2024 INCOME TAX ORGANIZER

Spouse's Name Taxpayer's Occupation										
Taxpayer's Occupation						Social Securi	ty Numbe	er		
	Taxpayer's Occupation			Date of Birth (D.O.B.)			Blind?	Blind?		
Spouse's Occupation				Date of Birth (D.O.B.) Blind?						
Address						e-mail addres	SS			
City		State	Zip	Home Phone			Work Phone			
Cell/Mobile Phone		Do you cor	econt to receiv	L ceiving text messages? ☐ Yes ☐ No						
4										
DEPENDE					more t					
1) Name Social Secu		urity No.	D.O.B.	2) Name		;	Social Security No.		D.O.B.	
3) Name Social Secu		urity No.	D.O.B.	4) Name		:	Social Security No.		D.O.B.	
OTHER DEPENDENTS										
1) Name	Social Secu	ırity No.	Time at home	at home Relationship Income Su		Support b	ort by you Support by dependent		dent & others	
2) Name	Name Social Secu		Time at home	Relationship	Income	Support b	y you S	Support by dependent & others		
 W-2 Form(s) for Wages 1099 Form(s) for Interest, Dividence Retirement, Social Security, Self-employment, Unemployment, Candebt, & Other Income/Distributions IRA Year-end Statements (IRA, Rose Pira, & SIMPLE IRA) K-1s from Partnerships, Corporation Estates or Trusts Assets Held Outside the USA (bring statements) RENTAL/SELF-EMPLOYMEI	celled s oth IRA, ons,	 Records HSA for Childca Propert 1098 For Student Closing purchas All Othe Undocu 	s of Estimate rms (1099-S/ re Provider II y Tax Staten orm(s) - Mort t Loans, Vehi Papers for F se and sale d er Statements mented Inco	nents gage Interest, icle/Boat Dona Purchases & S lates & amoun s Showing Income (bring deta	Tuition, titions ales (with ts) ome ails)	□ Voided (□ Form(s) purchase state's A □ Copy of Spouse □ Copy of clients a □ All other page 2	Check for 1095-A - ed on hea CA mark Driver's I Social Se nd new fa documer	License for Ta	sit nsurance (or your axpayer & for new rs)	
(see reverse for expenses) Landlords (rents received) Self-employment (total received) Self-employment (total received) SALE OF STOCK OR OTHEI Item: OTHER INCOME Wages (forms W2)	Ceived) ed) R PROPE Cost: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Sale: \$\$ \$\$ \$\$ \$\$		Debt Cance Partnership Estates & 7 Social Sectors State Tax F Royalties (I Sick Pay & Veteran's F Withdrawal Hobby Inco Odd Jobs/S Research/S Insurance (I Public Assi Barter	Winnings ment (109 eceived ords ords & Fellicellation ords & S-Corrusts urity/RR Refunds. music/wr /or Disab Payments /or Disab Cayments /or Bide Jobs Survey/O Claims/L stance come	(form W2-0 99-G)		C.C.S.		

^{*} Bring statements if available. Double-check 'online' accounts that don't send paper statements (e.g. brokerage, HSA, tuition, etc.).

Potential Deductions and Credit Items

ADJUSTMENTS	CONTRIBUTIONS					
Payments to an IRA Traditional Roth	Churches (receipted)					
Taxpayer Amount \$ SEP SIMPLE =	Other Contributions of Money (receipted) Charitable Auto Mileage					
Spouse Amount \$	Volunteer Expenses (receipted)					
Penalty for Early Withdrawal	Property Donated (for which you have receipts)					
Alimony Paid \$: SS#:	Fair market value (bring					
	documentation if over \$500)					
Self-Employed Health Insurance Student Loan Interest	Qualified Charitable Distribution from IRA?Y_N (bring details)					
, 						
Payments to HSA/MSA: Taxpayer Spouse Classroom Materials for Educators	CASUALTY & THEFT LOSSES (BUSINESS RELATED OR FEDERAL DISASTER AREA)					
MEDICAL EXPENSES	Cost of Property Lost					
	Fair Market Value of Property					
Insurance & Medicare (not pretax) Long Term Care Insurance	Federally Declared Disaster Area? Y N (bring details)					
Prescriptions						
Eyeglasses, Hearing Aids & Batteries	AUTOMOBILE EXPENSE					
Doctors	Total Miles: Business Miles:					
Dentists	Commuting Miles: Personal Miles:					
Hospital / Ambulance	Jan. 1, 2024, Odometer Beginning:					
Auto Mileagemiles	Dec. 31, 2024, Odometer Ending:					
Other Medical Expenses, Travel	Gas & Oil					
Reimbursement	Interest					
Did you receive reimbursement at work?	Tolls & Local Transportation					
TAVEO	Lease Payments					
TAXES	Parking					
Real Estate Taxes	Other:					
State taxes paid in '24 for '23 or earlier						
Sales tax paid on vehicles, boats, planes	BUSINESS EXPENSES					
Sales tax paid (from receipts)	Taxes					
2024 State Tax Estimates	Utilities					
date pd. \$ date pd. \$	Insurance					
date pd. \$ date pd. \$	Repairs					
2024 Federal Tax Estimates	Supplies					
date pd\$ date pd\$	Business Meals					
date pd\$ date pd\$	Business Travel					
Vehicle License Tabs, Pers. Prop. Tax	Advertising					
·	Professional Dues/MembershipsLegal/Professional Fees					
INTEREST EXPENSE	Wages (bring copies of W2s/941s if they have been filed)					
Home Mortgage-Paid to Financial Institutions (Form 1098)	Contract Labor					
First Mortgage/Refinance	Equipment (bring a list with details)					
Loan Origination Fee/Discount Fee	Other:					
Second Mortgage	Is your primary place of business in your home? If yes, bring all home					
Home Equity	related expenses, total square footage and square footage of space that					
Equity loan used only to buy/build/improve home? Y D N D	is exclusively and regularly used for business.					
Mortgage Insurance						
Second Home Interest Payments	CHILD CARE EXPENSES					
Home Mortgage-Pd. to Individuals	Names, addresses, and ID#s of provider(s), amount paid.					
(name, address, Social Security number)						
Investment Interest: Margin Account						
Other Investment Interest	Do you have a dependent care benefit plan at work?					
OTHER MISCELLANEOUS EXPENSES	ADOPTION EXPENSES					
Gambling Losses						
Impairment Related Work Expenses	Amount Paid:Date Finalized:(bring papers)					
HIGHER EDUCATION EXPENSES	ENERGY CREDITS / PLUG-I NVEHICLE					
Post Secondary Tuition/Req. Fees Paid	(BRING RECEIPTS AND DETAILS) Furnace □ Central AC □ Heat Pump □ Doors/windows □					
Date: Year in School	Solar Wind Geothermal Plug-in EV Other Other					
DateI Gai III Octiooi	23.2. 2 Wind 2 Goodformal 2 Flag III EV 2 Office					
Please sign here	date					
r rease sign riere						