INCOME TAX ORGANIZER – 2024

YES	NO	
		If you purchased insurance through the exchange you should receive a Form 1095 A, B or C, did you bring this form? Y 🗌 N 📃
		Did any births, adoptions, graduations, marriages, divorces, or deaths occur in your family this year?
	\Box	Do you have a mentally or physically disabled child?
	\square	Can you or your spouse be claimed as a dependent by someone else?
		Did you have a change in residence or job location during the year?
		Did you receive any correspondence from IRS or State Tax Commission this year? If so, please bring.
	П	Do you have foreign assets or foreign income in a foreign bank account or a foreign trust? Answer Yes, if you hold Crypto.
$\overline{\Box}$		Do you have a business that is either an LLC, S Corporation, Partnership, or C Corporation?
		Have you sold, sent, acquired, or exchanged any virtual Currency?
INCO	ME:	
		Have you received all W-2's from ALL employers?
		Did you bring every W2 and 1099 that you have received? IRS IS MATCHING THESE TO YOUR RETURN! This includes Social Security Statement.
		Do you own an interest in a Partnership, Corporation, Estate or Trust? Please bring any K1's from these entities.
		Did you receive any interest or dividend income? If so, see Sec C or D, and bring in your 1099's.
		Did you dispose of any assets in 2024? (Real estate, securities, business assets) If yes, please attach details such as brokerage statements and/or closing statements.
		Do you have rental property? If so, see section F. If you have multiple rentals, use section F as a template for your properties.
		Do you have a small business, are you self-employed or did you receive a 1099-MISC for contract labor? See Section G.
		Did you or your spouse "rollover" a profit-sharing or retirement plan into another plan?
		Did you or your spouse receive any lump sum distributions from IRA, Profit Sharing or Pension Plan? Bring 1099's.
		Did you take your first RMD in 2020, 2021, 2022, 2023 or 2024?
		Did you receive any income not shown in this organizer such as gambling income, bartering, etc.?
EXPE	NSES	AND DEDUCTIONS:
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statements and HUD-1 settlement statement.

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Please bring every W-2 to our office

B. Retirement Income

C. Interest Income

1099's Must be Attached

D. Dividend Income

1099 - R, Social Security 1099, IRA Distributions. Please bring every 1099 to our office

1099's Must be Attached

E. Stock and Securities Sold or Other Assets

Bring 1099-B from Broker

F. Rental Income By Property				
Attach detail	Attach details for additional properties			
Address:				
Income:				
Expenses:				
Advertising				
Cleaning				
Management	Fee			
Insurance				
Repairs				
Supplies				
Taxes				
Interest Exper	ise			
Number of Mi	les Driven			
HOA Expense				
Other				
Major Improvements List Below:				
ie: roof, major repairs, a/c, siding, carpets.				
ltem	Cost	Date of Purch		

G. Self Employed Bus	iness l	ncom	ne and Expens	ses	
Gross Income					
Inventory on hand or	n Dec 3	31 at	your cost		
Expenses					
Cost of Goods Sold			Dues/Publications		
Advertising			Rent		
Bank Charges			Repairs		
Commissions			Supplies		
Freight			Taxes		
Insurance			Travel		
Interest			Telephone		
Legal/Professional			Utilities		
Office Expense			Vages		
Other			Other		
Did you buy any equip including description, c		-		o, please	provide a list
Item Description			Cost	Date o	of Purchase
Did you drive your vehicle in your business? Y N					
Please provide total miles dr	iven duri	ng the	year		
How many of these miles we	re for bu	siness	purposes this year	?	

H. Estimated Taxes Paid					
	Date Due	Date Paid	Federal	State	
Applied from Prior Years Tax Refund		(Bring in check images)			
First Quarter	April 15, 2024		\$	\$	
Second Quarter	June 17, 2024		\$	\$	
Third Quarter	September 16, 2024		\$	\$	
Fourth Quarter	January 15, 2025		\$	\$	

J. Itemized Deductions	Amount
Medical (Out of Pocket Expense)	
Medical Insurance	
Long-Term Care Insurance	
Mortgage Interest - Residence	
Mortgage Interest - Other (Not Rental)	
Real Estate Taxes - Residence	
Real Estate Taxes - Other	
Value of Cash Charitable Contributions	
Value of Non Cash Contributions	

K. Child Care	
Name of Provider and EIN/SSN	Amount
Note: Did you Participate in a cafeteria pla employer pays dependent care benefit	
Yes No	