

Tax Organizer For 2024 Income Tax Return

Prepared For:

. .
,

Prepared By:

Solutions Tax & Accounting
2043 NE 5th St
Cape Coral, FL 33909

This Tax Organizer can be used to help identify information needed to prepare your 2024 income tax return. Enter your 2024 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2024 income tax return.

If you have any questions, please feel free to contact us at (239)565-3404 or (239)218-3829.

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer						<input type="checkbox"/>	<input type="checkbox"/>
Spouse						<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town	State	Zip Code	County	
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)				Home Phone		Mobile Phone	
Spouse's E-mail Address(es)				Spouse's Mobile Phone			

2. FILING STATUS

Single Check if parent (or someone else) can claim you as a dependent on their return.
 Married Filing Joint
 Married Filing Separate Check if you lived apart from your spouse for all of 2024.
 Head of Household
 Qualifying Widow(er) Year spouse died: _____

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? Yes No

<p>Bank Account</p> <p>Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Bank name _____</p> <p>Routing number _____</p> <p>Account number _____</p> <p>Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>	<p>Bank Account</p> <p>Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Bank name _____</p> <p>Routing number _____</p> <p>Account number _____</p> <p>Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>
---	---

5. IDENTIFICATION INFORMATION

<p>Taxpayer</p> <p>Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID</p> <p>ID number _____</p> <p>Location of issuance _____</p> <p>Issue date _____</p> <p>Expiration date _____</p>	<p>Spouse</p> <p>Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID</p> <p>ID number _____</p> <p>Location of issuance _____</p> <p>Issue date _____</p> <p>Expiration date _____</p>
---	---

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

- Employer Government-Sponsored Marketplace Private Exchange (Individual Insurance Company)

7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

- | | | |
|--|-----------------------------------|---------------------------------|
| 1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund. | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse |
| 2. Were you a victim of identity theft and have you been contacted by the IRS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please furnish the 6-digit PIN issued to you by the IRS | _____ | |
| 3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2024? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,600? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Did you give a gift of more than \$18,000 to one or more people? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

8. COMMENTS

INCOME ORGANIZER

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Unreported tip income received: _____

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498	Roth	Other	Taxpayer	Spouse
Payer Name	IRA	IRA		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive railroad retirement benefits? . . .	<input type="checkbox"/>	<input type="checkbox"/>

6. OTHER INCOME

Description	Amount
State income tax refund	_____
Alimony received	_____
Date of original divorce/separation agreement	_____
Unemployment compensation	_____
Gambling winnings	_____
Jury pay	_____
Hobby income	_____
Scholarships (grants)	_____
NOL Carryforward	_____
Child support	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? Yes No
2. Did you earn any foreign income or pay any foreign taxes? Yes No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? Yes No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? Yes No
 If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during 2024? Yes No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? Yes No
6. At any time during 2024, did you:
 - (a) receive (as a reward, award, or compensation)
 - (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Yes No

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>

2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging	_____
Gas and Oil.	_____
Mileage	_____
Other	_____
Miles from old home to your new workplace	_____
Miles from old home to old workplace	_____
Member of the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA.	_____
Contributions to a ROTH IRA.	_____

4. OTHER DEDUCTIONS

Description	Amount
Educator expenses.	_____
Alimony paid Rec. SSN: _____ Date of original divorce/separation _____	_____
Health Savings Account contributions	_____
Archer Medical Savings Account contributions _____	_____
Jury duty repayment to employer	_____
Foreign qualified housing expenses.	_____
Contributions to College 529 Savings Plan.	_____
Qualified business net (loss) carryover from 2023	_____
Qualified REIT dividends and PTP net (loss) carryover	_____
_____	_____
_____	_____
_____	_____

5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2024 for which you paid a large amount of sales tax? Yes No
2. Did you refinance a mortgage during 2024? Yes No

ITEMIZED DEDUCTIONS (continued)

Casualty and Theft Losses (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.

(If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property: _____ Residential property Business property
 Description of property: _____ Federal Disaster
 Date of loss: _____ FEMA disaster declaration # _____

Amount of damage _____ Cost basis of property _____ Repair Costs _____
 Insurance reimbursement _____ FMV of property before loss _____ Other _____
 Federal monies received _____ FMV of property after loss _____ Other _____

Unreimbursed Employee Business Expenses

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) _____
 Subscriptions related to your work _____
 Licenses and regulatory fees _____
 Tools and supplies used in your work _____
 Work clothes, uniforms if required _____
 Medical exams required by your employer _____
 Work related education (books, tuition) _____
 Legal fees related to your job _____
 Job search expenses (current occupation) _____

Vehicle Information

Vehicle description _____
 Date placed in service _____
 Cost or basis _____

Miles of vehicle

Business miles _____
 Commuting miles _____
 Other miles _____

***In home office:**

Total square footage _____
 Office square footage _____
 Office square footage _____
 Rent _____
 Insurance _____
 Utilities _____
 Repairs/Maintenance _____

Expenses

Actual expenses _____
 (gas, oil, repairs, etc)
 Parking fees and tolls _____
 Travel expenses _____

*Questions relating to mortgage interest, taxes, and casualty losses were asked previously

Sales, Purchases, and Disposition of Assets in 2024

(New clients, enclose detailed listing of all depreciable assets.)

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

Investment Related Expenses

Tax preparation fees _____
 Safe deposit box _____
 Custodial, trust admin fees _____
 Fees to collect interest and dividends _____
 Tax advice not related to investment income _____
 Legal fees related to producing taxable income _____
 Other _____
 Other _____
 Other _____

Other Misc. Deductions

Gambling losses _____
 Estate tax deduction (in respect of a decedent) _____
 Portfolio from Schedule K-1 _____
 Unrecovered investment in a pension _____
 Amortizable premium on taxable bonds _____
 Disabled persons work expenses _____
 Other _____
 Other _____
 Other _____

CREDITS AND PAYMENTS ORGANIZER
Please complete this Organizer before your appointment.

1. CHILD CARE CREDIT

Attach Daycare Provider Statement(s):		Tax-Exempt	Telephone Number	Identification Number	Amount Paid
Care Provider Name	Address				
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____

2. RESIDENTIAL ENERGY CREDIT

Solar electric property	_____	Metal or asphalt roof	_____
Solar water heating	_____	Exterior windows and skylights	_____
Small wind energy	_____	Electric heat pump or central air conditioner	_____
Geothermal heat pump	_____	Natural gas, propane or oil water heater	_____
Fuel cell property	_____	Biomass fuel stove	_____
Insulation material	_____	Natural gas, propane or oil furnace	_____
Exterior doors	_____	Advanced main air circulating fan	_____

1. Were the qualified improvements for your main home in the United States? Yes No

2. Were any of the improvements related to the construction of this main home? Yes No

3. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? Yes No

2. Are you currently repaying the First-Time Homebuyer Credit? Yes No

3. Do you (and your spouse) have a social security number that allows you to work and is valid? Yes No

4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? Yes No

4. ESTIMATED TAX PAYMENTS

Federal estimated payments		Date Paid	Amount Paid
Applied from 2023 federal refund		_____	_____
1st quarter payment		_____	_____
2nd quarter payment		_____	_____
3rd quarter payment		_____	_____
4th quarter payment		_____	_____

State estimated payments	Date Paid	Amount Paid	Local estimated payments	Date Paid	Amount Paid
Applied from 2023 state refund		_____	Applied from 2023 local refund		_____
1st quarter payment		_____	1st quarter payment		_____
2nd quarter payment		_____	2nd quarter payment		_____
3rd quarter payment		_____	3rd quarter payment		_____
4th quarter payment		_____	4th quarter payment		_____
State Name		_____	Locality Name		_____