2024 TAX ORGANIZER

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YOUR NAME _____
SPOUSE'S NAME _____
ADDRESS _____
_____
COUNTY _____ SCHOOL DIST. _____
TELEPHONE NO. _____

DEPENDENTS

NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NO.

DO YOU PAY COLLEGE TUITION FOR THE ABOVE?
AMOUNT $ _____
YEAR IN SCHOOL _____

ARE ANY DEPENDENTS FILING A TAX RETURN?

_____
_____
_____

YOUR DATE OF BIRTH _____ SPOUSE'S DATE OF BIRTH _____

DID YOU HAVE INCOME FROM INTEREST EARNED?

_____

FROM WHOM:	AMOUNT
	$
	$
	$
	$

DID YOU HAVE INCOME FROM DIVIDENDS?

_____

NAME OF CORPORATION PAYING DIVIDEND	AMOUNT
	$
	$
	$
	$
	$

TAX EXEMPT INTEREST

	$
	$
	$
	$

SOCIAL SECURITY

If you received any social security checks during the year, indicate total: $ _____

MISCELLANEOUS DEDUCTIONS

Amount of ALIMONY paid by you _____ $ _____
Social Sec. No. of Alimony Recipient _____
Date of Divorce decree _____

MEDICAL AND DENTAL EXPENSES

Drugs _____ $ _____
Doctors _____ $ _____
Dentists _____ $ _____
_____ $ _____
Glasses, Hearing Aids, Dentures, etc. _____ $ _____
Hospitalization or Medical Insurance _____ $ _____
Miles for Medical Travel _____ $ _____

IRA ACCOUNTS

Did either of you convert an IRA Account to a Roth IRA - if yes, attach details Y ☐ N ☐
Did either of you roll over an employer plan into an IRA Y ☐ N ☐

IRA Contribution

Husband	Regular ☐	Roth ☐	$ _____
Wife	Regular ☐	Roth ☐	$ _____

CHILD CARE

If you maintain a household with a child under the age of 13, list any expense paid for household services and care of that child, in order for you to work. _____ $ _____
Name of recipient _____
Address of recipient _____
_____
Social Security No. of recipient _____

TAXES

How much Property Tax did you pay? _____ $ _____
Sales Tax Paid _____ $ _____
City or State Income Tax Paid _____ $ _____

INTEREST - FINANCE CARRYING CHARGES

TO WHOM PAID:	AMOUNT
_____ Home Mortgage	$
Home Mortgage Points _____	$
_____	$
Interest on Student Loans _____	$
Other Interest _____	$
_____	$
_____	$
_____	$

CONTRIBUTIONS

LIST ALL CONTRIBUTIONS - YOU MUST HAVE A CANCELLED CHECK OR WRITTEN RECORD FROM THE CHARITY FOR EACH ITEM LISTED.

_____ Church $ _____
_____ $ _____
_____ $ _____
_____ $ _____
Fair Market Value of Materials Donated _____ $ _____
Miles Driven for Charity _____ $ _____

UNEMPLOYMENT COMPENSATION

If you received any unemployment compensation checks during the year, indicate total: $ _____

PLEASE COMPLETE REVERSE SIDE.

ESTIMATED TAX PAYMENTS

FEDERAL Date Paid

1st Quarter - due 4/15 _____ $_____
2nd Quarted - due 6/15 _____ $_____
3rd Quarter - due 9/15 _____ $_____
4th Quarter - due 1/15 (of next year) _____ $_____

STATE Date Paid

1st Quarter - due 4/15 _____ $_____
2nd Quarted - due 6/15 _____ $_____
3rd Quarter - due 9/15 _____ $_____
4th Quarter - due 1/15 (of next year) _____ $_____

RENTAL PROPERTY

	Properties					
	A		B		C	
Income						
Rents received						
Expenses						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Interest						
Legal and other professional fees						
Repairs						
Supplies						
Real Estate Tax						
Utilities						
Wages and Salaries						
Other (list)						

Sales of Stock

Name and Number of Shares _____ _____
Purchase Date _____
Purchase Price $_____
Sale Date _____
Selling Price $_____

Affordable Care Act Compliance

	Y	N
1. Did you obtain coverago through the Marketplace? (If yes, please provide Form 1095-A)	—	—
2. Did you have a financial interest in or signature authority over a financial account in a foreign country?	—	—
3. At any time during 2024, did you sell, exchange or otherwise dispose of, any financial interest in any virtual currency?	—	—
4. Did you incur college tuition expenses? (If yes, please provide Form 1098-T)	—	—
5. Did you make energy efficient improvements to your principal residence? (If yes, please provide details)	—	—