

# 2024 GENERAL TAX ORGANIZER

Name \_\_\_\_\_

**ALL CLIENTS COMPLETE AND RETURN BOTH SIDES OF THIS SHEET ALONG WITH YOUR W-2 FORMS AND OTHER TAX INFORMATION. BE SURE TO FILL IN SECTIONS MARKED REQUIRED. ALSO BE SURE TO SIGN, DATE, AND RETURN THE GENERAL ENGAGEMENT LETTER.**

ADDRESS \_\_\_\_\_ (GIVE DATE OF MOVE IF DIFFERENT FROM LAST YEAR'S TAX RETURN)

CELL PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ OTHER NUMBER \_\_\_\_\_ (TYPE \_\_\_\_\_)

**EMAIL ADDRESS IS NOW REQUIRED FOR FILING, IF AVAILABLE** EMAIL ADDRESS \_\_\_\_\_

**IF YOU GOT MARRIED DURING 2024:** MARRIAGE DATE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SPOUSE'S NAME EXACTLY AS SHOWN ON SOCIAL SECURITY CARD \_\_\_\_\_

**IF YOU HAVE A NEW DEPENDENT FOR 2024:** RELATIONSHIP (SON, ETC.) \_\_\_\_\_

DEPENDENT'S NAME EXACTLY AS SHOWN ON SOCIAL SECURITY CARD \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**WERE THERE ANY CHILDREN LISTED LAST YEAR THAT CANNOT BE CLAIMED IN 2024? CIRCLE ONE YES NO IF YES, SEND DETAILS**

**ARE YOU CLAIMING DEPENDENTS OVER THE AGE OF 16 (not spouse)? CIRCLE ONE YES NO IF YES, SEND INFO SHOWING THEIR INCOME**

**QUARTERLY ESTIMATED PAYMENTS MADE TO PRE-PAY YOUR 2024 TAXES. BE SURE TO INCLUDE ANY PAYMENTS MADE IN 2025. DO NOT INCLUDE ANY PAYMENTS FOR 2023 TAXES NOR AMOUNTS PAID FOR EMPLOYEES THROUGH YOUR BUSINESS PAYROLL.**

DATE	US TREASURY	STATE	SCHOOL DISTRICT	VILLAGE/CITY
APPLIED TO '24 FROM '23	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

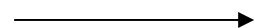
**REQUIRED INFORMATION—WE MUST HAVE THIS INFORMATION FOR EACH TAXPAYER AND SPOUSE**

TAXPAYER <b>CIRCLE ONE</b> DRIVER LICENSE STATE ID CARD	SPOUSE <b>CIRCLE ONE</b> DRIVER LICENSE STATE ID CARD
ISSUING STATE _____ <b>HAVE NONE</b>	ISSUING STATE _____ <b>HAVE NONE</b>
LICENSE OR ID NUMBER _____	LICENSE OR ID NUMBER _____
ISSUE DATE _____	ISSUE DATE _____
EXPIRATION DATE _____	EXPIRATION DATE _____

**IMPORTANT: ENCLOSE A VOID CHECK** FROM THE BANK ACCOUNT YOU WANT TO BE USED FOR DEPOSIT OF REFUNDS OR DEBIT OF BALANCES OWED. IF THERE ARE BALANCES OWED, WE WILL NOTIFY YOU OF THE DATE THE AMOUNT WILL BE DEBITED. YOU MAY CHANGE THE DATE OR CANCEL THE PAYMENT IF INECESSARY. **IF THE ACCOUNT NUMBERS HAVE NOT CHANGED** FROM LAST YEAR, MAKE A NOTE HERE INDICATING THAT INSTEAD OF ENCLOSING A CHECK. **X**

NOTE HERE CONCERNING BANK ACCT

PLEASE **COMPLETE OTHER SIDE**. SIX ITEMS ON REVERSE MARKED **REQUIRED** ARE NEEDED FROM **ALL** CLIENTS



**REQUIRED FOR EVERYONE:** COUNTY \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ PUBLIC SCHOOL DISTRICT \_\_\_\_\_

**REQUIRED FOR EVERYONE: MAIL ORDER PURCHASES:** 2024 OUT-OF-STATE OR OTHER PURCHASES ON WHICH YOU DID NOT PAY SALES TAX (EXAMPLE: CATALOG, MAIL ORDER, OR INTERNET). IF BUSINESS EXPENSE, REPORT BOTH HERE AND ON BUS. ORGANIZER.

\$ \_\_\_\_\_ OR CHECK HERE TO CERTIFY THAT YOU MADE **NO** UNTAXED PURCHASES \_\_\_\_\_

**REQUIRED:** DID YOU BUY OR SELL ANY PROPERTY DURING 2024? **CIRCLE ONE:** YES NO  
(ENCLOSE COPY OF SETTLEMENT STATEMENT YOU RECEIVED AT CLOSING OF PURCHASE OR SALE)

**REQUIRED:** DO YOU OWN OR HAVE SIGNING AUTHORITY ON ANY BANK ACCOUNTS OR OWN PROPERTY **LOCATED OUTSIDE THE U.S.?**  
\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PROVIDE FULL DETAILS ON A SEPARATE SHEET OF PAPER.

**REQUIRED:** DURING 2024, DID YOU OWN, OR HAVE ANY TRANSACTIONS INVOLVING, **VIRTUAL (CRYPTO) CURRENCY OR OTHER DIGITAL ASSETS?**

\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PROVIDE FULL DETAILS ON SEPARATE PAPER.

**FY: EXAMPLES OF VIRTUAL (CRYPTO) CURRENCY OR OTHER DIGITAL ASSETS ARE BITCOIN AND NFT'S. THEY ARE INTERNET-BASED MONEY OR PROPERTY THAT EXISTS ONLY IN ELECTRONIC FORM.**

**REQUIRED:** DURING 2024, DID YOU START ANY **NEW** LLC'S OR CORPORATIONS, INCLUDING S CORPORATIONS? **CIRCLE ONE.**

YES NO IF YES, PROVIDE NAME OF LLC'S OR CORPORATIONS HERE THAT YOU STARTED **NEW** DURING 2024, ALONG WITH YOUR PERCENTAGE OF OWNERSHIP.

\$ \_\_\_\_\_ **CONTRIBUTIONS** TO CHURCHES & IRS-RECOGNIZED CHARITABLE ORGANIZATIONS-NOT INDIVIDUALS. IN ORDER TO CLAIM THIS DEDUCTION **YOU MUST HAVE AN IRS-APPROVED RECEIPT IN YOUR POSSESSION.**

#### MEDICAL EXPENSES

\$ \_\_\_\_\_ **HEALTH INSURANCE COST.** (CHANGE: HEALTHCARE SHARING MINISTRY COST IS **NOT** REPORTABLE). IF YOU ARE SELF-EMPLOYED, DON'T REPORT HERE—REPORT ON BUSINESS OR FARM.

\$ \_\_\_\_\_ **MEDICAL EXPENSE.** REPORT THE AMOUNT YOU ACTUALLY PAID DURING CALENDAR YEAR 2024. INCLUDE PRESCRIPTION MEDICINES, INSULIN, DOCTOR, DENTIST, CHIROPRACTOR, HOSPITAL, ETC. (MUST BE STATE-LICENSED), EYEGLASSES, CONTACT LENSES, EYE EXAMINATIONS, HEARING AIDS. DO NOT INCLUDE HERBS, VITAMINS, SUPPLEMENTS, ETC. UNLESS PRESCRIBED BY STATE-LICENSED DOCTORS.

\$ \_\_\_\_\_ **TRANSPORTATION** AND LODGING ( \_\_\_\_\_ MILES DRIVEN FOR MEDICAL CARE IN YOUR OWN VEHICLE)

#### OTHER DEDUCTIONS

ENCLOSE FORM 1098 HOME MORTGAGE INTEREST

\$ \_\_\_\_\_ SALES TAX ON MAJOR PURCHASE SUCH AS VEHICLE FOR PERSONAL USE. DESCRIBE: \_\_\_\_\_

\$ \_\_\_\_\_ REAL ESTATE & MOBILE HOME TAX (INCLUDE ONLY AMOUNT OF BILLS YOU PAID DURING 2024)

\$ \_\_\_\_\_ FOOD, CLOTHING, ETC. TO CHURCHES & IRS-RECOGNIZED CHARITABLE ORGANIZATIONS (NOT INDIVIDUALS)

\$ \_\_\_\_\_ VOLUNTEER EXPENSES INCURRED FOR CHURCHES & IRS-RECOGNIZED CHARITABLE ORGANIZATIONS

\_\_\_\_\_miles UNREIMBURSED MILES DRIVEN FOR CHURCHES & IRS-RECOGNIZED CHARITABLE ORGANIZATIONS