

Client Tax Organizer

Tax Year 2024

*Please provide us with all statements (W-2s, 1098s, 1099s, etc.) **New clients:** please provide a copy of last year's return.*

1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation	Daytime Phone
Taxpayer					
Spouse					
Street Address		City	State	Zip	Home Phone
Email Address		How would you prefer we contact you?			

	<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>	
Blind	___ Yes ___ No	___ Yes ___ No	___ Married	Will file Jointly: ___ Yes ___ No
Disabled	___ Yes ___ No	___ Yes ___ No	___ Single	___ Widow(er), Date of Spouse's Death _____
				___ Divorced during the tax year? <i>If so, please contact us to discuss tax implications.</i>

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled or Full Time Student?	Dependent's Gross Income/ Did they file a tax return?

Please answer the following questions to determine maximum deductions:

- | | |
|--|--|
| <p>1. Are you self-employed or do you receive hobby income? If yes, please provide us with income & expenses. ___ Yes ___ No</p> <p>2. At any time during 2024, did you receive, sell, send, exchange, or otherwise dispose of any financial interest in any virtual currency? ___ Yes ___ No</p> <p>3. Did you receive rent from real estate or other property? If yes, please provide us with income & expenses. ___ Yes ___ No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights or patents? ___ Yes ___ No</p> <p>5. Did you withdraw or write checks from a mutual fund? ___ Yes ___ No</p> <p>6. Do you have a foreign bank account, trust, or business? ___ Yes ___ No</p> <p>7. Do you provide a home for or help support anyone not listed in Section 2 above? ___ Yes ___ No</p> <p>8. Did you receive any correspondence from the IRS or State Department of Revenue? If so, please provide to us. ___ Yes ___ No</p> <p>9. Do you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$2,500? ___ Yes ___ No</p> <p>10. Did you give a gift of more than \$18,000 to one or more people? ___ Yes ___ No</p> <p>11. Did you own \$10,000 or more in foreign financial assets? ___ Yes ___ No</p> | <p>12. Were there any births, deaths, marriages, divorces or adoptions in your immediate family in 2024? ___ Yes ___ No</p> <p>13. Did you have any debts cancelled, forgiven, or refinanced? Please provide detail. ___ Yes ___ No</p> <p>14. Did you go through bankruptcy proceedings? If so, please provide more information and which Chapter? ___ Yes ___ No</p> <p>15. Did you pay rent? ___ Yes ___ No
If so, how much? \$ _____ Was heat included? ___ Yes ___ No</p> <p>16. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? ___ Yes ___ No</p> <p>17. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? (See Section 18) ___ Yes ___ No
If yes, which individual attended school? How many years have they attended post-secondary education? _____</p> <p>17. Did you have health insurance through the Marketplace? If so, please provide us with Form 1095-A. ___ Yes ___ No</p> <p>18. Did you install any energy property to your residence such as solar, wind, geothermal, or fuel cells technology? Energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? ___ Yes ___ No</p> <p style="text-align: center;">If you answered yes to #18, please provide receipt and supporting paperwork.</p> |
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3. Wage, Salary Income

Attach W-2's

Employer:

	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse

4. Interest Income

Attach 1099-INT and broker statements

Payer:	Amount

5. Dividend Income

Attach 1099-DIV

Payer	Ordinary	Capital Gains

6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K-1

7. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Improvements
Personal Residence *		
Vacation Home		
Land		
Other		

* Provide information on improvements, prior sales of home, and cost of a new residence.

8. I.R.A. (Individual Retirement Account)

Contributions for the tax year

	Amount	Date	Traditional or Roth?
Taxpayer			
Spouse			

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal	Reinvested?
		___ Yes ___ No
		___ Yes ___ No
		___ Yes ___ No
		___ Yes ___ No

9. Pension, Annuity Income

Attach 1099-R

Payer *	Reason for Withdrawal	Reinvested?
		___ Yes ___ No
		___ Yes ___ No
		___ Yes ___ No
		___ Yes ___ No

* Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive: Taxpayer Spouse

Social Security Benefits ___ Yes ___ No ___ Yes ___ No

Railroad Retirement ___ Yes ___ No ___ Yes ___ No

Attach SSA 1099, RRB 1099

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips.

Investment	Date Acquired/ Sold	Cost	Sales Price

11. Education Distributions

Attach 1099-Q

Payer	Distribution	Qualified Expenses

12. Other Income

List All Other Income (including non-taxable) _____
 Alimony Received _____
 Date of Divorce Decree _____
 Child Support _____
1099-K for Credit Card transactions _____
 > If so, for Business or Personal use? _____
 Scholarship (Grants) _____
 Unemployment Compensation **Attach 1099-G** _____
 Prizes, Bonuses, Awards _____
 Gambling, Lottery winnings _____
 Gambling, Lottery expenses _____
 Unreported Tips _____
 Director/Executor's Fee _____
 Commissions _____
 Jury Duty _____
 Worker's Compensation _____
 Disability Income _____
 Veteran's Pension _____
 Payments from Prior Installment Sale _____
 State Income Tax Refund _____
 Other: _____

13. Medical/Dental Expenses

Medical Insurance Premiums paid by you (not including Medicare Premiums) _____
 > if through payroll, must be *post-tax* _____
 Medicare Premiums Paid _____
 Long-Term Care Premiums: Taxpayer: _____
 Spouse: _____
 Prescription Drugs _____
 Doctor/Dental/Orthodontist _____
 Hospital _____
 Medical Equipment, Supplies _____
 Nursing Care _____
 Glasses, Contacts _____
 Medical Miles (# of miles) _____
 Other (explain): _____

14. Taxes Paid

Property Tax on Principal Residence _____
 Property Tax on Second Residence _____
 Other: _____

18. Education Expenses (including grade K-12 private tuition) MUST PROVIDE US WITH FORM 1098-T FOR COLLEGE TUITION

Student's Name	Amount Paid	Grade Level	School EIN	School Attended	Type of Expense (Tuition, Books)

15. Interest Expense

Mortgage Interest Paid (**attach 1098**) _____
 Interest Paid to an Individual for your home _____
 Paid to: Name _____
 Address _____
 Social Security No. _____
 Investment Interest _____
 Premiums paid for qualified mortgage insurance _____

16. Charitable Contributions

Amount of Cash Donation: _____
 Church _____
 United Way _____
 Other: _____
 Amount of Non-Cash Donation: (provide receipt and value of donation) _____
 Goodwill _____
 Salvation Army _____
 Other: _____

Volunteer Number of Miles: _____

17. Other Deductions

Alimony Paid to: _____
 Recipient's Social Security Number: _____
 Date of Divorce Decree: _____
 Student Loan Interest Paid _____
 Educator Expenses _____
Health Savings Account Contributions: \$ _____
 HSA Distribution: \$ _____
 Annual Deductible \$ _____ Single Plan or Family Plan? (circle one)

College Savings Plan Contributions:

Is it a Wisconsin account? ___ Yes ___ No

Beneficiary	Amount

19. Business or Rental Income & Expenses		20. Business Mileage <i>SCHEDULE C OR E ONLY</i>	
<i>Include Additional Sheet if more than one business or rental property</i>		Do you have written records? ___ Yes ___ No	
Business Income: \$ _____		Did you sell or trade in a car used for business? (If yes, provide paperwork) ___ Yes ___ No	
Rental Income: \$ _____		Make/Year of Vehicle _____	
Expenses:		Total Miles for the year _____	
Description	Amount	Business Miles: 1/1/24-12/31/24 (\$0.67/mi) _____	
		Gas, Oil, Repairs, Insurance, Etc. _____	
		Lease Payment or Interest Paid _____	
		21. Business Travel <i>SCHEDULE C OR E ONLY</i>	
		Lodging, Airfare, Train, Etc. _____	
		Meals (# of days if per diem _____) _____	
		Entertainment _____	
		Reimbursement Received _____	
		22. Residency	
Office in Home: Total Square Feet of Home _____		State of Residence _____	
Total Square Feet of Office _____		Town _____ Village _____ School District: _____	
Total Home/Renters Insurance _____		City _____ County _____	
Total Utilities _____		Out of State Purchases subject to State sales tax \$ _____	
23. Child & Other Dependent Care Expenses			
** Be sure to also complete this section even if you receive dependent care benefits from your employer. **			
Name of Care Provider	Address	Social Security # or Employer ID #	Child Name & Amount Paid
24. Questions, Comments, Other Information			
25. Estimated Tax Payments (For 2024 Taxes)			
Date Paid	Federal Estimated Tax Payment Amount	Date Paid	State Estimated Tax Payment Amount
26. Direct Deposit of Refund			
Would you like to have your refund(s) directly deposited into your account? ___ No ___ Yes If yes, Please provide a voided check.			
Type of Account ___ Checking ___ Savings Bank Name _____ Routing # _____ Account # _____			

To the best of my knowledge, the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

X _____	X _____
Taxpayer	Spouse
Date	Date