

Exemplar Accounting & Tax Advisors  
413 E Terra Cotta Ave  
Crystal Lake, IL 60014  
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2024 Client Organizer

This Tax Organizer is designed to help you gather information needed to prepare your 2024 personal income tax return. When available, you will find certain data from your prior year return to help you complete the Organizer with minimal time and effort. We realize the amount of information we request can seem overwhelming, but providing it now helps to prevent excessive questions later.

If your Organizer pages are pre-populated, please review what has been provided and make any necessary corrections.

The Client Questionnaire asks about various tax items necessary for preparing the most accurate tax return possible. Please answer all questions thoroughly. Any additional documentation needed is outlined based on your responses.

Here are some things that will help us with your tax return preparation:

- **In order to meet the April 15<sup>th</sup> deadline, we need your 2024 tax documents to be in our office by Friday, March 21, 2025.** We need your completed Organizer, completed Client Questionnaire, signed Engagement Letter, signed Consent to Use of Tax Return Information Form, and all of your documentation in our office by the deadline. **We will not begin the preparation of your taxes without the SIGNED Engagement Letter and SIGNED Consent Form.**
- **We DO NOT need your medical or charitable receipts.** You should keep the receipts for your files, but a summarized list is all we need. Please create a list (Excel or handwritten are fine) with the totals for your expenses on your medical/dental and/or charity(s), amounts and charitable donations. For help with expense amounts and tallying expenses, visit [www.SATruck.org](http://www.SATruck.org).
- Staples make it difficult to review and scan documents. **Please do not staple your documents.**
- If uploading files electronically, PDFs are appreciated. Photos are harder to read.
- Please let us know if you would like to be put on extension by calling us at (815) 459-6720 or emailing us at [info@exemplartax.com](mailto:info@exemplartax.com). We will have a few questions to determine if you should make any estimated tax payments.
- If Exemplar Accounting & Tax Advisors did not prepare your 2023 taxes, please provide copies of your 2022 and 2023 tax returns.

If you have any questions, please call our office at (815) 459-6720.

Thank you for the opportunity to serve you.

Exemplar Accounting & Tax Advisors



**Did you know that Exemplar Accounting & Tax Advisors  
has a client portal for file sharing?**

**Would you like to save the postage  
or skip the trip to our office to drop off your tax documents?  
If you do, you can scan and upload the files to our portal!**

**You might be asking yourself if the portal is secure.  
Yes, our portal, Protected XChange is a secure online,  
cloud-based system used for file sharing. It can be found  
in the Client Center on our website  
at [www.exemplartax.com/client-center.htm](http://www.exemplartax.com/client-center.htm).**

**It's safe and easy to do!**



**If you would like to receive an invitation to set up portal access, please send an email to  
[info@exemplartax.com](mailto:info@exemplartax.com). An invitation will be emailed to you, so you can set up the  
portal access. Then you will be ready to upload your documents!**

**If you are not sure if you have portal access or if you need to update  
your password, please send an email to [info@exemplartax.com](mailto:info@exemplartax.com).  
We will check your status and let you know.**

**Thank you! We appreciate your business!  
815-459-6720**



## 2024 Individual Engagement Letter

*(Must be signed prior to start of tax preparation)*

We are pleased to have this opportunity to assist you with your 2024 income tax return preparation. This letter will confirm the understanding between you and Exemplar Accounting & Tax Advisors concerning tax services we will provide. We will prepare the 2024 federal and state income tax returns from the information you provide to us. We will not audit or verify the information you submit, although we may ask you to clarify it. We are responsible only for preparation of the income tax returns.

It is our understanding that all of the information submitted to us for the purpose of tax return preparation is true, correct and complete to the best of your knowledge and belief and that you have the necessary written support for that information. By initializing and providing your signature below, you are confirming to us that unless we are otherwise advised:

- your travel, gifts, and related expenses are supported by the necessary records required under the Internal Revenue Code.
- you have receipts for all single charitable donations, which are greater than \$250.
- your business use of mixed-use property, such as computers and vehicles, is substantiated by a log of such use as to preclude the deduction of any personal expenses, which may be related to such property.
- you understand that, even if you qualify, you may not claim the Earned Income Credit (EIC) if you have not lived with the child for over half the year, even if you have supported them;
- if you qualify for the Earned Income Credit (EIC), Child Tax Credit (CTC), Additional Child Tax Credit (ACTC), American Opportunity Tax Credit (AOTC) or Head of Household (HOH), you can provide documentation to substantiate eligibility for and the amount of credits claimed on your return should your return be selected for audit.

If you have any questions as to the type of records required, please ask us for advice in that regard.

**YOU SHOULD NOTE THAT IN ORDER TO COMPLETE APPROPRIATE TAX PREPARATION AND TIMELY FILED TAX RETURNS, WE REQUIRE THAT ALL INFORMATION BE PROVIDED TO US NO LATER THAN MARCH 21ST, 2025.**

**If we do not have all the information needed to complete your return by this date, it will be necessary to file an application for an extension. This may require a tax payment made by you by April 15th, 2025, in an amount approximating your unpaid tax liability. The exact amount may differ upon receipt of any subsequent information necessary to complete the return. You assume responsibility for any differences in tax, including any penalties and interest, arising out of the subsequently received information. Upon completion and receipt of the tax returns, you will be responsible for the timely filing of said returns.**

We will use our judgment to resolve questions in your favor where the tax law is unclear or where there are conflicts between the taxing authorities' interpretation of the law and what seems to be other supportable filing positions. Your return is subject to review by taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you at our normal billing rates.

**CONTINUED ON BACKSIDE; SIGNATURE REQUIRED**



**As part of our tax return process, we request that you complete our CLIENT QUESTIONNAIRE. We use this to be more efficient and to help identify possible deductions that may potentially be overlooked. By signing below, you acknowledge that if you do not complete the questionnaire, you understand that you could miss deductions and we may require more time to prepare your tax return.**

Our main method of communication with you is via EMAIL. If we have emailed you and have not received a response, we may send text alerts to your cell phone to remind you that we are waiting for your reply and/or additional documentation. There may be other times we send text notifications to you, including but not limited to, appointment reminders and important due dates. We will not send marketing communications via text messaging. By signing below, you agree to allow us to send text notifications to you.

Fees for our services will be based principally upon the amount of time required to prepare your returns, at our normal billing rates, plus any out-of-pocket expenses. All invoices will be due and payable upon presentation.

By signing below, you agree that you are personally responsible for any and all payments due to Exemplar Accounting & Tax Advisors for services provided for you.

Please note that this letter defines our respective duties and responsibilities relating to your engagement of our firm. If you do not understand any of the terms of this agreement, please call so we can review them with you.

### **PLEASE REVIEW AND SIGN:**

**If this letter is in accordance with your understanding of the terms of this agreement, please sign and return to our office. We require a signed letter to be in our file prior to beginning tax preparation.**

THIS INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE.

INFORMATION PROVIDED ON THE QUESTIONNAIRE FOR PREPARATION OF MY (OUR) TAX RETURN IS COMPLETE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF.

I (WE) HAVE ADEQUATE RECORDS TO SUPPORT THE INFORMATION PROVIDED.

BY SIGNING BELOW, I AM PERSONALLY RESPONSIBLE FOR THE PAYMENT OF ALL INVOICES AND AMOUNTS DUE TO EXEMPLAR ACCOUNTING & TAX ADVISORS.

**TAXPAYER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**SPOUSE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

## Exemplar Accounting & Tax Advisors

413 E. Terra Cotta Ave.

Crystal Lake, IL 60014

815-459-6720

### Client Consent Form

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

Exemplar Accounting & Tax Advisors utilizes our sister firm, Exemplar Financial Network, LLC, to provide our tax and financial planning services which cannot be provided without your consent. Furthermore, we cannot provide your tax information to other individuals or businesses without your written consent. **We will only share your information within the Exemplar Companies.**

#### Consent to Use

By signing this consent form, I am giving Exemplar Accounting & Tax Advisors (EATA) permission to use my tax return information to evaluate and/or make suggestions regarding tax reduction strategies. My tax return information may be shared with Exemplar Financial Network to consult on various tax related issues including retirement planning, education planning, estate planning, etc.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Please specify the duration of your consent (check one):

☐ 4-30-2030      ☐ 4-30-2035

☐ I also provide my consent for the Exemplar companies to send me their annual newsletter and periodic tax or financial updates, which may be distributed via e-mail or in hard copy form.

Signature: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

## Client Questionnaire – Tax Year 2024

Complete answers and documentation for the following questions will greatly assist your tax preparer. Please choose Yes or No for every question. For all questions checked Yes, please complete the additional questions and, if needed, submit requested documentation.

Delivery of your Tax Return - Choose One Option Below	
	<p><b><u>No Additional Charges:</u></b></p> <p><input type="checkbox"/> (#1) Fully Electronic Sign the E-file Authorization and download your digital tax return through DocuSign. You will not receive a paper copy of your return. If you send us original paper documents, you will pick them up from our office.</p> <p><input type="checkbox"/> (#2) Office Pickup Pick up the printed and assembled tax return from our office. E-file Authorization forms will be physically signed. Any original tax documents will be returned to you with your printed tax return.</p> <p><b><u>Additional Charges Apply:</u></b></p> <p><input type="checkbox"/> (#3) Electronic + Office Pickup (\$10.00 fee) Sign the E-file Authorization and download your digital tax return through DocuSign. A printed and assembled tax return will also be available for pickup. Any original tax documents will be returned to you with your printed tax return.</p> <p><input type="checkbox"/> (#4) Electronic + FedEx (\$25.00 fee) * Sign the E-file Authorization and download your digital tax return through DocuSign. A printed and assembled tax return will also be mailed via FedEx. Any original tax documents will be returned to you with your printed tax return.</p> <p><input type="checkbox"/> (#5) Electronic + Expedited / Overnight Mailing (\$45.00 fee) * Sign the E-file Authorization and download your digital tax return through DocuSign. A printed and assembled tax return will also be mailed via FedEx. Any original tax documents will be returned to you with your printed tax return.</p> <p><input type="checkbox"/> (#6) Expedited / Overnight Mail Only (\$35.00 fee) * A printed and assembled tax return will be mailed via FedEx. E-file Authorization forms must be signed and returned to our office. Return envelopes will be provided. Any original tax documents will be returned to you with your printed tax return.</p> <p>* Signature is required for FedEx</p>
Preferred Method of Communication for your Tax Return	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Name:</div> <div style="width: 50%;">Best Method of Contact (Phone/Email):</div> </div>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Name:</div> <div style="width: 50%;">Best Method of Contact (Phone/Email):</div> </div>

-		Yes	No	<b><u>If Yes, please provide the following information and/or documents:</u></b>
	<b>Personal Information</b>			
1	Did your name change during the year?			List both names and what is currently recorded with the Social Security Administration
2	Did your marital status change during the year?			Status change, date of change, and spouse's name, SSN, and DOB
3	Did you live separately from your spouse during the last six months of the year?			
4	Do you have a separation decree, instrument, or agreement and were not living in the same household by the end of the year?			
5	Did your address change from last year?  Please check YES if you updated your State Residency last year (updated your Driver's License/Social Security to a new <u>state</u> last year)			New Address:        Date you started living in the new state:
6	Did your phone number(s) or email address(es) change from last year?			New Phone Number(s) listed by owner:       New Email Address(es) listed by owner:
7	Can you be claimed as a dependent by another taxpayer?			By whom?
8	Did you change any bank account(s)? Did any routing transit number(s) (RTN) and/or bank account number(s) change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?  If new client and expecting a refund please include.			Bank name, routing number, account number, name(s) on the account, type of account-savings/checking
9	Do you, your spouse (if applicable), or any dependents <b>NOT</b> have a taxpayer identification number (SSN, ITIN, or ATIN)?.			If yes, please apply for a TIN as soon as possible
10	Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft?			Provide the IRS letter (w/ 6-digit pin)
11	Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, and floods, as well as wildfires.			Specific disaster area and details/amount of loss(es) suffered



-		Yes	No	<b><u>If Yes, please provide the following information and/or documents:</u></b>
	<b>Dependent Information</b>			
12	Were there any changes in dependents from the prior year?			Name(s), DOB(s), and SSN(s) of new dependents and names of last year's dependents who will not be claimed this year
13	Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,600?			Children's IRS 1099 form(s) or other income/investment statement(s)
14	Do you have dependents on your tax return who must file a tax return?			<i>If these returns will be completed by Exemplar Accounting &amp; Tax Advisors, please contact our office to receive an organizer packet for each additional return to be filed. (Additional Information may be needed.)</i>
15	Did you provide over half the support for any other person(s) other than your dependent children during the year?			Recipient's name, relationship to you, DOB, SSN, and amount of support provided
16	Did you pay for child care while you worked, looked for work, or while a full-time student?			
17	Is there any other person(s) who lived with you more than half the year but not claimed by you last year?			
18	Did you pay any expenses related to the adoption of a child during the year?			Detailed itemization of expenses and supporting documentation
19	If you are divorced or separated with children, do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?			Copy of divorce decree, separation agreement, or other documentation
20	Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft?			IRS letter (w/ 6-digit pin)
	<b>Purchases, Sales and Debt Information</b>			
21	Did you start a new business or purchase rental property during the year?			Start or purchase date, name of business and/or address of property, entity type, documentation of establishment or purchase, and documentation of income and expenses
22	Did you have an ownership interest in any type of business?			
23	Did you sell, exchange, or purchase any assets used in your trade or business?			Documentation of asset(s) acquisition or transfer
24	Did you acquire a new or additional interest in a partnership or S corporation?			Documentation of interest acquisition or transfer
25	Did you purchase or sell a <u>principal residence</u> during the year?			IRS 1099-S form (if property was sold), sale closing statement, original purchase statement (or purchase price and purchase date). Also include amount spent on improvements.
26	Did you purchase, sell or exchange any rental or investment real estate during the year?			IRS 1099-S form (if property was sold), sale closing statement, original purchase statement (or purchase price and purchase date). Also include amount spent on improvements.

-		Yes	No	<b><u>If Yes, please provide the following information and/or documents:</u></b>
27	Did you refinance a <u>principal residence</u> during the year?			IRS 1098 form(s), property address, and closing statement
28	Did you foreclose or abandon a principal residence or real property during the year?			Property address, details of foreclosure/abandonment, documentation
29	Did you take out a home equity loan or refinance this year?			IRS 1098 form(s), property address, and loan closing statement
30	Did you sell an existing business, rental, or other property this year?			Closing document(s), documentation of property transfer and value
31	Did you lend money with the understanding of repayment and this year it became totally uncollectable?			Details and amount of loan, name and SSN or taxpayer identification and proof of attempt to collect number of recipient, and documentation of loan forgiveness
32	Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?			IRS 1099-A or 1099-C form(s) and/or other financial statement(s)
33	Did you purchase a new or previously owned clean vehicle this year that is eligible for the new clean vehicle credit?			Bill of sale (for new vehicle purchases only) Include VIN:
34	Did you acquire or dispose of any stock during the year?			IRS 1099 form(s) or broker tax statement(s) with cost basis information
35	Did you receive a Form 1099-K for the sale of personal property for a gain or loss?			IRS 1099-K
<b>Income Information</b>				
36	Did you have any <b>foreign</b> income or pay any <b>foreign</b> taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a <b>foreign</b> employer?			Details and amount(s) of income/taxes and supporting documentation
37	Did you receive any income from property sold <b>prior</b> to this year?			Details and amount of property income and supporting documentation
38	Did you receive any unemployment benefits during the year? This is taxable income.			IRS 1099-G form(s) (" <i>Certain Government Payments</i> ")
39	Did you receive any disability income during the year?			IRS W-2 form(s) or other financial statement(s)
40	Did you receive any Medicaid waiver payments as "difficulty of care" during the year?			
41	Did you receive tip income not reported to your employer this year?			Include Amount
42	Did any of your life insurance policies mature, or did you surrender any policies?			IRS 1099-R form(s) or statement(s) showing termination and amounts
43	Did you receive any awards, prizes, hobby income, gambling or lottery winnings?			IRS W-2 G or IRS 1099-G form(s) and/or other financial statement(s)
44	Did you receive any income considered to be nonemployee compensation?			
45	Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?			Please provide copies of these 1099(s).
46	Did you receive a Form 1099-K for a distribution payment from an online crowdfunding solicitation?			IRS 1099-K

-		Yes	No	<b><u>If Yes, please provide the following information and/or documents:</u></b>
47	Did you receive a Form 1099-K that you believe is in error?			IRS 1099-K and details about the error.
48	Do you expect a large fluctuation in income, deductions, or withholding next year?			Details of anticipated change(s) <i>(for informational purposes only)</i>
49	Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork), or used digital assets to pay for goods or services?			Details, documentation, and schedules showing dates and U.S. dollar values of all receipts, conversions, transfers, and/or payments. If you answered "Yes" to this question, please contact our office to discuss.
<b>Retirement Information</b>				
50	Are you an active participant contributing to a pension or retirement plan?			IRS W-2 form(s) and/or year-end account statement(s) showing all tax year contributions
51	Did you receive any Social Security benefits during the year?			SSA-1099 form(s) ( <i>"Social Security Benefit Statement"</i> )
52	Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?			IRS 1099-R form(s)
53	If you answered yes to the previous question, were any withdrawals due to a Federally declared disaster?			Details and amount(s) of withdrawal(s) and supporting documentation
54	If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2024?			Details of payments made
55	Did you convert any of your Traditional IRA to your Roth IRA as a conversion?			IRS 1099-R form(s) Provide documentation of the amount converted
56	Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?			IRS 1099-R form(s) or documentation of rollover into another plan
57	Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? (If contributions are listed on your W-2 from an employer, check No.)			Year-end account statement(s)
58	Did you receive any qualified birth or adoption distributions, emergency personal expense distributions, domestic abuse distributions, or terminal illness distributions in 2024?			Details and amount(s) of distribution(s) and supporting documentation
59	If yes, did you repay any of the distributions in 2024?			Details of payments made
60	Did you make any qualified charitable distributions (QCD) through your IRA and/or in lieu of your RMD during the year?			Broker disbursement statement showing contributions or copies of the third-party checks
<b>Education Information</b>				
61	Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?			IRS 1098-T form(s) and statement of charges/payments from school(s)
62	Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?			IRS 1098-T form(s) and receipts for tuition and related expenses. Housing is not included.
63	Did anyone in your family receive a scholarship of any kind during the year?			IRS 1098-T form(s)

-		Yes	No	<b><u>If Yes, please provide the following information and/or documents:</u></b>
64	If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?			Details and amount(s) of scholarship-funded educational expense(s)
65	Did you make any withdrawals from an education savings or 529 Plan account?			IRS 1099-Q form(s) and college expenses paid
66	If 529 Plan withdrawals were made, were any of these rolled over into an ABLE (Achieving a Better Life Experience) account?			IRS 5498-QA form(s), account statement(s), or other documentation
67	Did you make any contributions to an education savings or 529 Plan account?			Year-end account statement(s)
68	Did you pay any student loan interest this year?			IRS 1098-E form(s)
69	Did you cash any Series EE or I U.S. Savings bonds issued after 1989?			Details and amount(s) of savings bond(s)
70	Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?			
	<b>Health Care Information</b>			
71	Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? ("Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.)			
72	Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?			IRS 1095-A form(s)
73	Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?			Details and documentation of healthcare policy and individual(s)
74	Did you make any direct contributions ( <b>not</b> through employer withholdings) to a Health Savings Account (HSA) or Archer MSA?			IRS 5498-SA and/or W-2 form(s)  Coverage for Self or Family? Circle One.
75	Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year?			IRS 1099-SA form(s) and <b>confirmation</b> that all distributions were used exclusively for <u>qualified</u> medical expenses: Y/N:
76	Did you pay Long-Term Care premiums for yourself or your family?			Amount(s) of healthcare premium(s) and name(s) of family member(s)
77	Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?			IRS 5498-QA form(s)
78	Did you receive any withdrawals from an ABLE account?			IRS 1099-QA form(s)
79	If you are a <b><u>Schedule C, E, or F business owner</u></b> , did you pay health insurance premiums for your employees this year?			Details and documentation of premium amounts and payments

	<b>Itemized Deduction Information</b> 2024 Standard deduction is \$14,600 for individuals and \$29,200 for Married filing Jointly. Cross out this section if you <b>DO NOT PLAN</b> to itemize.			
80	Did you incur a casualty, theft loss or any condemnation awards during the year?  If yes, did the loss occur in a Federally declared disaster area?			Details and documentation of incident(s) and amount(s) awarded  Specific disaster area
81	Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?			<b>Itemization of expenses and supporting documentation (ex: receipts) that would exceed 7.5% of your adjusted gross income. Please provide a summary of expenses.</b>
82	Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?			Itemization of contributions and receipts or canceled checks. <b>(If you use the standard deduction, this may not be relevant.)</b>
83	Did you donate a vehicle or boat during the year?			IRS 1098-C form or written acknowledgment from Recipient organization
84	Did you pay real estate taxes for your primary home and/or second home?			Real estate tax statement(s) <i>(if not listed on IRS 1098 form)</i>
85	Did you pay any mortgage interest on an existing home loan?			IRS Form 1098 Mortgage Interest
86	Did you incur interest expenses associated with any investment accounts you held?			Details and documentation of interest paid
87	Did you make any major purchases during the year (cars, boats, etc.)?			Sales tax receipts/statement(s)
88	Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did NOT collect state sales or use tax?			Item(s) purchased and amount(s) of purchase(s) <i>(see next question)</i>
89	If you answered yes to the previous question, and you cannot specifically identify the purchases and/or amounts, do you instead wish to pay sales or use tax based on your state income tax bracket?			
	<b>Miscellaneous Information</b>			
90	Did you make gifts of more than \$18,000 to any individual?			Gift amount(s) and name(s) of recipient(s)
91	Did you utilize an area of your home for business purposes?  <b>(This does not apply to W-2 employees working remotely.)</b>			Square footage of in-home area used to conduct business AND Total home square footage
92	Did you engage in any bartering transactions?			Details and documentation of transaction(s)
93	Did you retire or change jobs this past year?			Status change, date of change, and any relevant details
94	Did you incur moving costs because of a permanent change of station <b>as a member of the Armed Forces on active duty?</b>			Details and documentation of moving time, distance, and expenses
95	Did you pay any individual as a household employee during the year?			As many details as possible <i>(This will likely require follow-up discussion.)</i>

96	Did you make energy efficient improvements to your main home this year?			Receipts detailing type(s) of improvements, Model #(s) and Name(s) and cost(s) of installation work, etc.
97	Did you receive a distribution from, or were you a grantor or transferor for a <b>foreign</b> trust?			Details and documentation of trust(s) and/or distribution(s)
98	Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a <b>foreign</b> country?			Details and documentation of account(s): Taxpayer name(s), Bank Name(s), Address, highest value in all accounts (currency in USD) over \$10,000*.  *Additional information may be required depending on the situation
99	Do you have any foreign financial accounts, foreign financial assets, or hold interest in a <b>foreign</b> entity?			Details and documentation of account(s), asset(s), and/or entity(s)
100	Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2025?			
101	If yes, did you file its initial Beneficial Ownership Information Report (BOIR)?			
102	If you were required to file a Beneficial Ownership Information Report (BOIR) with the Financial Crimes Enforcement Network (FinCEN), has any of the previously reported information changed (for either the reporting company or any of the beneficial owners)?			
103	Do you plan to become an owner or control at least 25% of a company's ownership interests for a company registered with a secretary of state or similar office for the first time after January 1, 2025?			
104	Did you receive correspondence from the State or the IRS?			Copies of ALL correspondence and accompanying information
105	Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?			Years of all unfiled and/or incomplete returns and amounts of any outstanding balances
106	Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.			
107	If you made estimated payments please provide <b>Agency, dollar amounts and dates paid.</b>			You may also include the IRS/State snapshot of payments made.  IRS:   State(s):
<b>THANK YOU FOR YOUR DILIGENCE IN CAPTURING ALL THINGS 2024!</b>				

## GENERAL INFORMATION

General: 1040

## Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse)

Mark if you were married but living apart all year

☐

Mark if your nonresident alien spouse does not have an ITIN

☐

Taxpayer

Spouse

Social security number

First name

Last name

Occupation

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)

Mark if legally blind

Mark if dependent of another taxpayer

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)

Date of birth

Date of death

Work/daytime telephone number/ext number

Do you authorize us to discuss your return with the IRS (Y, N)

☒

General: 1040, Contact

## Present Mailing Address

Address

Apartment number

City/State postal code/Zip code

Foreign country name

Foreign phone number

Home/evening telephone number

Taxpayer email address

Spouse email address

General: 1040

## Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Credits: 2441

## Child and Dependent Care Expenses

Provider information:

Business name

First and Last name

Street address

City, state, and zip code

Social security number OR Employer identification number

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)

Amount paid to care provider in 2024

Taxpayer

Spouse

Employer-provided dependent care benefits that were forfeited

NOTES/QUESTIONS:

W-2/1099-R/K-1/W-2G/1099-Q

Income: W2

## Salary and Wages

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement: 1099R

## Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: K1, K1T

## Schedules K-1

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: W2G

## Gambling Income

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____

Educate: 1099Q

## Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____

NOTES/QUESTIONS:



INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B1

Interest Income

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

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3

Seller Financed Mortgage Interest

T, S, J \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
Payer's address, city, state, zip code \_\_\_\_\_  
Amount received in 2024 \_\_\_\_\_ Amount received in 2023 \_\_\_\_\_

Income: B2

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

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

Income: Income

Other Income

Please provide copies of all supporting documentation.

		2024 Information	Prior Year Information
State and local income tax refunds		_____	_____
Alimony received	T/S Agreement Date	2024 Information	Prior Year Information
	_____	_____	_____
Unemployment compensation Unemployment compensation repaid Social security benefits Medicare premiums to be reported on Schedule A Railroad retirement benefits	Taxpayer	Spouse	Prior Year Information
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
T/S/J	2024 Information		Prior Year Information
Other Income:		_____	_____
_____		_____	_____
_____		_____	_____

1040 Adj: IRA

## Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2024 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2024

Roth IRA Contributions for 2024 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2024

Educate: Educate2

## Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2024 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2024 Information	Prior Year Information

Complete this section if you paid qualified education expenses for higher education costs in 2024.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information

\*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

## Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move

Taxpayer/Spouse/Joint (T, S, J)

Mark if the move was due to service in the armed forces

Number of miles from old home to new workplace

Number of miles from old home to old workplace

Mark if move is outside United States or its possessions

Transportation and storage expenses

Travel and lodging (not including meals)

Total amount reimbursed for moving expenses

1040 Adj: OtherAdj

## Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2024 Information	Prior Year Information
-----	-------	----------------	---------------	------------------	------------------------

Street address

City, State and Zip code

\*Enter the divorce/separation agreement date

Taxpayer

Spouse

Prior Year Information

Educator expenses:

Other adjustments:

## BANK &amp; IDENTITY AUTHENTICATION

General: Bank

## Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

## Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_

Identification number \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_

Location of issuance \_\_\_\_\_

Document number (New York only) \_\_\_\_\_

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_

Identification number \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_

Location of issuance \_\_\_\_\_

Document number (New York only) \_\_\_\_\_

NOTES/QUESTIONS: