Client Tax Organizer

Please complete this Organizer before your appointment.

	Name		Sc	oc. Sec. No.	Date of	Birth (Occupation	n Wor	k Phone
axpayer									
Spouse									
treet Address				City		State	ZIF	Hom	ne Phone
mail Address									
	Taxpayer	<u>S</u>	oouse	Marital S	Status			_	_
Blind Disabled Pres. Campaign F	Yes Yes Yes	No Y	es No es No No	Sing		ate of Spou	Will file	jointly Ye	19000000
2. Depender	nts (Children & C	thers)							
	Name st, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN
·									
	your appointment ax return (new client	s only)		- All stateme	nts (W-2s	, 1098s, 10	99s, etc)		
3. Estimate	d Tax Paid			5. Othe	r Deduc	ctions			
Due Date	Date Paid	Federal	State	Alimony Paid	d to				
				Social Secur Student Inte				\$ \$	
				Health Savin		ınt Contribi	utions	1	
				Archer Medi	cal Saving	gs Acct. Co	ontribution	ns \$	
4. Educatio	n Expenses			6. Wag	e, Salar	y Income			
Student's Nan	ne Type of	Expense	Amount	Attach W-2s Employer	:			Taxpayer	Spouse
			*					— П	
									-

7. Interest	Income			10. Property S	old		
Attack 1000 INT	, Form 1097-BTC & br	oker statement	te.	Attach 1099-S and cl	osing statements		
Payer	, FORM 1097-B1C & DI	oker statement	Amount	Property	Date Acquired	Cost & Imp	p.
				Personal Residence	*		
				Vacation Home			
				Land			
				Other			
Tax Exempt					esidence. Also see Section	Pate Acquired Cost & Imp. Prevenents, prior sales of home, Also see Section 21 Petirement Acct.) Petirement Acct. Pe	
8. Dividen	d Income			11. I.R.A. (Indi	vidual Retirement Ad	ct.)	
From Mutual Fu	nds & Stocks - Attach	1099-DIV		Contributions for tax	year income		le for
_	2.00	Capital	Non-		Amount		100,000
Payer	Ordinary	Gains	Taxable	Taxpayer	Amount	Dute	
				Spouse			
				Spouse			
				Amounts withdrawn.	. Attach 1099-R & 5498		
				Plan	Reason for	Daimmat	- 40
				Trustee	Withdrawal	Heinveste	201
						Yes	No
						Yes	No
						Yes	No
9. Partner	ship, Trust, Estate	e Income				Yes _	No
List payers of pa or estate incom	artnership, limited par e - Attach K-1	tnership, S-cor	poration, trust,	12. Pension,	Annuity Income		
				Attach 1099-R Payer*		Reinvest	ed?
				-		Yes	No
							1000000
						— H F	
Residence:				* Provide statement	s from employer or incurs		140
Town	C	ounty		company with info	rmation on cost of or	ince	
Village		chool District		contributions to pl	an.		
City	30	CHOOL DISTRICT		Did you receive:	Taxpayer	Spous	e
				Social Security E	Benefits Yes No	Yes	No

Attach SSA 1099, RRB 1099

Railroad Retirement

Yes

Yes

No

13. Investments Sold

11	rest - Attach 1099-B & confirmation slips	Cost Sa	ale Price
Investment	Date Acquired/Sold /	Cost	ale Frice
	/		
	,		
	,		
	,		
14. Other Income	17. Interest Expense		
ist All Other Income (including non-taxable)	Mortgage interest paid (attach 1098)		
	Interest paid to individual for your		
Alimony Received	home (include amortization schedu	le)	
Child Support	Paid to:		
Scholarship (Grants)	Name		
Jnemployment Compensation (repaid)	Address		
Prizes, Bonuses, Awards	Social Security No.		
Gambling, Lottery (expenses)			
Unreported Tips	Premiums paid or accrued for qualifi	ed	
Director / Executor's Fee	mortgage insurance		
Commissions			
Jury Duty	18. Casualty/Theft Loss		
Vorker's Compensation			
Disability Income	For property damaged by storm, wat	er, fire, accident, o	r stolen.
/eteran's Pension	Location of Property		
Payments from Prior Installment Sale			
State Income Tax Refund	Description of Property		
Other			
Other		Fede	rally Declar
			aster Losse
15. Medical/Dental Expenses	Amount of Damage		
	Insurance Reimbursement		
Medical Insurance Premiums	Repair Costs		
(paid by you)	Federal Grants Received		
in in the second			
rescription Drugs			
			5,74
nsulin	19. Charitable Contribution	ıs	
nsulin Glasses, Contacts	19. Charitable Contribution	ns	
nsulin Glasses, Contacts Hearing Aids, Batteries		ns Other	
nsulin Glasses, Contacts Hearing Aids, Batteries Braces			
Asalin Salasses, Contacts Hearing Aids, Batteries Braces Medical Equipment, Supplies	Church		
nsulin Glasses, Contacts Hearing Aids, Batteries Braces Medical Equipment, Supplies Hursing Care	Church United Way		
nsulin Glasses, Contacts Hearing Aids, Batteries Braces Medical Equipment, Supplies Hursing Care Medical Therapy	Church United Way Scouts		
nsulin Glasses, Contacts Hearing Aids, Batteries Braces Medical Equipment, Supplies Nursing Care Medical Therapy Hospital	Church United Way Scouts Telethons		
nsulin Glasses, Contacts Hearing Aids, Batteries Braces Medical Equipment, Supplies Nursing Care Medical Therapy Hospital Doctor/Dental/Orthodontist	Church United Way Scouts Telethons University, Public TV/Radio		
nsulin Glasses, Contacts Hearing Aids, Batteries Braces Medical Equipment, Supplies Nursing Care Medical Therapy Hospital Doctor/Dental/Orthodontist	Church United Way Scouts Telethons University, Public TV/Radio Heart, Lung, Cancer, etc.		
Prescription Drugs Insulin Glasses, Contacts Hearing Aids, Batteries Braces Medical Equipment, Supplies Nursing Care Medical Therapy Hospital Doctor/Dental/Orthodontist Mileage (no. of miles):	Church United Way Scouts Telethons University, Public TV/Radio		

Non-Cash

Volunteer (no. of miles)

@.14

Other__

Real Property Tax (attach bills)

Personal Property Tax

20. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from	m your employer.	
21. Job-Related Moving Expenses	24. Business Mileage	
if you are a member of the Armed Forces on active duty	Do you have written records?	Yes No
and moving due to a permanent change of station due to a military order.	Did you sell or trade in a car used for business?	Yes No
Date of move	ior business:	
Move Household Goods	If yes, attach a copy of purchase agreement	
Lodging During Move	Make/Year Vehicle	
Travel to New Home (no. of miles)	Date purchased	
	Total miles (personal & business)	
22. Employment Related Expenses That You Paid	Business miles (not to and from work)	
(Not self-employed)	From first to second job	
(Lace and Language of Language	Education (one way, work to school)	
if Armed Forces reservist, a qualified performing artist,	Job Seeking	
a fee-basis state or local government official, or an individual	Other Business	
with a disability claiming impairment-related work expenses.	Round Trip commuting distance	
Dues - Union, Professional	Gas, Oil, Lubrication	
Books, Subscriptions, Supplies	Batteries, Tires, etc.	
Licenses	Repairs	
Tools, Equipment, Safety Equipment	Wash	
Uniforms (include cleaning)	Insurance	
Sales Expense, Gifts	Interest	
Tuition, Books (work related)	Lease payments	
Entertainment	Garage Rent	
Office in home:		
In Square a) Total home	25. Business Travel	
Feet b) Office	To Dusiness Have	
c) Storage	If you are not reimbursed for exact amount, give	total expenses.
Rent	5 (2.5) 20 7 (2.5)	
Insurance	Airfare, Train, etc.	1
Utilities	Lodging	
Maintenance	Meals (no. of days)	-
	Taxi, Car Rental	
23. Investment-Related Expenses (State use only)	Other	>
	Reimbursement Received	
Tax Preparation Fee		
Safe Deposit Box Rental		
Mutual Fund Fee		
Investment Counselor		
Other		

	28: Questions; Comments, & Othe	k(Into)men	QII		
Ple	ease answer the following questions to dete	ermine maxin	num deductio	ons	
1.	Are you self-employed or do you receive hobby income?	Yes* [No	 Did you have healthcare coverage (health insurance) for you, your spouse and dependents during this tax season? If yes, 	□v □v
2.	Did you receive income from raising animals or crops?	Yes*	No	include Forms 1095-A, 1095-B, and 1095-C.	Yes No
3.	Did you receive rent from real estate or other property?	Yes*	No	18. Did you or your spouse receive, sell, exchange, gift, or otherwise dispose of a digital asset or a financial interest in	Yes No
4.	Did you receive income from gravel, timber, minerals, oil, gas,	гт г	¬	a digital asset? 19. Did you have any children under the age of	
5.	copyrights, patents? Did you withdraw or write	Yes*	No	19 or 19 to 23 year old students with unearned income of more than \$1.250?	Yes No
e	checks from a mutual fund?	Yes	No	20. Did you install any energy property to your	
0.	Do you have a foreign bank account, trust, or business?	Yes	No	residence such as solar water heaters, generators or fuel cells or energy efficient	
7.	Do you provide a home for or help support anyone not listed in Section 2 above?	Yes	No	improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?	Yes No
8.	Did you receive any correspondence			21. Did you own \$50,000 or more in foreign	
	from the IRS or State Department of Taxation?	Yes	No	financial assets?	Yes No
9.	Were there any births, deaths, marriages, divorces or adoptions in your immediate family?	Yes	☐ No	22. Have you or your spouse been a victim of iden an identity theft protection PIN by the IRS? If y digit identity protection PIN number.	
10.	Did you give a gift of more than \$18,000 to one or more people?	Yes	☐ No	Taxpayer	Spouse
11.	Did you have any debts canceled, forgiver or refinanced?	ı, 🗌 Yes	No		
12	. Did you go through bankruptcy proceedings?	Yes	No		
13.	. If you paid rent, how much did you pay?			-	
14.	Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?	Yes	☐ No		
15.	Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?	Yes	No		
16.	Do you own an interest in an LLC or similal entity that has a reporting obligation under the Corporate Transparency Act?		No		

27. Direct Deposit of Refund / or Saving	s Bond Purch	nases	
Would you like to have your refund(s) directly deposit (If so, please provide the following information.)	ed into your acc	ount?	Yes No
ACCOUNT 1			
Owner of account		Taxpayer	Spouse Joint
7,700	al Savings ISA Savings	Traditional IRA Roth I Coverdell Education Savings HSA S	IRA Savings SEP IRA
Name of financial institution			
Financial Institution Routing Transit Number (if know	n)		
Your account number	<u> </u>		-
To the best of my knowledge the information income, deductions, and other information which I have adequate records.			
Taxpayer	Date	Spouse	Date

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074 Attachment Sequence No. 09

Go to www.irs.gov/ScheduleC for instructions and the latest information. Social security number (SSN) Name of proprietor Ā Principal business or profession, including product or service (see instructions) B Enter code from instructions $\overline{\mathbf{c}}$ Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) Business address (including suite or room no.) Ε City, town or post office, state, and ZIP code (3) Other (specify) F Accounting method: (2) Accrual G н ☐ Yes □ No Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions Income Part I Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 1 Form W-2 and the "Statutory employee" box on that form was checked 2 2 3 Subtract line 2 from line 1 4 4 Cost of goods sold (from line 42) 5 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . 6 6 Gross income. Add lines 5 and 6 Expenses. Enter expenses for business use of your home only on line 30. Part II 8 Advertising 8 18 Office expense (see instructions) . 18 19 Pension and profit-sharing plans . 19 9 Car and truck expenses 9 20 Rent or lease (see instructions): (see instructions) . . . 10 10 Commissions and fees Vehicles, machinery, and equipment 20a b 20b 11 Other business property . . . 11 Contract labor (see instructions) 12 Depletion 12 21 Repairs and maintenance . . . 21 13 Depreciation and section 179 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 24 13 Travel and meals: instructions) Travel 24a Employee benefit programs 14 (other than on line 19) 14 b Deductible meals (see instructions) 24b 15 Insurance (other than health) 15 25 Utilities 25 26 26 16 Interest (see instructions): Wages (less employment credits) Mortgage (paid to banks, etc.) 16a Other expenses (from line 48) . . 27a а Other 16b Energy efficient commercial bldgs 17 deduction (attach Form 7205) . 27b 17 Legal and professional services Total expenses before expenses for business use of home. Add lines 8 through 27b 28 28 29 29 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: and (b) the part of your home used for business:_ . Use the Simplified 30 Method Worksheet in the instructions to figure the amount to enter on line 30 . 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you 31 checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule 32a All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on 32b Some investment is not Form 1041, line 3. at risk.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to	aab ay	(planation)	
	value closing inventory: a Cost b Lower of cost or market c Other (att		pianation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor if "Yes," attach explanation	ory?	. 🗌 Yes	□ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part		trucl		
43	When did you place your vehicle in service for business purposes? (month/day/year)/	<u>/</u>		
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your	vehic	e for:	
а	Business b Commuting (see instructions) c	Other		
45	Was your vehicle available for personal use during off-duty hours?		Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	☐ No
47a	Do you have evidence to support your deduction?		🗌 Yes	☐ No
b	If "Yes," is the evidence written?		🗌 Yes	☐ No
Part	If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
				<u>.</u>
	·			
48	Total other expenses. Enter here and on line 27a	48	i	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

Name(s) shown on return

Your social security number

Par	t I Income or Loss From Rental Real Estate an								
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	e Schedule	e C . See	e instru	ctions. If you	are an indi	vidual, repo	ort farm
Α	Did you make any payments in 2024 that would require you	to file	Form(s)	10002	See in	structions		□ Ve	s 🗌 No
	If "Yes," did you or will you file required Form(s) 1099?								
8000				180 180	· ·				<u> </u>
1a	Physical address of each property (street, city, state, ZII	P Cod	e) 						
A									
В									
С		20 000	Sc. New			W 109 0 0	V 77-30	By Sa	
1b	Type of Property 2 For each rental real estate property above, report the number of fair				Fa	air Rental	A PART OF THE PART	nal Use	QJV
	(from list below) above, report the number of fair personal use days. Check the Q					Days	Da	ıys	
A	if you meet the requirements to f			A					-H
B C	qualified joint venture. See instru			В					
50000	of Draw sides			C					
	of Property: Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	1	7	Self-Rental			
	g ,	itai	6 Roya				wib a\		
2	Multi-Family Residence 4 Commercial		в ноуг	ailles	0	Other (desc	.nbe)		
						Propert	ies:		
Incor	ne:			Α		В			С
3	Rents received	3							
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7							
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11							
12	Mortgage interest paid to banks, etc. (see instructions)	12	-						
13	Other interest	13							
14	Repairs	14							
15	Supplies	16							
16	Taxes	17							
17 18	Utilities	18							
19		19							
20	Other (list) Total expenses. Add lines 5 through 19	20							
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20							
21	result is a (loss), see instructions to find out if you must								
	file Form 6198	21							
22	Deductible rental real estate loss after limitation, if any,	-							
/ 1000 ACC	on Form 8582 (see instructions)	22	()	()	()
23a	Total of all amounts reported on line 3 for all rental prope	erties		2 3 • 2	23a	,			
b	Total of all amounts reported on line 4 for all royalty prop			5 .	23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties			9 . 9	23e				
24	Income. Add positive amounts shown on line 21. Do not		ide any lo	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estat				nter to	otal losses he	re 25	()
26	Total rental real estate and royalty income or (loss).	Comb	oine lines	24 and	25. E	Enter the res	ult		
	here. If Parts II, III, and IV, and line 40 on page 2 do no						on		
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	moun	t in the to	tal on I	ine 41	on page 2	. 26		

Page 2 Schedule E (Form 1040) 2024 Attachment Sequence No. 13 Your social security number Name(s) shown on return. Do not enter name and social security number if shown on other side. Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions. Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a 27 passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," ☐ Yes ☐ No see instructions before completing this section (b) Enter P for (c) Check if (e) Check if (f) Check if 28 (d) Employer (a) Name any amount is foreign basis computation partnership: S identification number is required not at risk for S corporation partnership A В C D Nonpassive Income and Loss Passive Income and Loss (g) Passive loss allowed (i) Nonpassive loss allowed (i) Section 179 expense (k) Nonpassive income (h) Passive income (attach Form 8582 if required) from Schedule K-1 (see Schedule K-1) deduction from Form 4562 from Schedule K-1 Α В C D 29a Totals b Totals 30 30 Add columns (h) and (k) of line 29a 31 Add columns (g), (i), and (j) of line 29b 31 Total partnership and S corporation income or (loss). Combine lines 30 and 31 32 32 Part III Income or Loss From Estates and Trusts (b) Employer 33 (a) Name identification number Α В Nonpassive Income and Loss Passive Income and Loss (f) Other income from (c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss from Schedule K-1 Schedule K-1 (attach Form 8582 if required) from Schedule K-1 Α B 34a **Totals** Totals b Add columns (d) and (f) of line 34a 35 35 Add columns (c) and (e) of line 34b 36 36 37 37 Total estate and trust income or (loss). Combine lines 35 and 36. Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder Part IV (d) Taxable income (c) Excess inclusion from 38 (e) Income from (b) Employer (a) Name Schedules Q, line 2c (net loss) from Schedules Q. line 3b identification number Schedules Q, line 1b (see instructions) 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 Part V 40 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below . Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 41 41 1 (Form 1040), line 5 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code 42 AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR

from all rental real estate activities in which you materially participated