



## 2024 INCOME TAX ORGANIZER

**CLIENT NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

List only amounts that have actually been paid during the year (cash, check, credit card). Save all cancelled checks and receipts for a period of at least 3 years.

<b>MEDICAL</b>	Amount
Health Insurance Premiums	
Medicare Part B: (taxpayer:\$ _____ spouse:\$ _____ )	
Medicare Supplement Insurance Premiums	
Long-Term Care Insurance Premiums	
Doctors, Dentists, Clinics, Hospitals, etc.	
Prescriptions & Drugs (Doctor Prescribed Only)	
Eyeglasses/Contacts	
Hearing Aids & Supplies	
X-Ray/Lab Fees	
Ambulance/Paramedics	
Medical Equipment/Rental	
Nursing Home Medical Care	
Lodging: While away from home	
Mileage: Number of miles driven for medical reasons	#
Other:	
Other:	

<b>TAXES</b>	Amount
Real Estate Taxes (Home)	
Real Estate Taxes (Other)	
State/School/City Taxes paid with 2023 return	
State/School/City Estimated Tax paid in 2024	
Sales Tax paid on motor vehicle(s)	

<b>INTEREST</b> (please provide form 1098)	Amount
Mortgage Interest Principal Residence	
Mortgage Interest Second Home	
Home Equity Loan Interest/used for home exp	
Mortgage Insurance Premiums	
Student Loan Interest/Taxpayer	
Student Loan Interest/Spouse	
Deductible Investment Interest	
Other:	
NOTE: Personal interest from credit cards, auto loans, personal finance loans, etc. is NOT deductible.	

<b>CONTRIBUTIONS</b> (Receipts/canceled checks are now required)	Amount
Church (Name: _____ )	
Missions/Outreach	
Cancer/Heart/Easter Seals, etc.	
Red Cross/United Way/YMCA	
Public TV/Radio	
Veterans Org.	
Schools (Name: _____ )	
Other:	

<b>Non-Cash Contributions</b> – Goodwill/Salvation Army/etc. – Clothing, Furniture, Household Items, Food. Please list items donated, date of donation, value.	
1.	
2.	
3.	

<b>CHILD AND DEPENDENT CARE</b>		
Name/Address of Provider	Soc. Sec. or ID Nbr	Paid

<b>HIGHER EDUCATION EXPENSES</b> (College or Cont Ed)			
Student Name			
Tuition Yr 1&2			
Tuition Yr 3&4			
Tuition Yr 5 on			
Fees, Books			

T/S	<b>Home Energy Expenses</b>	Amount
	Insulation	
	Exterior Doors, Windows, or Skylights	
	Metal or Asphalt Roof	
	Heat Pumps & Central Air Conditioners	
	Gas, Propane, or Oil Water Heater	
	Gas, Propane, or Oil Furnace	
	Main Air Circulating Fan	
	Wood, Corn, or Biomass Heat Stoves	
	Solar, Wind Turbines, or Battery Storage Technology	

<b>ITEMS NO LONGER DEDUCTIBLE UNDER THE NEW TAX LAW.</b>
Moving Expenses (Other than Military)
Employee Business Expenses:
Business Mileage
Business Meals/Per Diem
Business Travel & Lodging
Misc Business Equipment & Supplies
Home Office Expenses
Tax Preparation Fees
Investment Expenses & Casualty Losses

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**CLIENT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**INCOME (T-Taxpayer; S-Spouse)**

<b>WAGES</b> (attach all W-2's)			
T/S	Name of Employer	Box 1 Wages	Box 2 Withd
<b>SOCIAL SECURITY</b> (attach SSA-1099)		Amount	
Taxpayer (box 5)			
Spouse (box 5)			
<b>UNEMPLOYMENT</b> (attach 1099-G)		Amount	
Taxpayer			
Spouse			
<b>PENSIONS/IRA's/ANNUITIES</b> (attach 1099-R)			
T/S	Payer	Amount	
<b>MISC INCOME</b> (attach forms/details)			
T/S	Source	Amount	
	Commissions/Bonuses		
	Contests/Awards/Gambling		
	Tips/Gratuities		
	Jury Duty/Poll Worker		
	Alimony Received		
	Business/Self-Employed Income		
	Farm Income		
	Rental Income		
	Forgiven Debt (___ check if foreclosure)		
	Other:		

<b>INTEREST INCOME</b> (bank accounts/credit unions)					
T/S	Payer	Amount			
<b>DIVIDENDS</b> (stocks, brokerage accounts)					
T/S	Payer	Total	Qualified	Cap Gn	
<b>CAPITAL GAINS</b> (sale of stocks, mutual funds, real estate, personal property)					
T/S	Description	Sale Date	Purchase Date	Sale Price	Cost

**NOTES/QUESTIONS:**

**Questions** (Check all that apply, please supply details & amounts)

- Did you take any college or online courses? Tuition amount: \$ \_\_\_\_\_
- Did you pay any student loan interest? Taxpayer: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_
- Did you pay any daycare expenses for a child? Amount: \$ \_\_\_\_\_ Provider: \_\_\_\_\_
- Did you purchase an electric vehicle? Purchase price: \$ \_\_\_\_\_
- Did your name, address or marital status change during the year?
- Are you claiming any new dependents? Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ # of Months lived with you: \_\_\_\_\_
- Are you no longer claiming any dependents? Name(s): \_\_\_\_\_