Taxpayer	2023 Taxpayer	2024 Spouse	2023 Spouse
Social Security Benefits (attach Forms 1099-SSA)				
Railroad Retirement Benefits (attach Forms 1099-RRB)				
State income tax refund (attach Forms 1099-G)				
Alimony received				
Divorce or separation date _____ Amount _____				
Unemployment compensation (attach Forms 1099-G)				
Unemployment compensation repaid in 2024				
Gambling winnings (attach Forms W2-G)				
Alaska Permanent Fund				
Jury duty pay				
ABLE distributions				
Scholarships or grants not reported on Form W-2				
Other income: _____				

Adjustments

	2024 Taxpayer	2023 Taxpayer	2024 Spouse	2023 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)				
Contributions made to a Health Savings Account (HSA)				
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents				
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____				
Name _____				
SSN _____ Divorce or separation date _____				
Contributions made to a Self-Employed Pension plan (SEP) SIMPLE or Solo 401K				
Contributions made to an Individual Retirement Account (IRA)				
Contributions made to a Roth IRA				
Interest paid on a student loan				
Other adjustments: _____				

Other Information

Name:

SSN:

Health Savings Account

TS _____

The taxpayer's coverage is under a high-deductible health plan for:

☐ Taxpayer only ☐ Family

2024

2023

HSA contributions made for 2024 _____

Total distributions from all HSAs during 2024 _____

Distributions included above that were rolled over into another account _____

Qualified medical expenses paid using HSA distributions _____

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of Expense

Amount

Type of Expense

Amount

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____ Student name _____

Type of Expense

Amount

Type of Expense

Amount

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job-related Moving Expenses

TSJ _____

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2024

2023

Number of miles from old home to old workplace _____

Number of miles from old home to new workplace _____

Expenses to transport and store household goods and personal effects _____

Travel and lodging expense while traveling to your new home _____

2024

Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (including items not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

Installment Sale Income

TSJ _____ Description of property: _____

Date acquired _____ Date sold _____ 2024 Prior Years

Selling price

Mortgages assumed

Cost of property sold

Depreciation allowed

Commissions and expense of sale

Gross profit percentage

Interest received

Principal payments received

Property was sold to a related party ☐

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

TSJ _____

Property description _____

Address, city, state, ZIP _____

Select the property type

☐ Single family residence☐ Vacation / short-term rental☐ Land☐ Self-rental☐ Multi-family residence☐ Commercial☐ Royalties☐ Other _____

Number of days property was rented _____

Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

☐ This property was placed in service during 2024.

Yes No

☐ This property was disposed of during 2024.☐ ☐

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.

☐ This property is your main home or second home.☐ ☐

If "Yes," did you file Forms 1099 for the individuals?

☐ This property was owned as a qualified joint venture.

Income

2024

2023

2024

2023

Rent Income _____

Royalties from oil, gas,
mineral, copyright or patent _____

Expenses

Rental Unit Expenses

Rental and Homeowner Expenses

Advertising _____

Auto & travel _____

Cleaning & maintenance _____

Commissions _____

Insurance _____

Legal & professional fees _____

Management fees _____

Mortgage interest _____

Other interest _____

Repairs _____

Supplies _____

Taxes _____

Utilities _____

Depletion _____

Other expenses (list)

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

2024

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS _____ Professional product or service _____ Employer ID number _____

Business name _____

Business address, city, state, ZIP _____

Accounting Method: ☐ Cash ☐ Accrual ☐ Other (specify) _____☐ This business started or was acquired during 2024.☐ This business was disposed of during 2024.

Select if this business is for:

☐ Professional gambler
☐ Exempt Notary income☐ Newspaper delivery and you are under 18 years of age
☐ A clergy

Yes No

☐ ☐ Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.☐ ☐ If "Yes," did you file Forms 1099 for the individuals?☐ ☐ Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?☐ ☐ If "Yes," was any portion of the loan forgiven in 2024?

Income

	2024	2023		2024	2023
Gross receipts or sales	_____	_____	Other income	_____	_____
Returns & allowances	_____	_____		_____	_____

Expenses

	2024	2023		2024	2023
Advertising	_____	_____	Repairs & maintenance	_____	_____
Car & truck expenses	_____	_____	Supplies	_____	_____
Commissions & fees	_____	_____	Taxes & licenses	_____	_____
Contract labor	_____	_____	Travel	_____	_____
Depletion	_____	_____	Total meals	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Insurance (other than health)	_____	_____	Wages	_____	_____
Interest - mortgage	_____	_____	Family health coverage payments for taxpayer, spouse or dependents	_____	_____
Interest - other	_____	_____	Other expenses (list)	_____	_____
Legal & professional services	_____	_____		_____	_____
Office expenses	_____	_____		_____	_____
Pension & profit-sharing plans	_____	_____		_____	_____
Rent or lease (vehicles, machinery, & equipment)	_____	_____		_____	_____
Rent (other business property)	_____	_____		_____	_____

Cost of Goods Sold

	2024		2024
Inventory at beginning of year	_____	Materials & supplies	_____
Purchases	_____	Other costs	_____
Cost of personal use items	_____	Inventory at end of year	_____
Cost of labor	_____		

☐ There was a change in inventory method.

Other Information

Name: _____

SSN: _____

Mortgage Interest Provide all copies of Form 1098

Lender's Name	2024 Mortgage Interest Received	2023 Mortgage Interest Received	2024 Mortgage Insurance Premiums	2023 Mortgage Insurance Premiums	2024 Real Estate Taxes Paid	2023 Real Estate Taxes Paid
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Employee Business Expenses

TS _____

Select if you are:

- ☐ A qualified performing artist
☐ A fee-based state or local government official
☐ A disabled employee with impairment-related work expenses
☐ An Armed Forces reservist
☐ A member of the clergy

Select if you:

- ☐ Used your personal vehicle for your job during 2024

	NOT reimbursed by your employer 2024	2023	Reimbursed by your employer not included in box 1 of your W-2 2024	2023
Parking fees, tolls, local transportation	_____	_____	_____	_____
Meals	_____	_____	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____	_____	_____
Other business expenses	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Casualties and Thefts

TSJ _____ FEMA code _____

TSJ _____ FEMA code _____

Property description _____

Property description _____

Property location _____

Property location _____

Date property was acquired _____

Date property was acquired _____

Date property was damaged or stolen _____

Date property was damaged or stolen _____

Cost of property damaged or stolen _____

Cost of property damaged or stolen _____

Fair market value before incident _____

Fair market value before incident _____

Fair market value after incident _____

Fair market value after incident _____

Insurance reimbursement _____

Insurance reimbursement _____

