

# 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						

## 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.

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

### Interest Income

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

TSJ	Account Number Payer Name	2024 Interest	2023 Interest

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

### Sale of Capital Assets

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

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

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

Provide all brokerage statements

TSJ	Description of Property	Date Purchased	Date Sold	Sales Price	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

#### 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

### 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: _____	_____	_____	_____	_____

Schedule A - Itemized Deductions

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

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

Medical and Dental Expenses	
2024	2023
Health insurance premiums (paid by you, not through work) . . . . .	
Amount above that is for Medicare premiums . . . . .	
Long-term care premiums (you) . . . . .	
Long-term care premiums (your spouse)	
Long-term care premiums (dependents)	
Mileage driven for medical purposes	
Out of pocket medical and dental expenses (list) . . . . .	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	

Taxes Paid	
State and local income taxes . . . . .	
General sales tax (vehicle, boat, home, etc.) . . . . .	
Real estate taxes . . . . .	
Personal property taxes . . . . .	
Auto registration taxes not deductible for state . . . . .	
Other taxes (list)	
_____	
_____	

Interest Paid	
Home mortgage interest paid (attach Form 1098) . . . . .	
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home.	
Home mortgage interest paid to an individual . . . . .	
Paid to:	
Name _____	
Address _____	
City, State, ZIP _____	
SSN or EIN _____	
Points not reported on Form 1098 . . . . .	
Investment interest . . . . .	

Charitable Contributions	
2024	2023
Donations to charity (cash) . . . . .	
Disaster relief contributions . . . . .	
Miles driven for charitable purposes	
Donations to charity (noncash) . . . . .	
If noncash donations are greater than \$500, list below.	
_____	
_____	
_____	
_____	
_____	

Other Miscellaneous Deductions	
Amortizable bond premiums . . . . .	
Federal estate tax . . . . .	
Gambling losses . . . . .	
Impairment-related work expenses	
Claim repayments . . . . .	
Unrecovered pension investments	
Loss from other activities from Schedule K-1 . . . . .	
Ordinary loss debt instrument . . . . .	
Excess deduction on termination	

For state purposes ONLY	
Job Expenses & Certain Miscellaneous Deductions	
Necessary job expenses you paid that were not reimbursed by your employer (list)	
_____	
_____	
_____	
_____	
_____	
Union dues . . . . .	
Tax preparation fees . . . . .	
Other nonpersonal expenses related to taxable income (list)	
_____	
_____	
_____	
Investment expenses not entered elsewhere . . . . .	
Home equity interest . . . . .	

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 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

Table with 4 columns: 2024, 2023, 2024, 2023. Rows: Gross receipts or sales, Returns & allowances, Other income.

Expenses

Table with 4 columns: 2024, 2023, 2024, 2023. Rows: Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, Employee benefit programs, Insurance (other than health), Interest - mortgage, Interest - other, Legal & professional services, Office expenses, Pension & profit-sharing plans, Rent or lease (vehicles, machinery, & equipment), Rent (other business property), Repairs & maintenance, Supplies, Taxes & licenses, Travel, Total meals, Utilities, Wages, Family health coverage payments for taxpayer, spouse or dependents, Other expenses (list).

Cost of Goods Sold

Table with 4 columns: 2024, 2024, 2024, 2024. Rows: Inventory at beginning of year, Purchases, Cost of personal use items, Cost of labor, Materials & supplies, Other costs, Inventory at end of year. Includes checkbox: There was a change in inventory method.



## 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                       | Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.<br>If "Yes," did you file Forms 1099 for the individuals? |
| <input type="checkbox"/> This property was disposed of during 2024.            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> This property is your main home or second home.       | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <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 . . . . .				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.
Auto & travel . . . . .				
Cleaning & maintenance . . . . .				
Commissions . . . . .				
Insurance . . . . .				
Legal & professional fees . . . . .				
Management fees . . . . .				
Mortgage interest . . . . .				
Other interest . . . . .				
Repairs . . . . .				
Supplies . . . . .				
Taxes . . . . .				
Utilities . . . . .				
Depletion . . . . .				
Other expenses (list)				
_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				



## Expenses Related to Business

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

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

### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes No  
  Was this vehicle available for use during off-duty hours?  
  Was another vehicle available for personal use?

Yes No  
  Do you have evidence to support your deduction?  
  If "Yes," is the evidence written?

Number of miles the vehicle was driven during 2024	2024	2023	Total number of miles the vehicle was driven in prior years	2024	2023
Business . . . . .	_____	_____	Business . . . . .	_____	_____
Commuting . . . . .	_____	_____	Total . . . . .	_____	_____
Other . . . . .	_____	_____			

Expenses	2024	2023		2024	2023
Garage rent . . . . .	_____	_____			
Gas . . . . .	_____	_____	Repairs . . . . .	_____	_____
Insurance . . . . .	_____	_____	Tires . . . . .	_____	_____
Licenses . . . . .	_____	_____	Tolls . . . . .	_____	_____
Oil . . . . .	_____	_____	Lease addback . . . . .	_____	_____
Parking fees . . . . .	_____	_____	Other expenses		
Rental fees . . . . .	_____	_____	_____	_____	_____
Interest . . . . .	_____	_____	_____	_____	_____
Property tax . . . . .	_____	_____	_____	_____	_____

### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions:

How many days during the year was the area used? \_\_\_\_\_ How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year.

Expenses	Office Expenses 2024	2023	Home Expenses 2024	2023
Mortgage interest . . . . .	_____	_____	_____	_____
Real estate taxes . . . . .	_____	_____	_____	_____
Excess mortgage interest . . . . .	_____	_____	_____	_____
Excess real estate taxes . . . . .	_____	_____	_____	_____
Insurance . . . . .	_____	_____	_____	_____
Rent . . . . .	_____	_____	_____	_____
Repairs & maintenance . . . . .	_____	_____	_____	_____
Utilities . . . . .	_____	_____	_____	_____
Other expenses . . . . .	_____	_____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

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 . . . . .	_____	_____

### 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 _____