2024 Individual Tax Organizer

Taxpayer:					
Name		SSN			
Date of Birth		Occu	oation		
Phone No.		Email			
ID No.	ID State	Issue	Date	Exp. Date	
Blind or disabled	Full-time student	On active duty	Dependent of o	other	
Marital Status: Sing	le Married D	ivorced Legall	y separated Wid	dowed	
Spouse:					
Name		SSN			
Date of Birth			oation		
Phone No.		Email			
ID No.	ID State	Issue		Exp. Date	
Blind or disabled	Full-time student	On active duty	Dependent of o	other	
Mailing Address:					
Addr.	City		State	Country	Zip
Moved in 2024? Ye	s No Date mov	red	Milita	ary related	
Dependents					
Dependent 1:					
-		SSN			
Name			onship		
Name Date of Birth		Relati e (unearned)	No. of	f months in home	
Name Date of Birth		Relati e (unearned)	•	f months in home Disabled	
Name Date of Birth Income (earned) Received <50% supp		Relati e (unearned)	No. of		
Name Date of Birth Income (earned) Received <50% supp		Relat e (unearned) wn return Ful	No. of		
Name Date of Birth Income (earned) Received <50% supp Dependent 2: Name		Relati e (unearned) wn return Ful SSN	No. of I-time col. student		
Name Date of Birth Income (earned) Received <50% supp Dependent 2: Name Date of Birth	port Filed their o	Relati e (unearned) wn return Ful SSN Relati	No. of I-time col. student onship	Disabled	
Name Date of Birth Income (earned) Received <50% supp Dependent 2: Name Date of Birth Income (earned)	oort Filed their o	Relative (unearned) wn return Ful SSN Relative (unearned)	No. of I-time col. student onship No. of	Disabled f months in home	
Name Date of Birth Income (earned) Received <50% supp Dependent 2: Name Date of Birth	oort Filed their o	Relative (unearned) wn return Ful SSN Relative (unearned)	No. of I-time col. student onship	Disabled	
Name Date of Birth Income (earned) Received <50% supp Dependent 2: Name Date of Birth Income (earned) Received <50% supp	oort Filed their o	Relative (unearned) wn return Ful SSN Relative (unearned)	No. of I-time col. student onship No. of	Disabled f months in home	
Name Date of Birth Income (earned) Received <50% supp Dependent 2: Name Date of Birth Income (earned) Received <50% supp	oort Filed their o	Relative (unearned) wn return Ful SSN Relative (unearned) wn return Ful	No. of I-time col. student onship No. of	Disabled f months in home	
Name Date of Birth Income (earned) Received <50% supp Dependent 2: Name Date of Birth Income (earned) Received <50% supp Dependent 3: Name	oort Filed their o	Relative (unearned) with return Full SSN Relative (unearned) with return Full SSN	No. of I-time col. student onship No. of I-time col. student	Disabled f months in home	
Name Date of Birth Income (earned) Received <50% supp Dependent 2: Name Date of Birth Income (earned) Received <50% supp Dependent 3: Name Date of Birth	Income	Relative (unearned) wn return Fulce (unearned) wn return Fulce (unearned) wn return Fulce (ssn	No. of I-time col. student onship No. of I-time col. student onship	Disabled f months in home Disabled	
Name Date of Birth Income (earned) Received <50% supp Dependent 2: Name Date of Birth Income (earned) Received <50% supp Dependent 3: Name Date of Birth Income (earned)	Income oort Filed their o	Relative (unearned) SSN Relative (unearned) wn return SSN Relative (unearned) SSN Relative (unearned)	No. of I-time col. student onship No. of I-time col. student onship No. of	Disabled f months in home Disabled f months in home	
Name Date of Birth Income (earned) Received <50% supp Dependent 2: Name Date of Birth Income (earned) Received <50% supp Dependent 3: Name Date of Birth	Income oort Filed their o	Relative (unearned) SSN Relative (unearned) wn return SSN Relative (unearned) SSN Relative (unearned)	No. of I-time col. student onship No. of I-time col. student onship	Disabled f months in home Disabled	
Name Date of Birth Income (earned) Received <50% supp Dependent 2: Name Date of Birth Income (earned) Received <50% supp Dependent 3: Name Date of Birth Income (earned) Received <50% supp	Income	Relative (unearned) SSN Relative (unearned) wn return SSN Relative (unearned) SSN Relative (unearned)	No. of I-time col. student onship No. of I-time col. student onship No. of	Disabled f months in home Disabled f months in home	
Name Date of Birth Income (earned) Received <50% supp Dependent 2: Name Date of Birth Income (earned) Received <50% supp Dependent 3: Name Date of Birth Income (earned) Received <50% supp Dependent 4:	Income	Relative (unearned) SSN Relative (unearned) wn return SSN Relative (unearned) wn return Full SSN Relative (unearned)	No. of I-time col. student onship No. of I-time col. student onship No. of	Disabled f months in home Disabled f months in home	
Name Date of Birth Income (earned) Received <50% supp Dependent 2: Name Date of Birth Income (earned) Received <50% supp Dependent 3: Name Date of Birth Income (earned) Received <50% supp	Income	Relative (unearned) wn return Ful SSN Relative (unearned) wn return Ful SSN Relative (unearned) wn return Ful SSN Relative (unearned)	No. of I-time col. student onship No. of I-time col. student onship No. of	Disabled f months in home Disabled f months in home	

Income Sources

Work Income

Job Income (W-2)

Self-Employment (Self-Employment Worksheet)

Investment & Savings

Brokerage Accounts (1099-B, Consolidated-1099, Brokerage Statement)

Used savings bonds for higher education? Yes No

Interest Income (1099-INT)

Dividend Income (1099-DIV)

Exercised Incentive Stock Options (Form 3921)

Sold Investment Real Estate (1099-S, Closing Statement)

Less Common Investment & Savings

Foreign Accounts & Income (Foreign Accounts Worksheet)

Received 1099-OID

Undistributed Capital Gains (Form 2439)

Retirement Plans and Social Security

IRA, 401k, Pension Plan Withdrawals (1099-R)

Amount transferred to charity - QCD Penalty-free? (age < 59.5) Yes No

Social Security Benefits (SSA-1099, RRB-1099)

Rentals, Royalties, and Farm

Rental Properties & Royalties (Rental Property Worksheet)

Farm Income & Rental (Farm Worksheet)

Other Income

Unemployment & Government Payments (1099-G)

Received K-1

HSA/MSA Withdrawal (1099-SA)

Went towards medical expenses only? Yes No

Gambling Winnings (W-2G)

Winnings not on W-2G Gambling losses

Received Alimony

Recipient Amount received Date divorced

Jury Duty

Amount Received Amount Repaid to Employer

Sold Main Home (1099-S, Closing Statement)

Orig. Purchase Date Orig. Purchase Amount

Home Foreclosure or Debt Cancellation (1099-A, 1099-C)

529 Plan or Coverdell ESA Withdrawal (1099-Q)

Went towards qualified education expenses only? Yes No

Other

Deductions and Credits

Home	
Home Loan Interest (1098)	
Property Taxes (Property Tax State	ement)
Main home	Add'I homes

Family				
Child Care Credit				
1. Child name	Provid	der name		
Provider SSN/EIN	Addr.			
Amount paid	Child	had add'l providers?	Yes	No
2. Child name	Provid	der name		
Provider SSN/EIN	Addr.			
Amount paid	Child	had add'l providers?	Yes	No
3. Child name	Provid	der name		
Provider SSN/EIN	Addr.			
Amount paid	Child	had add'l providers?	Yes	No
4. Child name	Provid	der name		
Provider SSN/EIN	Addr.			
Amount paid	Child	had add'l providers?	Yes	No
Adoption Credit				
Child name	SSN, ATIN, ITIN	Birth year		
Adoption expenses	Has special needs	U.S. citizen		
Paid Alimony				
Recipient name	Recip	ient SSN		
Alimony amount	Date	divorced/separated		

Charitable Donations			
Cash & Check Donations			
Total amount donated			
Non-Cash Donations			
1. Org. name		Addr.	
Descr.		Date of contribu	ution
Value	Cost basis		Date acquired
2. Org. name		Addr.	
Descr.		Date of contribu	ution
Value	Cost basis		Date acquired

Retirement	
Retirement Contributions	
Traditional IRA - Taxpayer	Spouse
Converted to Roth IRA - Taxpayer	Spouse
Roth IRA - Taxpayer	Spouse
SEP - Taxpayer	Spouse
Solo 401k - Taxpayer	Spouse

Deductions and Credits (Continued)

Education and Work	
College Tuition & Expenses (1098-T)	
Supplies purchased at school	Supplies purchased elsewhere
Received financial aid not reported on a 1098-T?	Yes No
Student Loan Interest (1098-E)	
529 Plan or Coverdell ESA Contribution	
529 Plan Contribution	Coverdell ESA Contribution
Educator Expenses	
Amount Spent - Taxpayer	Spouse

Vehicles & Personal Property	
Major Purchases	
1. Descr.	Sales tax
2. Descr.	Sales tax
Car Registration Fees	
1. Make & model	Amount
2. Make & model	Amount
3. Make & model	Amount
4. Make & model	Amount
Personal Property Taxes	
Amount paid	
Casualties and Thefts	
Event descr.	Date
Property lost/damaged	Cost

Energy Efficiency Credits		
Home Energy Credits		
Exterior Doors	Exterior Windows	Metal/Asphalt Roof
Insulation	Building Property	Furnace Fan
Furnace/Water Boiler	Solar Heating	Wind Energy Property
Heat Pump	Fuel Cell Property	Fuel Cell Capacity
Clean Vehicles (Vehicle Seller R	eport)	
Vehicle Charging Station		
Cost		

Medical					
Contributions to HSA/MSA (Form	Contributions to HSA/MSA (Form 5498-SA)				
Amount - Taxpayer	Spouse				
Medical & Dental Expenses					
Medical Professionals	Prescription Drugs	Labs and X-rays			
Medical Facilities	Medical Supplies	Glasses & Contacts			
Medical & Dental Ins.	LTC Ins. (taxpayer)	LTC Ins. (spouse)			
Travel Expenses	No. of Miles Traveled	Other			
Affordable Care Act (1095-A)					

Self Employment Worksheet

Business #1

Type of work Business name Didn't materially participate

Income				
Uses bookkeeping software	Put incom	e & expenses in	a doc	Sold business in 2024
Forms received by taxpayer:	1099-NEC	1099-MISC	1099-K	
Total revenue		Refun	ids and cre	edits

Cost of Goods Sold:	
Cost of product purchases	Cost of labor
Cost of raw materials & supplies	Other costs
Inventory value beg. of year	Inventory value end of year

Expenses	
Advertising	Rent - other property
Commissions and fees	Repairs & maint.
Insurance (other than health)	Supplies
Interest - mortgage	Taxes and licenses
Interest - other	Travel
Legal & professional fees	Meals
Office expenses	Utilities
Rent - vehicles, equip., etc.	Self-emp. medical premiums

Contract labor Issued 1099's Had salaried W-2 employees

Vehicle:			
Make & model	Date placed in service		
Miles (bus.)	Miles (comm.)	Miles (personal)	
Gas	Repairs	Insurance	
Licenses	Parking and tolls	Other expenses	

Home Office:		
Sq ft (home office)	Sq ft ((entire home)
Mortgage int.	Prop. taxes	Insurance
Rent	Rep. & maint.	Utilities

Other Expenses:		
1. Descr.	Cost	
2. Descr.	Cost	
3. Descr.	Cost	
4. Descr.	Cost	

Purchased depr. assets (details attached) Sold or disposed of depr. assets (details attached)

Self Employment Worksheet (Continued)

Business #2

Type of work Business name Didn't materially participate

Income				
Uses bookkeeping software	Put income	e & expenses in	a doc	Sold business in 2024
Forms received by taxpayer:	1099-NEC	1099-MISC	1099-K	
Total revenue		Refun	ds and cre	edits

Cost of Goods Sold:	
Cost of product purchases	Cost of labor
Cost of raw materials & supplies	Other costs
Inventory value beg. of year	Inventory value end of year

Expenses	
Advertising	Rent - other property
Commissions and fees	Repairs & maint.
Insurance (other than health)	Supplies
Interest - mortgage	Taxes and licenses
Interest - other	Travel
Legal & professional fees	Meals
Office expenses	Utilities
Rent - vehicles, equip., etc.	

Labor:

Contract labor Issued 1099's Had salaried W-2 employees

Vehicle:		
Make & model	Date pla	aced in service
Miles (bus.)	Miles (comm.)	Miles (personal)
Gas	Repairs	Insurance
Licenses	Parking and tolls	Other expenses

Home Office:		
Sq ft (home office)	Sq ft ((entire home)
Mortgage int.	Prop. taxes	Insurance
Rent	Rep. & maint.	Utilities

Other Expenses:		
1. Descr.	Cost	
2. Descr.	Cost	
3. Descr.	Cost	
4. Descr.	Cost	

Purchased depr. assets (details attached) Sold or disposed of depr. assets (details attached)

Rental Property Worksheet

Property #1						
Description						
Property Type:	Single family	Multi-family	Short-term	Land	Commercial	Royalties
Addr.		City	Sta	te	Country	Zip
Fair rental days	Persor	nal use days	Purcl	hased in 2	024 Sold in 2	2024

Rental & Royalty Income:			
Income	Has P&L or online bookkeeping	Received 1099-MISC	

Expenses:	
Advertising	Interest - mortgage
Cleaning & maintenance	Interest - other
Commissions	Repairs
Insurance	Supplies
Legal & professional fees	Taxes
Management fees	Utilities
Other Expenses:	
1. Descr.	Cost
2. Descr.	Cost

Made repairs or improvements (details attached) Sold or disposed of depr. assets (details attached)

Property #2						
Description						
Property Type:	Single family	Multi-family	Short-term	Land	Commercial	Royalties
Addr.		City	Sta	te	Country	Zip
Fair rental days	Persor	nal use davs	Purcl	hased in 2	2024 Sold in 2	2024

Rental & Royalty Income:		
Income	Has P&L or online bookkeeping	Received 1099-MISC

Expenses:	
Advertising	Interest - mortgage
Cleaning & maintenance	Interest - other
Commissions	Repairs
Insurance	Supplies
Legal & professional fees	Taxes
Management fees	Utilities
Other Expenses:	
1. Descr.	Cost
2. Descr.	Cost

Made repairs or improvements (details attached) Sold or disposed of depr. assets (details attached)

Rental Property Worksheet (Continued)

Property #3							
Description							
Property Type:	Single family	Multi-family	Short-term	Land	Commercial	Royalties	
Addr.		City	Sta	te	Country	Zip	
Fair rental days	Persor	nal use days	Purcl	nased in 2	024 Sold in	2024	

Rental & Royalty Income:		
Income	Has P&L or online bookkeeping	Received 1099-MISC

Expenses:	
Advertising	Interest - mortgage
Cleaning & maintenance	Interest - other
Commissions	Repairs
Insurance	Supplies
Legal & professional fees	Taxes
Management fees	Utilities
Other Expenses:	
1. Descr.	Cost
2. Descr.	Cost

Made repairs or improvements (details attached) Sold or disposed of depr. assets (details attached)

Property #4						
Description						
Property Type:	Single family	Multi-family	Short-term	Land	Commercial	Royalties
Addr.		City	Sta	te	Country	Zip
Fair rental days	Persor	nal use days	Purcl	hased in 2	Sold in	2024

Rental & Royalty Income:		
Income	Has P&L or online bookkeeping	Received 1099-MISC

Expenses:	
Advertising	Interest - mortgage
Cleaning & maintenance	Interest - other
Commissions	Repairs
Insurance	Supplies
Legal & professional fees	Taxes
Management fees	Utilities
1. Descr.	Cost
2. Descr.	Cost

Made repairs or improvements (details attached) Sold or disposed of depr. assets (details attached)

Farm Worksheet

General Information						
Farm Name			Principal Product			
Earned rental income for farm?	Yes	No	Participated in operation of farm?	Yes	No	

Farm Income & Rental Income									
Uses online bookkeeping software Listed income & expenses on a document									
Forms received by taxpayer: 1099	9-G 1099-NEC	1099-MISC	1099-K	1099-PATR					
Purchased livestock and other item	s for resale								
Total sales		Cost or other	basis						
Raised livestock, produce, grains, a	and other products								
Total sales									
Cooperative distributions (1099-PA	TR)								
Total income		Taxable inco	Taxable income						
Agricultural program payments (10	99-G)								
Total payments		Taxable amo	unt						
Commodity Credit Corporation (CC	C) loans								
CCC loans reported under elec-	ction								
CCC loans forfeited		Taxable amo	unt						
Crop insurance proceeds									
Amount received		Taxable amo	unt						
Custom hire (machine work)									
Total income									
Other income									
Description		Total income							

Farm Expenses	
Car and truck expenses	Labor hired
Chemicals	Pension and profit-sharing plans
Conservation expenses	Rent - vehicles, equip., etc.
Custom hire (machine work)	Rent - other (land, animals, etc.)
Employee benefit programs	Repairs & maintenance
Feed purchased	Seeds and plants purchased
Fertilizers and lime	Storage and warehousing
Freight and trucking	Supplies purchased
Gasoline, fuel, and oil	Taxes
Insurance (other than health)	Utilities
Interest - mortgage	Veterinary, breeding & medicine
Interest - other	

Other Expenses:	
1. Descr.	Amount
2. Descr.	Amount

Purchased depr. assets (detail	s attached) Sold o	r disposed of de	or, assets	(details attached)

Foreign Accounts Worksheet

Account #1:					
Bank Name		Account Type	Bank	Securities	Other
Addr.	City	State		Country	Zip
Account Number		Currency			
Max. value		End year balanc	e		
Date account opened (if in 2024)		Date account clo	osed (if in	2024)	
Is the account owned jointly?	'es No				

Account #2:					
Bank Name		Account Type	Bank	Securities	Other
Addr.	City	State		Country	Zip
Account Number		Currency			
Max. value		End year balanc	е		
Date account opened (if in 2024)		Date account clo	sed (if in	2024)	
Is the account owned jointly?	Yes No				

Account #3:					
Bank Name		Account Type	Bank	Securities	Other
Addr.	City	State		Country	Zip
Account Number		Currency			
Max. value		End year balanc	e		
Date account opened (if in 2024)		Date account clo	osed (if in	2024)	
Is the account owned jointly?	es No				

Account #4:					
Bank Name		Account Type	Bank	Securities	Other
Addr.	City	State		Country	Zip
Account Number		Currency			
Max. value		End year balanc	е		
Date account opened (if in 2024)		Date account clo	osed (if in	2024)	
Is the account owned jointly?	s No				

Account #5:					
Bank Name		Account Type	Bank	Securities	Other
Addr.	City	State		Country	Zip
Account Number		Currency			
Max. value		End year balanc	е		
Date account opened (if in 2024)		Date account clo	sed (if in	2024)	
Is the account owned jointly?	'es No				

Additional Questions

Estimated Taxes Paid:

Federal - Amount Federal - Date State #1 - Amount State #1 - Date State #2 - Amount State #2 - Date

1st Qtr (Apr 2024)

2nd Qtr (Jun 2024)

3rd Qtr (Sep 2024)

4th Qtr (Jan 2025)

State #1 State #2

Miscella	neous:	
Yes	No	Did you make any gifts to a single recipient in excess of \$18,000 (\$36,000 with spouse)?
Yes	No	Did you receive, sell, exchange, gift, or dispose of any cryptocurrency or other digital assets?
Yes	No	Did you have any foreign income or pay any foreign taxes?
Yes	No	Did you own or have an interest in any foreign assets or accounts?
Yes	No	Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
Yes	No	Do you expect a large fluctuation in income or withholding in 2025?
Yes	No	Did you engage the services of any household employees?
Yes	No	Did you and your dependents have health coverage? (CA, MA, RI, NJ, VT, DC only)
Yes	No	Do you want information on free or low-cost health care coverage? (CA only)
Yes	No	Would you like to contribute \$3 to the presidential election campaign fund?
Yes	No	Do you grant the IRS permission to discuss your tax return with our firm?
Yes	No	Did you receive any notices from the IRS or state tax authority?
Yes	No	Received IP PIN? IP PIN (taxpayer) IP PIN (spouse)

Direct Deposit:				
Refund preference:	Direct deposit	Apply to next year's taxes	Paper check	U.S. savings bonds
Bank Name		Account Type		
Routing Number		Account Num	ber	

•		
1.7	7 4741	•
М.	10110	•

Notes Relating to Income Re	aceived:	
Notes Relating to income Re	ccciveu.	
Other Questions or Concern	is:	
Other Questions or Concern	is:	
Other Questions or Concern	s:	
Other Questions or Concern	is:	
Other Questions or Concern	is:	
Other Questions or Concern	IS:	
Other Questions or Concern	ns:	
Other Questions or Concern	DS:	
Other Questions or Concern	is:	
Other Questions or Concern	PS:	
Other Questions or Concern	IS:	
Other Questions or Concern	NS:	
Other Questions or Concern	IS:	
Other Questions or Concern	IS:	
Other Questions or Concern	IS:	
Other Questions or Concern	is:	
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Other Questions or Concern	is:	