

TAX YEAR 2024 CLIENT TAX ORGANIZER INSTRUCTIONS

Dear Tax Client: Do not send your tax information until you have completed this organizer and have all of your tax information together. We will not accept or store partial information.

Thank you for allowing us to prepare your tax returns for tax year 2024. ***PLEASE READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY.*** Failure to do this will delay the completion of your tax return and result in an inaccurate result. If you are sending your child's tax info, they must complete & sign their own organizer. Their documents should be attached to their own organizer. *****WARNING: No signed organizer. No ID. Sorry, but NO tax preparation!!!*****

1. **Fill in all personal information even if you are a previous client.** For the other areas fill in **only** the items that apply to you. **Remember** if you are sending tax information for your children, they need their own signed organizer along with ID. Please include E – mail address since they are helpful in communicating with you.
2. Include all tax documents that you received for the tax year (W2s, 1099 Misc., 1099 Int., 1099 Div., etc.)
3. **For PA Clients Only - INCLUDE your local tax return forms** that you receive in the mail. We have all federal and state forms in our office.
4. If you moved during the year we need your moving date as well as your old and new addresses. (Section 17)
5. **Do not send all your receipts for expenses.** Only send us a list of your expenses and group them in categories. We need to know that you have receipts for your expenses and may ask to verify them; but we do not keep them on file in our offices. You need to keep them in your files in case they are ever needed to verify expenditures.
6. **If you have a ministerial housing allowance** we need to know if you spent it all. If not, how much did you have left over above your housing costs?
7. For auto expenses be sure to include a description of the auto, business miles, commuting miles, personal miles, and purchase date of each vehicle for which you are claiming mileage. **Please separate your mileage for each vehicle. Do not send us just one mileage figure for all vehicles!**
8. If you have honoraria or other self-employed income, list it separately. List your expenses incurred due to this self-employment income separately from other employee expenses.
9. List your federal, state, and local estimated tax payments that you made for the tax year along with the dates that you made the payments.
10. **The organizer must be signed (both husband & wife if applicable)** on the signature lines to certify that the information that you are providing us is accurate and that you have receipts or other documentary evidence to support your income and expense.
11. **A copy of your driver's license or photo page of passport must be included even if we filed your taxes previously** (both husband and wife if applicable) along with the signed organizer.

2024 CLIENT TAX ORGANIZER

Please complete this Organizer before mailing us your information or arriving for your appointment.

1. Personal Information

Full Name w/Middle Initial	Soc. Sec. No.	Birth Date	Occupation	Cell Phone#
Taxpayer				
Spouse				
Street Address	City		State	Zip
County	Boro or Township		School District	Municipality
E-mail Address				

Taxpayer

Spouse

Marital Status

- | | | | | | | |
|---------------------|----------------------------------------------------------|--------|----------------------------------------------------------|-----------------------------------|-------------------|----------------------------------------------------------|
| Blind | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spouse | <input type="checkbox"/> Yes <input type="checkbox"/> No | Married | Will file jointly | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Disabled | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spouse | <input type="checkbox"/> Yes <input type="checkbox"/> No | Single | | |
| Pres. Campaign Fund | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spouse | <input type="checkbox"/> Yes <input type="checkbox"/> No | Widow(er), Date of Spouse's Death | _____ | |

2. Dependents (Children & Others)

Name (First, Initial, Last)	Relation-ship	Birth Date	Soc. Sec. No	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

PLEASE PROVIDE THE FOLLOWING ITEMS:

- Last Year's tax return (**new clients only**)
- All statements (W-2s, 1098s, 1099s, etc)

Please answer the following questions to determine maximum deductions:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did you receive income from raising animals or crops? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Did you purchase an electric vehicle in 2024? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, or patents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you withdraw or write checks from a mutual fund? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have a foreign bank account, trust, or business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you receive any correspondence from the IRS or State Dept. of Taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>10. Did you give a gift of more than \$18,000 to 1 or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you have any debts canceled, forgiven, or refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you go through bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. If you rented, how much did you pay? Was heat included? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you pay interest on a student loan for yourself, spouse, or dependent during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you pay expenses for yourself, spouse, or dependent to attend classes beyond high school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Did you have any children under age 19 or 19 to 23 year old students with unearned income of more than \$1,050? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Did you purchase a new alternative technology vehicle or electric vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Did you own \$50,000 or more in foreign financial assets? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

3. Wage, Salary, Self Employed Income

ATTACH W-2s and/or 1099s

Employer	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"/>

4. Interest Income

ATTACH 1099-INT, Form 1097-BTC & Broker Statements

Payer	Amount

5. Dividend Income

From Mutual Funds & Stocks - ATTACH 1099-DIV

Payer	Ordinary	Capital Gains	Non-Taxable

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	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

*Provide information on improvements, prior sales of home.

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

Contributions for tax year income

	Amount	Date	√ for Roth
Taxpayer			
Spouse			

Amounts withdrawn. ATTACH 1099-R & 5498

Plan Trustee	Reason for Withdrawal	Reinvested?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Pension, Annuity Income

ATTACH 1099-R

Payer	Reason for Withdrawal	Reinvested?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ATTACH SSA 1099, RRB 1099

10. Investments Sold / Crypto Currency (only if sold)

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

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

11. Other Income

List all Other Income (including non-taxable)

Alimony Received _____
 Child Support _____
 Scholarship (Grants) _____
 Unemployment Compensation (repaid) _____
 Prizes, Bonuses, Awards _____
 Gambling, Lottery / expenses _____
 Unreported Tips _____
 Director / Executor's Fees _____
 Commission _____
 Jury Duty _____
 Worker's Compensation _____
 Veteran's Pension _____
 Disability Income _____
 Payment from Prior Installation Sale _____
 State Income Tax Refund _____
 Clergy Honoraria _____
 Other _____

14. Taxes Paid

Real Property Tax (attach bills) _____
 Personal Property Taxes _____
 Other _____

15. Casualty / Theft Loss

For property damaged by storm, water, fire, accident, or stolen.

Location of Property _____

Description of Property _____

	Other	Federally Declared Disaster Losses
Amount of Damage _____	_____	_____
Insurance Reimbursement _____	_____	_____
Repair Costs _____	_____	_____
Federal Grants Received _____	_____	_____

12. Medical / Dental Expenses

Medical Insurance Premiums (paid by you) _____
 Prescription Drugs _____
 Insulin _____
 Eye Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Braces _____
 Medical Equipment, Supplies _____
 Nursing Care _____
 Medical Therapy _____
 Hospital / Nursing Home _____
 Doctor/Dental/Healthcare Professional _____
 Lodging _____
 Mileage (no. of miles) _____

13. Interest Expenses

Mortgage Interest Paid (ATTACH 1098) _____
 Interest paid to individual for your home (include
 amortization schedule _____)

Paid to: Name _____
 Address _____
 Social Security Number _____

Investment Interest _____
 Premiums paid or accrued for qualified mortgage insurance _____

16. Charitable Contributions

Church	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Other	
_____	_____
_____	_____
Non Cash	
_____	_____

Volunteer (no. of miles) _____ @.14 _____

***Provide detail if over \$5000.00 is paid to any organization.**

17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec No. or Employer No.	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

18. Employment Related Expenses That You Paid (Not self-employed)

Dues - Union, Professional _____
 Books, Subscriptions, Supplies _____
 Licenses _____
 Tools, Equipment, Safety Equipment _____
 Uniforms (including cleaning) _____
 Sales Expense, Gifts _____
 Tuition, Books (work related) _____
 Entertainment _____

Office in home:

Square Ft a) Total Home _____
 b) Office _____
 c) Storage _____

Rent _____
 Insurance _____
 Utilities _____
 Other _____

*Please label "T" for taxpayer, "S" for spouse on each item.

19. Moving Information

Did you move in 2024? Yes ___ No ___ Date of move _____

If yes, provide:

Previous Address: _____

County _____

School District _____

Municipality _____

Current Address _____

County _____

School District _____

Municipality _____

If you moved, we need to know what income (W2) is associated with each place you lived.

Previous Resident / Company Amount

Current Residence /Company Amount

*COMPLETE EITHER Actual **OR** Standard Deductions*

20. Business Mileage /Actual Cost Method Only & Leased Vehicles

Do you have written records? ___ Yes ___ No

Did you sell or trade in a car used for business? ___ Yes ___ No

If yes, attach copy of purchase agreement.

Make/Year of Vehicle _____

Date purchased _____

Total Miles (personal and business) _____

Business miles (not to and from work) _____

From first to second job _____

Education (one way, work to school) _____

Job Seeking _____

Other Business _____

Round Trip commuting distance _____

Gas, Oil, Lubrication _____

Batteries, Tires, etc _____

Repairs _____

Wash _____

Insurance _____

Interest _____

Lease _____

Payments _____

Garage Rent _____

21. Business Mileage / Standard Deduction Method

	VEHICLE 1/ Description	VEHICLE 2/ Description
	Date placed in service	Date placed in service
Total Mileage		
Business Mileage		
Commuting Mileage		
Personal Mileage		

22. Business Travel

If you are reimbursed for exact amount, give total expenses.

Airfare, Train, etc _____
 Lodging _____
 Meals (no. of days _____) _____
 Taxi, Car Rental _____
 Other _____
 Reimbursement Received _____

24. Education Expenses

Student's Name	Type of Expense	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Estimated Tax Paid/not W2 amounts (Apr. 2024- Jan. 2025)

Date Paid Federal State Local

Date Paid	Federal	State	Local

25. Other Deductions

Alimony Paid to _____
 Social Security No. _____
 Student Interest Paid \$ _____
 Health Savings Account Contributions \$ _____
 Archer Medical Savings Acct Contributions \$ _____

26. FOR MINISTERS ONLY

Designated Housing Allowance \$ _____
 Amount of Housing Allowance Actually Spent \$ _____

If you lived in a Parsonage - Fair Rental Value (FRV) of the Church Parsonage \$ _____

Unreimbursed Professional Expense (**DO NOT SEND RECEIPTS/ Just give category totals**)

Professional Dues _____
 Travel _____
 Books _____
 Subscriptions _____
 Gifts (\$25/personal/year limit) _____
 Supplies _____
 Religious Materials _____
 Entertainment _____
 Education _____
 Other _____

27. Healthcare Insurance Coverage

-Did you have healthcare coverage? Yes No

-If your coverage was through the H/C Marketplace, send your 1095A form.

-If your coverage was through your employer and you have children you are claiming as dependents, send your 1095 B or C form.

WE CANNOT BEGIN TO PROCESS YOUR TAXES WITHOUT THIS NECESSARY HEALTHCARE INFORMATION, INCLUDING YOUR 1095 A, B, OR C.

**** Beginning January 1, 2011 we must e-file all tax returns unless you opt out.**

Do you wish to opt out of e-filing? Yes No If yes, you must complete and ATTACH OPT OUT form.

28. Direct Deposit of Refund / or Savings Bond Purchase

Would you like to have your refund (s) directly deposited into your account? Yes No

(The IRS will allow you to deposit your federal tax refund into up to three different accounts. Please provide the following information.)

BANK ACCOUNT INFORMATION:

Owner of Account Taxpayer Spouse Joint

Type of Account Checking Traditional Savings Traditional IRA Roth IRA

Name of Financial Institution _____

Financial Institution Routing Transit Number (if known) _____

Your Account Number _____

TAKE A MOMENT TO READ BEFORE SIGNING. MAKE SURE ALL DOCUMENTS AND IDs ARE INCLUDED WITH THIS SIGNED ORGANIZER BEFORE MAILING TO US.

- 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 and can meet IRS substantiation requirements.
- I also understand that I am granting permission to e-file my tax return unless I have checked the OPT OUT box above and have included a signed e-file OPT OUT FORM.
- I HAVE INCLUDED A COPY OF MY DRIVER'S LICENSE OR PHOTO PAGE OF MY PASSPORT, as well as a COPY OF MY SPOUSE'S if applicable.
- If you have a dependent filing their own tax return, A SEPARATE ORGANIZER MUST BE FILLED OUT AND SIGNED BY THEM along with a COPY OF THEIR PHOTO ID.

TAX RETURN PREPARATION

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

TAXPAYER RESPONSIBILITIES

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you need to contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.

- You must review the return carefully before signing to make sure the information is correct.
- If you terminate this engagement before completion, you agree to pay a fee for work completed.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

SIGNATURES: By signing below, you acknowledge that you have read, understand and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____

PRIVACY POLICY

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.