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2024 TAX ORGANIZER

Taxpayer Information			Spouse Information										
Last name	Last name	Last name											
First name													
Middle Initial			·····_										
Social security number		Social security											
Occupation			Occupation										
Work phone				Ext									
Cell phone													
E-mail address													
Date of birth													
Address					mber								
City				ZIP Code									
Home phone		number											
		•											
Dependent Information	I	1											
First name Last name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense								
Last name	Sullix	Relationship	OI BII (III	with raxpayer	LAPENSE								
Child and Dependent Care Provider Expe	enses		1	1									
Name		Address		ID Number	Amount Paid								
Education Tuition and Fees													
Attach all Form 1098-Ts and a list of your qualified ed	ucation expens	ses.											
Student Loan Interest Paid													
Enter total 2024 qualified student loan interest													
				-									

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Employer Name		2023 Amount
attach Form(s) 1099-R — Distributions from Pensions, Annuities, R	ativament Duofit Chavina	IDAs etc
1099-R Payer Name	eurement, Front-Snaring	2023 Amount
Attach Form(s) SSA-1099 — Social Security/Railroad Benefits	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	• •	Spoule
Railroad Retirement Benefits from Form RRB-1099	·····	
Medicare B premiums withheld	·····	-
Medicare C premiums withheld		_
Medicare D premiums withheld		
Attach Form(s) 1099-MISC — Miscellaneous Income, 1099-NEC, and 1099-MISC, 1099-NEC, and 1099-K Payer Name	l 1099-K	
Attach Form(s) 1099-INT — Interest Income		2023 Amount
Attach Form(s) 1099-DIV — Dividend Income		2023 Amount
Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc Attach all stock sale transaction information, including initial cost information.		
Other Government Forms to attach: Form(s) 1099-G — Certain Government Payments, Schedule K-1s — Partnership, S-Gambling or Lottery Winnings, Form(s) 1099-Q — Payments from Qualified Education		come, Form(s) W-2G
Other Income: Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach incor Include a list of all new equipment acquired this year, including date of purchase and cost.	me and expenses for any business,	rental or farm you owr
	Taxpayer	Spouse
Retirement Plan Contributions		
Traditional IRA contributions made for 2024		
Roth IRA contributions made for 2024		
SEP, Keogh, Individual 401(k) or SIMPLE Contributions		

2024 Deductions

Medical and Dental Expenses	2024 Amount	2023 Amount
Prescription medications.		
Health insurance premiums		
Doctors, dentists, etc		
Hospitals, clinics, etc.		
Eyeglasses and contact lenses		
Miles driven for medical purposes.		
Other medical and dental expenses:		
Taxes	2024 Amount	2023 Amount
Real estate taxes paid on principal residence		
Real estate taxes paid on additional homes or land		
Auto license registration fees based on the value of the vehicle		
Other personal property taxes		
Interest Expenses Home mortgage interest paid — Attach Form(s) 1098. Lender's Name	2024 Amount	2023 Amount
Points paid on loan to buy, build or improve main home Lender's Name	2024 Amount	
Cash/Check/Credit Contributions	2024 Amount	2023 Amount
Noncash Charitable Contributions Attach all receipts with details listing the following information: Donee, donee address, description of dor your cost, value at time of donation, and how you acquired the property.	nation, date acquired and	date contributed,
Miscellaneous Deductions	2024 Amount	2023 Amount
Union and professional dues		
Professional subscriptions, books, supplies		
Uniforms and protective clothing (including cleaning)		
Job search costs		
Taxpayer educator expenses		
Spouse educator expenses		
Tax return preparation fees		
Safe deposit box rental		
Gambling losses (to the extent of gambling income) Other expenses (list):		

2024

Questions

		Yes	No							
1	Did a lender cancel any of your debt in2024? (Attach any Forms 1099-A or 1099-C)		П							
2	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024? If yes, please attach details		ī							
3	Did you purchase a motor vehicle or boat during 2024 ?									
4	If yes , attach documentation showing sales tax paid.									
4	Did you purchase a hybrid or electric vehicle in 2024? If yes , enter year, make, model, and date purchased:									
5	Did you donate a vehicle in 2024? If yes, attach Form 1098C	H	H							
6	What was the sales tax rate in your locality in 2024? % State ID	. Ш	ш							
7	What was the sales tax rate in your locality in 2024? % State ID Did your marital status change during 2024?									
	If yes , explain:									
8										
9	Do you have dependents who must file?	=	Н							
10 11	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,600?	=	Н							
11 12	Did you provide over half the support for any other person during 2024?	=	H							
	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA	· 📙								
	or qualified plan within 60 days of the distribution?									
	Did you receive any disability payments in 2024?	=	Н							
	Did you receive tip income not reported to your employer?	r 💳								
	escrow statements, 1099-C or 1099-A forms	. Ш	Н							
	f you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?		H							
	Did you incur any casualty or theft losses during 2024?	=	\vdash							
18 19	Did you pay any individual for domestic services in 2024 ?	=	H							
20	Did you take a retirement account distribution related to a natural disaster?		H							
21	Did you buy or sell any stocks or bonds in 2024?	. Н	П							
22	Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	. П	П							
23	Did you incur any moving expenses? If yes, attach details	. 🔲								
24	Did you receive any income not included in this Tax Organizer?									
25	f yes, please attach information. Do you expect your income and deductions in 2025 to be the same as 2024 ?									
	f no, attach explanation of changes expected.	. Ш								
26	Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach	. 🗆								
27	At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange,									
	or otherwise dispose of a digital asset (or a financial interest in a digital asset)?									
2 8	f you paid any alimony, enter recipient's SSN: Alimony paid:									
29	Inter your state of residence									
30 a	Do you want to change the language with which the IRS communicates with you?	Ш	Ш							
ı	f yes, which language?									
-1-	vanis Eiling and Divast Danasit of Policed	Yes	No							
f yo	ronic Filing and Direct Deposit of Refund r tax return is eligible for Electronic Filing, would you like to file electronically?									
he	nternal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.									
	receive a refund, would you like direct deposit?	. Ц								
		avings								
sti	nated Tax Paid Federal State Local									
_	Date Amount Date Amount ID Date Amount		ID							
_										
_										
٩d	tional Information (Enter any additional information here and attach any documents.)									
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Health Insurance Coverage

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet

must be manually entered on the appropriate form in ProSeries/1040.

Part '	1 Coverage														
Enter	the name, SSN/DOB and	d health insurance sta	itus for ead	ch person w	ho will clain	n on y	our r	eturr	in th	ne tal	ble b	elow	:		
	Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received								was o	-	
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

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