

2024 TAX ORGANIZER - New Clients

Client Name:						
Spouse Name	:					
Phone/Cell No.:	:			Can we	e text you?	☐ Yes or ☐ No
E-mail address:						
Occupation:			Spo	ouse's Occupat	ion:	
Who referred yo	ou to us o	or how did you	u hear abou	ut us?		
Did you move o	r did you	r address cha	ange at all o	during the year	2024?	
				ne settlement si		oved: m the closing
new dependent	, depend	ent that gradu	uated/colleg	ge, withdrew mo	oney from re	married, divorced, etirement, lottery ed our attention:
RETURN RES	SULT OF	PTIONS:				
						our bank account? BIT CARD info)
	Ad Bank N				t?	
If you OWE taxe	es, would	l you like to h	ave the pay	ment paid elec	tronically?	
	Yes - No	E-file date	-OR-	Other/due Da	te:	
Did you make a	ny estim	ated tax payn	nents (othe	r than through a	a W-2)?	
	(State – How m	nuch?		<u> </u>	
	No					

Please provide your driver's license(s) & a prior year's tax return so we may verify any effects on current year and make copies for your records.

TAX QUESTIONNAIRE:

Did you, your spouse, your children, or any of your dependents use the Affordable Care Act (aka Marketplace aka Obamacare) for health insurance coverage through the year?							
☐ YesUpload or drop off form 1095-A☐ No							
Did you receive any unemployment compensation?							
☐ Yes Please provide form 1099-G (You may need to download one online)☐ No							
Did you contribute to a Health Savings Account (HSA)?							
☐ Yes Is the contribution reflected on your W-2 OR did you make it yourself? (Need Form 5498-SA if self-contribution)							
□ No							
Did you make a withdrawal from a Health Savings Account (HSA)?							
☐ Yes— Did you received Form 1099-SA?							
If Yes, was the entire amount used for qualified medical purposes? ☐ No							
At any time during 2024, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency (Bitcoin, etc.)?							
 ☐ Yes—Please provide all related transactions ☐ No 							
Do you contribute to any kind of IRA? ☐ No ☐ Yes – Provide Tax Form 5498							
Do you have any investments in a mutual fund, such that you can buy and sell stocks, receive dividends, etc.?							
☐ Yes—Please provide your "Tax Statement" for the account (i.e. 1099-B or 1099-DIV)☐ No							
Have you ever been denied a credit or filing status by the IRS before?							
□ No							
☐ Yes – Please explain:							
**Do you have any other questions and/or situations that need to be addressed?							

DEPENDENTS ORGANIZER

Names of Dependent Children (Legal First & Last name)	Relation to you?	Social Security Number?	Birthdate?	Months lived in home?	College Yes/No
Other dependents or people	that lived	with you			
Legal Name	Relation	Social Security		How much is t	his
(First & Last)	to you?	Number?	Birthdate?	person's total income for the year?	
Are any dependents subject to decision? Unless chosen otherw supported financially over half the No Yes – Please explain:	vise by a cou e year can cl	rt, only the parent th	at both has the		
Did you provide over half of the tables above?	e financial s	support for the yea	r for all of the	dependents list	ed in
☐ Yes					
□ No/Unsure – Please e	xplain:				
Do you have documentation to	prove the	dependency relation	onship(s) in th	ne event of an a	udit?
☐ Yes ☐ No	□ L	Insure			
Documents to bring with yo	ur other tax	x papers for EACH	dependent:		

- Social Security Card
- Birth Certificate (for dependent children)
- For college students, proof of enrollment via Form 1098-T
 - They will likely find this on an online portal through the school rather than mail
 - o If applying for education credits, please provide list of education expenses