

TAX ORGANIZER

Dear ,

Enclosed is your Tax Organizer for tax year 2024.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$37 for each \$100 in deductible expenses you find in your 2024 records.

If our firm prepared your return last year, your prior year amounts are not included in the Prior Year Amount column of your Organizer. If you need prior year amounts please contact us and a client specific organizer will be uploaded to your secure client portal. You can then use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

Please call to schedule your appointment:

Day:

Date:

Time:

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

January 29, 2025

Dear Client, Happy New Year,

Thank you for choosing our firm to prepare your income tax returns for tax year 2024. This letter confirms the services we will provide.

When completed do not email this document. Due to the increase in cyber crimes, identity theft and administrative time, to protect your information and to reduce excessive administrative time going forward all tax documents must be delivered in person, postal mail or mail delivery service, fax or uploaded into the secure client portal.

If you decide to email your private tax documents there will be a \$100 administrative fee to download and create storage files for your information. There is no administrative fee for documents uploaded into the secure client portal.

Please note, in January 2022 we informed you we will no longer keep paper records and all access to copies of your tax documents will be in the secure client portal.

To gain access to the secure client portal, please send an email request to irmtaxpro@att.net and a link containing instructions will be sent.

We will prepare your federal and state returns for tax year 2024 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2024, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2024 tax return. We appreciate your business.

Sincerely,

Accepted by:

Date _____

Date _____

||||

Organizer Mailing Slip

Yes	No	<u>Purchases, Sales, Gains and Losses</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	2	Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you purchase a new vehicle, aircraft or boat?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did any security become worthless during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did any debts become uncollectible during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No	<u>Business and Rental Property Income & Deductions</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1	If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you remove any of your business assets for personal use?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2024?
<input type="checkbox"/>	<input type="checkbox"/>	8	Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<input type="checkbox"/>	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase any furniture or equipment for your business?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you make any improvements to your rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you receive income from raising animals or crops?

Yes	No	<u>Other Deductions</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2024?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you refinance a mortgage or take out a home equity loan during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you or your spouse pay any educational expenses for yourselves?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did you pay alimony?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did you donate non-cash donations?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you donate a vehicle?

Yes	No	<u>Miscellaneous</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you make gifts of more than \$18,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you engage the service of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	4	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	5	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2024?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	8	Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes No

Return preparation and filing

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account: Checking Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card

Installment Agreement

Direct debit (please provide a voided blank check)

Type of account: Checking Savings

3

Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's
name _____

Phone
Number _____

Personal identification
Number (5 digit PIN) _____

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
1					
2					
3					
4					
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43					

Name _____

SSN _____

Retirement Income

1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
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<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Taxable Interest Income Prior Year Amount	Tax Exempt Interest Current Year Amount	Tax Exempt Interest Prior Year Amount	Specified Priv Act Interest Current Year Amount	Specified Priv Act Interest Prior Year Amount
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Name _____

SSN _____

Seller Financed Mortgage Interest

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J

		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	2 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	3 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	4 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	5 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	6 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	7 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	8 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	9 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	10 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	11 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	12 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	13 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	14 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	15 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	16 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	17 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	18 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	19 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	20 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	21 Name _____ SSN/EIN _____ Address _____		
<input type="checkbox"/>	22 Name _____ SSN/EIN _____ Address _____		

Name _____ SSN _____

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
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Name _____

SSN _____

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J Entity Name

1	_____
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3	_____
4	_____
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41	_____
42	_____
43	_____

Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

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Unreimbursed
Partnership Exp.
Current Year

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Name _____

SSN _____

Social Security and Railroad Retirement

Filer

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 4
- 5 Enter the total amount of Medicare B Premiums withheld. 5
- 6 Enter the total amount of Medicare D Premiums withheld. 6

Current Year Amount	Prior Year Amount

Spouse

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 10
- 11 Enter the total amount of Medicare B Premiums withheld. 11
- 12 Enter the total amount of Medicare D Premiums withheld. 12

Additional Income

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state			1		
2 Unemployment compensation			2		
3 Other income (Prizes and Awards, etc.)			3		
4 Scholarships and fellowships			4		
5 Income from rental of personal property, if not in the business of renting such property			5		
6 Net operating loss carryover (negative no.)			6		
7 Canceled debts (1065 K-1)			7		
8 _____			8		
9 _____			9		
10 _____			10		
11 Other income not provided for in this Organizer			11		

Adjustments to Income

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Educator expenses			1		
2 Certain business expenses of reservists, performing artists, and fee-basis government officials			2		
3 Health Savings account deduction			3		
4 Moving expenses (members of armed forces)			4		
5 Self-employed SEP, SIMPLE, or other qualified plans			5		
6 Self-employed health insurance deduction			6		
7 Penalty on early withdrawal of savings			7		
8 Alimony paid			8		
9 IRA contribution			9		
10 Student loan interest deduction			10		
11 Foreign housing deduction			11		
12 Jury duty pay given to your employer			12		
13 Reforestation amortization			13		
14 Repayment of sub-pay under the Trade Act of 1974			14		
15 Contributions to Section 501(c)(18)(D) pension plans			15		
16 Attorney fees and court costs paid for actions involving certain unlawful discrimination claims, but only to the extent of gross income from such actions			16		
17 Expenses from the rental of personal property but were not in the business of renting such property			17		
18 Contributions by chaplains to section 403(b) plans			18		
19 Archer MSA deduction			19		
20 Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the amount of the award includible in your gross income			20		
21 Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money			21		
22 Excess deductions on termination of an estate/trust - Section 67(e) expenses			22		
23 _____			23		
24 _____			24		
25 _____			25		
26 _____			26		

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

Filer

- 1 Enter total traditional IRA contributions made for 2024 1
- 2 Enter contributions, on line 1, made after 12/31/2024 and before 04/15/2025 2
- 3 Enter value of all traditional IRAs on 12/31/2024 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2025 4

Current Year Amount	Prior Year Amount

Spouse

- 5 Enter total traditional IRA contributions made for 2024 5
- 6 Enter contributions, on line 5, made after 12/31/2024 and before 04/15/2025 6
- 7 Enter value of all traditional IRAs on 12/31/2024 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2025 8

Roth IRA Contributions

Filer

- 1 Enter 2024 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2024 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2024 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2024 4

SIMPLE IRA

Filer

- 1 Enter value of all SIMPLE IRAs on 12/31/2024 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2024 2

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Education (Coverdell ESA)

Filer

- 1 Enter 2024 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2024 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2024 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2024 4

Other

Filer

- 1 Repayment of qualified reservist distributions 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Repayment of qualified reservist distributions 2

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Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
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5						