



## 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

#### Spouse's type of photo ID

Driver's license  State-issued photo ID

Photo ID number \_\_\_\_\_

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

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?

**Income**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Dividend Income**

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

	Account Number Payer Name	2024 Ordinary Dividends	2023 Ordinary Dividends	2024 Qualified Dividends	2023 Qualified Dividends
TSJ	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**Interest Income**

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

	Account Number Payer Name	2024 Interest	2023 Interest
TSJ	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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

TS	Payer Name	2024 Amount	2023 Amount

**Form 1099-NEC Income**

Provide all copies of Form 1099-NEC

TS	Payer Name	2024 Amount	2023 Amount

**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

Table with 4 columns: Type of Expense, Amount, Type of Expense, Amount. Multiple rows for data entry.

Student name \_\_\_\_\_

Student name \_\_\_\_\_

Type of Expense

Amount

Type of Expense

Amount

Table with 4 columns: Type of Expense, Amount, Type of Expense, Amount. Multiple rows for data entry.

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 \_\_\_\_\_



Sale of Capital Assets

Name:

SSN:

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

Provide all brokerage statements

Table with 6 columns: TSJ, Description of Property, Date Purchased, Date Sold, Sales Price, Cost. Multiple rows for data entry.

Installment Sale Income

TSJ Description of property:

Date acquired Date sold 2024 Prior Years

Table for installment sale income with rows for 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 [checkbox]

## 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

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> 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 \_\_\_\_\_

- |  |                          |                          |  |
|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> This property was placed in service during 2024.      | Yes                      | No                       |  |
| <input type="checkbox"/> This property was disposed of during 2024.            | <input type="checkbox"/> | <input type="checkbox"/> | Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental. |
| <input type="checkbox"/> This property is your main home or second home.       | <input type="checkbox"/> | <input type="checkbox"/> | If "Yes," did you file Forms 1099 for the individuals?   |
| <input type="checkbox"/> This property was owned as a qualified joint venture. | <input type="checkbox"/> | <input type="checkbox"/> |  |

### Income

	2024	2023		2024	2023
Rent Income . . . . .	_____	_____	Royalties from oil, gas, mineral, copyright or patent . . . . .	_____	_____

### Expenses

	Rental Unit Expenses		Rental <u>and</u> 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.

### 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  Newspaper delivery and you are under 18 years of age
- Exempt Notary income  A clergy

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business. |
| <input type="checkbox"/> | <input type="checkbox"/> | If "Yes," did you file Forms 1099 for the individuals?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 \_\_\_\_\_

**STANDARD DEDUCTION AMOUNTS for 2024\***

**2024** Single Filers: \$14,600 - Married Filing Jointly: \$29,200 - Married Filing Separately: \$14,600 - Head of Household: \$21,900

**Schedule A - Itemized Deductions**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

	<b>Medical and Dental Expenses</b>		<b>Charitable Contributions</b>	
	2024	2023	2024	2023
Health insurance premiums (paid by you, not through work) . . . . .	_____	_____	Donations to charity (cash) . . . . .	_____
Amount above that is for Medicare premiums . . . . .	_____	_____	Disaster relief contributions . . . . .	_____
Long-term care premiums (you) . . . . .	_____	_____	Miles driven for charitable purposes . . . . .	_____
Long-term care premiums (your spouse) . . . . .	_____	_____	Donations to charity (noncash) . . . . .	_____
Long-term care premiums (dependents) . . . . .	_____	_____	If noncash donations are greater than \$500, list below.	_____
Mileage driven for medical purposes . . . . .	_____	_____	_____	_____
Out of pocket medical and dental expenses (list) . . . . .	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<b>Taxes Paid</b>		<b>Other Miscellaneous Deductions</b>	
State and local income taxes . . . . .	_____	Amortizable bond premiums . . . . .	_____
General sales tax (vehicle, boat, home, etc.) . . . . .	_____	Federal estate tax . . . . .	_____
Real estate taxes . . . . .	_____	Gambling losses . . . . .	_____
Personal property taxes . . . . .	_____	Impairment-related work expenses . . . . .	_____
Auto registration taxes not deductible for state . . . . .	_____	Claim repayments . . . . .	_____
Other taxes (list) . . . . .	_____	Unrecovered pension investments . . . . .	_____
_____	_____	Loss from other activities from Schedule K-1 . . . . .	_____
_____	_____	Ordinary loss debt instrument . . . . .	_____
_____	_____	Excess deduction on termination . . . . .	_____
_____	_____		_____

<b>Interest Paid</b>		<b>For state purposes ONLY</b>	
Home mortgage interest paid (attach Form 1098) . . . . .	_____	<b>Job Expenses &amp; Certain Miscellaneous Deductions</b>	
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home.		Necessary job expenses you paid that were not reimbursed by your employer (list)	
Home mortgage interest paid to an individual . . . . .	_____	_____	_____
Paid to:		_____	_____
Name _____		_____	_____
Address _____		_____	_____
City, State, ZIP _____		_____	_____
SSN or EIN _____		_____	_____
Points not reported on Form 1098 . . . . .	_____	Union dues . . . . .	_____
Investment interest . . . . .	_____	Tax preparation fees . . . . .	_____
		Other nonpersonal expenses related to taxable income (list)	_____
		_____	_____
		_____	_____
		Investment expenses not entered elsewhere . . . . .	_____
		Home equity interest . . . . .	_____