

# Income Tax Organizer

Tax Year 2024

Taxpayer		Spouse	
Name:		Name:	
SSN:	DOB:	SSN:	DOB:
Phone:		Phone:	
Occupation:		Occupation:	

Address \_\_\_\_\_

Email \_\_\_\_\_

### Dependents

Name	Birthday	Social Security Number	Relationship	No. of Months in Home

The checklist below could lead to helpful deductions. Please answer and provide supporting information.

**Yes No**

- Are you or your spouse Blind for income tax purposes? If yes, taxpayer or spouse? \_\_\_\_\_
- Did you incur any educational expenses on behalf of yourself, spouse, or a dependent in 2024? If yes, please provide the form 1098-T from the College or University.
- Did you contribute to a Qualified State Tuition Plan or the Palmetto Able Savings Plan in 2024? If so, provide documentation
- If you are an educator, did you have unreimbursed work related expenses in 2024? If yes, amount: \$ \_\_\_\_\_
- Did you have student loan interest you paid in 2024? Taxpayer amount \$ \_\_\_\_\_ Spouse amount \$ \_\_\_\_\_
- Did you withdraw IRA or Retirement funds during the year **and** re-deposit or rollover some or all of the funds within the 60 day rollover period? If so, please provide documentation of dates and amounts of withdrawals and rollovers of funds.
- Have you been a victim of identity theft and contacted the IRS? If yes, provide your 6-digit ID PIN issued to you.
- Did you have income (loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2024? If yes, provide all copies of K-1
- Did you pay or receive alimony(circle one)? What is the date of the Divorce or Separation Agreement? \_\_\_\_/\_\_\_\_/\_\_\_\_  
From/to who: \_\_\_\_\_ SS#: \_\_\_\_\_ Amount \$ \_\_\_\_\_
- If you are a commissioned law enforcement officer, full-time firefighter, or full-time EMS personnel, how many days did you work in 2024? \_\_\_\_\_
- Did you receive payments from an installment sale? If so, we need additional information.
- Did you receive INTEREST and/or DIVIDEND income? If so, provide us with your Forms 1099-INT and/or 1099-DIV.
- Did you receive CAPITAL GAIN distributions or stock sales? If so, provide us with your 1099 Forms.
- Do you have a Health Savings Account? If yes, provide 1099 from HSA.
- Did you enroll for Marketplace Coverage through healthcare.gov? If yes, provide any Form(s) 1095-A you received.
- At any time during 2024 did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency?
- Did your dependent child under age 24 have more than \$1,300 of unearned income? If so, your child will not be able to file their tax return until the parent's tax return has been prepared.
- Did you receive Form 1099-K? If so, please provide it. We may need additional information.

If you have any questions you would like to ask or other information to provide, please write it here or on a separate sheet of paper.

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**Estimated Tax Payments - Do not include amounts withheld from forms W-2 and 1099**

	1 <sup>st</sup> Quarter Due 4/15/24		2 <sup>nd</sup> Quarter Due 6/15/24		3 <sup>rd</sup> Quarter Due 9/15/24		4 <sup>th</sup> Quarter Due 1/15/25		Totals
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	
Federal									
State									

**Personalized Itemized Deductions**

!!!If your itemized deductions are less than the standard deduction then itemization information is **not** necessary!!!

**Standard Deductions for 2024**

	Standard	65 or Older/Blind
<b>Single</b>	\$14,600	\$16,550
<b>Married Joint</b>	\$29,200	\$32,300
<b>Head of Household</b>	\$21,900	\$23,850

Standard Mileage Rate for 2024 / 2025

<b>Business</b>	67 cents / 70 cents
<b>Medical</b>	21 cents / 21 cents
<b>Charitable</b>	14 cents / 14 cents

Please attach all 1099 forms from insurance companies

Medical	Amount
Prescription Drug	
Medical Insurance Premiums*	
Long Term Care Ins. Premiums	
Doctors/Dentists/Hospitals	
Eyeglasses/Hearing Aids/ETC.	
Medical Miles	
Other	

Taxes and Interest	Amount
Real Estate Property Taxes	
Other Property Taxes Paid (Auto, Boat, RV, ETC.)	
Deductible Home Mortgage Interest Paid**	
Investment Interest	

Charitable Contributions	Amount
Cash/Check Contributions	
Non-Cash Contributions	
Miles for Charity	
Contributions of \$250 or more require written substantiation from the organization.	

\*Any medical insurance or other medical expenses paid for with pre-tax dollars from your wages are not deductible. (please do not list) If you are not sure, you can refer to your paycheck stub to determine if your deductions are pre-tax or after tax.

\*\*If you paid home mortgage interest to an individual rather than a financial institution then please be sure to attach their name, address and social security number. Failure to provide is subject to a penalty.

**Child & Other Dependent Care Expenses:**

Complete this section and/or provide a statement from the care provider (use additional paper if necessary).

Name of Care Provider	Address	SSN or Employer ID	Amount Paid

If you have your own accounting records for your business or farm, please provide instead of completing this page.

Business Income (Attach 1099 forms)	
Business Name	
Federal ID Number	
Principle Activity	
Principle Product	

Gross Income	Amount
Gross Income	
Less Returns/Allowances	

Cost of Sales	Amount
Beginning Inventory	
Purchases	
Cost of Labor	
Materials and Supplies	
Freight In	
Other	
Ending Inventory	

**Business Use of Home**

Total Area of Home: \_\_\_\_\_ sq. ft.  
 Total Area Used for Business: \_\_\_\_\_ sq. ft.  
 Nature of Business Activity Performed in Home: \_\_\_\_\_  
 Was Another Office Available to You Outside the Home? \_\_\_\_\_

This page is designed to be used as a guide only.

Deductions	Amount
Advertising	
Auto-Truck Expense	
Collection Expense	
Commissions	
Professional Dues & Subscriptions	
Freight	
Utilities	
Insurance	
Interest-Mortgage	
Interest-Other	
Janitorial & Cleaning	
Laundry	
Legal & Accounting	
Office Expense	
Postage	
Rent	
Repairs	
Salaries	
Supplies	
Telephone	
Travel	

Farm Income (Attach 1099 Forms)	
Farm Name	
Principle Activity	
Accounting Method	<input type="checkbox"/> Cash <input type="checkbox"/> Accrual

Sale of Livestock & Produce Raised Except for Breeding Stock	Amount
Feeders & Calves	
Pigs & Sheep	
Poultry & Eggs	
Dairy Products	
Corn, Peas, Etc.	
Wheat, Oats, Hay & Straw	
Fruit	
Patronage Dividends	
Agricultural Program Payments	
Commodity Credit Loans Neglected	
CCC Loans: Forfeited	
Repaid with Certificates	
Crop Insurance Proceeds	
Federal Gasoline Credit	
Other	

Income	Amount
Sales of Items Bought for Resale	
Cost of Items Bought for Resale	

Deduction	Amount
Breeding Fees	
Chemicals	
Conservation Expenses	
Custom Hire (Machine Work)	
Feed Purchased	
Fertilizers & Lime	
Freight & Trucking	
Gasoline, Fuel, Oil	
Insurance	
Interest - Mortgage	
Interest - Other	
Labor Hired	
Rent of Farm, Pasture	
Repairs & Maintenance	
Seeds & Plants Purchased	
Storage, Warehouse	
Supplies Purchased	
Taxes	
Utilities	
Veterinary Fees, Medicine	
Farm Miles Driven	

If you are self-employed, did you pay health insurance premiums for yourself and your family? Amount \$ \_\_\_\_\_

**Depreciable Asset Additions**

For Schedule C, E, F	Description	Date Purchased	Cost	Trade-In (if any)

**Capital Assets Sold and Broker Statements where Applicable.**

Description of Property	Date Acquired			Date Sold			Sale Price	Cost Basis

List all property and Stock/ Mutual Fund sales or attach 1099's.

To qualify for long term capital gains rates, assets sold must have been held for 12 months or more.

**Rental Income (Attach 1099 Forms and/or statements from property management)**

Property Description				
Gross Income				
Expenses				
Advertising				
Auto and Travel				
Cleaning and Maintenance				
Commissions				
Insurance				
Professional Fees				
Mortgage Interest				
Other Interest				
Repairs				
Supplies				
Taxes				
Utilities				
<b>Totals</b>				

**Engagement Letter and Agreement**

We will prepare your federal and state income tax returns from information you furnish us. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge. We will not audit or otherwise verify the data that you submit, although it may be necessary to ask for additional information or clarification of certain items.

It is your responsibility to provide all information required for the preparation of complete and accurate returns. You should retain all the documents, cancel checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and therefore, you should review them carefully before signing and filing them.

We will use professional judgment in resolving questions where the tax law is unclear or where there may be conflicts between the taxing authorities interpretations of the law and what seem to be other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

Your returns are subject to examination by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on the tax return. Any items resolved against you by the examining agent are subject to certain rights of appeal. If an examination is made, we will represent you if you so desire. Such additional services will be billed for time and expenses incurred.

Our fee for these tax services will be based upon the amount of time required billed at our standard billing rates, plus out-of-pocket expenses. We will bill you on that basis, and all invoices will be due and payable upon presentation.

If the tax services and terms outlined above are in accordance with your understanding of our agreement, please sign this letter in the space provided and return it to us with your tax information.

**AGREED TO AND ACCEPTED:**

The forgoing is in accordance with my/our understanding of your engagement to provide tax services. The terms described in this letter are acceptable and are hereby agreed to.

BY: \_\_\_\_\_ Date: \_\_\_\_\_, 2025