

TaxSmart Business Services – 2024 Income Tax Organizer

Call (770)704-7777 to schedule an appointment. Please complete prior to your appointment.

Personal Information ~ Provide SS Cards & Driver's Licenses:

Your Full Name: _____

Occupation: _____ Blind? Disabled?

Phone: _____

Email: _____

Spouse's Full Name: _____

Occupation: _____ Blind? Disabled?

Phone: _____

Email: _____

Yes No Not Sure: Do you want to file a joint return?

Dependent Information (Children, Parents, others):

Provide SS Card & Proof of Residency for each dependent.

Full Name – DOB – Relationship - College Student? - 2024 Income?

1) _____

2) _____

3) _____

Yes No Could anyone else claim any of your dependents?

Yes No Any Child Care costs? If "Yes", provide amounts paid, care provider name(s), EIN's, and address(es) for EACH dependent.

Regular Income: Please attach Forms W-2, 1099-Misc, 1099R, 1099-SSA, K-1, 1099G, etc. Provide details/amounts if missing forms.

Yes No Wages, tips, etc. from job(s)? (W-2)

Yes No Interest from banks, bonds, other? (1099-INT)

Yes No Dividends? (1099-DIV)

Yes No Did you receive any tax refunds in 2024?

Yes No Alimony Paid/Received? \$ _____

Yes No Sell, buy or trade any assets, stocks, bonds, mutual funds, or other assets? (1099-B).

Yes No Distributions from 401(k), IRA, Pension, Annuity, etc.? (1099-R)

Yes No Spend, Receive, Sell, Exchange, Acquire, or Mine any Digital Asset such as Bitcoin, Ethereum, NFT's, etc?

Yes No Own any rental property including a vacation home?

Yes No Unemployment Income? (1099-G)

Yes No Social Security Benefits? (1099-SSA)

Yes No Gambling Income and Related Expenses? (W2G)

Yes No Forgiven Debt/Student loan/Foreclosure? (1099-A or C)

Yes No Any LLC, Corporation, Partnership, Sole Proprietor ownership or income/loss? (K-1, 1099-Misc, 1099-K)

Yes No Did you sell anything online: Craigslist, eBay, FB Marketplace, etc. (1099K)?

Yes No Any other income, e.g. Uber/Lyft, Crowdfunding, other? Please explain:

General Questions:

Yes No Direct Deposit your refund into your bank account? *Must attach a voided check. Otherwise you will receive refund checks. Amounts due will NOT be drafted from your account.*

Yes No Did you file 2023 tax return? **Provide Copy/PDF.**

Yes No Do you or your spouse owe any back taxes?

Please note, to avoid penalty, you must pay all taxes due by April 15th. An extension only grants more time to file, not to pay.

Other Special Situations: May require detailed documentation

Yes No Pay any Estimated Tax Payments? List all amounts, dates, and to whom paid (GA, IRS, etc.)

Yes No Any births or deaths in your household? Did any children cease to be your dependents in 2024?

Yes No Did your marital status change during 2024?

Yes No Did you earn income in another state or country?

Yes No Did you buy, sell or refinance (including loan modification) property in 2024? If yes, attach closing statements.

Yes No During 2024, were there any changes to federal or state tax returns filed in prior years? Please attach notices.

Yes No Did you suffer a casualty or loss in 2024 in a presidentially declared disaster area? www.fema.gov/disasters

Yes No Receive any hobby income?

Yes No Buy an electric vehicle? (Clean Vehicle Credit)

Yes No Did your address change since filing 2023 return?

Yes No At any time during 2024 did you have any financial interest or signature authority over a foreign financial account, including overseas gaming?

Yes No During 2024, did you receive a distribution from, were the grantor of, or transferor to a foreign trust?

Before we e-file, how would you like to sign and receive your completed tax return? In Office/Paper eSign Remote/PDF Copy***

***We charge \$10 to mail your original documents back to you via USPS.

Yes No College expenses for self, spouse or dependent?

Yes No Have any Unreimbursed Partnership Expenses in 2024?

Yes No Have an IRS IP-PIN for self, spouse, or dependent?

Yes No Did you pay any foreign taxes in 2024?

Yes No Did you adopt a child in 2024?

Yes No Did your child (under age 24) have any investment income? Please attach 1099's and/or tax return.

Yes No An Armed Forces Reservist, Qualified Performing Artist, or Government Fee Basis Official?

Yes No Do you have a Health Savings Account? (1099-SA)

Yes No Pay any Household Employees such as gardeners, housekeepers, nannies, etc.?

Yes No Do you expect a substantial change in your income or deductions next year (2025)? Please attach explanation:

(Continued on reverse)

Expenses/Deductions:

- Yes No IRA Contribution: Traditional Roth SEP Other
 Yes No Penalty on early withdrawal from CD? \$ _____
 Yes No Student Loan interest paid? _____

Medical Expenses:

- Yes No After-tax Health Insurance, including Medicare?
 Yes No Did anyone in your family receive health insurance from HealthCare.gov or other state run Marketplace? (Form 1095)
 Yes No Are you part of a Healthcare Sharing Ministry?
 Yes No Did you pay Long Term Care Insurance premiums?
 Yes No Any out of pocket medical expenses: Doctors, Dentist, Rx, Nursing Homes, Medical Mileage, etc.? Please list.

Taxes & Interest Expenses:

- Yes No Do you own your own home?
 Yes No Real Estate Taxes (Form 1098 or other)?
 Yes No Mortgage Interest/Points Paid (Form 1098)?
 Yes No Did you purchase a boat, airplane, RV, etc.?
 Yes No Annual Ad Valorem Taxes on car, boat, etc.?
 Yes No Other State, County, City or Local Taxes?
 Yes No Investment Interest paid? Other Interest Paid?

Gifts to Charity Documentation required for all donations:

- Yes No Cash/Checks/Credit Cards/Payroll Deduction etc.
 Yes No Non-Cash Gifts i.e. Household items to Goodwill?
 Yes No Miles driven for charity?
 Yes No Qualified Charitable Distribution (QCD) from IRA.

Other Miscellaneous Items:

- Yes No Buy an electric vehicle (EV) and/or car charger?
 Yes No Make home energy efficiency improvements?
 Yes No Rollover \$\$\$ from an IRA, 401(k), Annuity, etc.?
 Yes No Receive an inheritance (Sch K-1)?
 Yes No Make gifts totaling ≥\$17,000 to one person?
 Yes No Filed Gift Tax Return (Form 709) in any prior year?
 Yes No Did you have a 529 College Savings Plan?
 Yes No Unreimbursed Educator Expenses (K-12 only)?

Rental Property:

- Yes No First Placed in Service in 2024? If "Yes", please provide appraisal and settlement statements.
 Yes No Disposed/Stopped Renting during 2024?

Type of Rental: _____

Address: _____

Days Rented: _____ Days Vacant/Empty: _____

Personal use days (self, friends, family): _____

Average length of rental stay (in days): _____

Hours you & your spouse worked on rental: _____

Small Business or Farming*Request our 2024 Business Tax Organizer for more in-depth checklist*

Nature of Business: _____

Date Business Started: _____

Which of the following expenses did your business have in 2024? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Inventory Purchases | <input type="checkbox"/> Interest paid on business loans |
| <input type="checkbox"/> Contract Labor | <input type="checkbox"/> Insurance (Not Health) |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Legal & Professional Services |
| <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Office/Building Rent |
| <input type="checkbox"/> Equipment Rent | <input type="checkbox"/> Repairs/Maintenance/Cleaning |
| <input type="checkbox"/> Supplies | <input type="checkbox"/> Taxes & Licenses |
| <input type="checkbox"/> Out of Town Travel | <input type="checkbox"/> Meals & Entertainment |
| <input type="checkbox"/> Utilities (not home) | <input type="checkbox"/> Wages paid to Employees |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Commissions & Fees |
| <input type="checkbox"/> Postage | <input type="checkbox"/> Employee Benefits |
| <input type="checkbox"/> Auto/Truck Expenses | <input type="checkbox"/> Pension & Profit Sharing |
| <input type="checkbox"/> Other Expenses (list) | <input type="checkbox"/> Inventory W/D for Personal Use |

Did your business:

- Yes No Use an Automobile? Type: _____
 Biz miles: _____; Personal miles: _____
 Yes No Have a home office? Must be Regular & Exclusive.
 Sq Ft: _____ Sq Ft of entire home: _____
 Yes No Acquire or dispose of Tools/Equipment/Assets? *Please provide Invoice/Bill of Sale.*
 Yes No Pay any service providers, contractors, or casual labor?
 Yes No If "Yes", would you like us to issue 1099's?
 Yes No Have Inventory on hand December 31, 2024?
 Yes No Pay wages to W-2 type employees?
 Yes No Make or receive any loans/leases/notes or payments?
 Yes No Engage in Bartering?
 Yes No Have more than one owner?
 Yes No Is this business an LLC? If "Yes" please provide LLC Articles of Organization and Operating Agreement.

Separate Business Address: _____

Method of Accounting: Cash Accrual Other/Not Sure
 Could this be considered a Hobby? Yes No Not Sure

How many hours did you "participate" (work) in the business operations during 2024? 500+ annual hours may be needed: _____

Celebrating
 23 Years!
 2002 – 2025

Please attach additional sheets for any other information you need to provide.
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