2024
Client Tax Organizer

1. Personal Information

Name		Soc. Sec. No.	Date of Birth	Occupation	Cell Phone
Taxpayer					
Spouse					

Street Address	City	State	ZIP	Home Phone

Email Address Taxpayer	Email Address Spouse

	Taxpayer		Spouse	
Blind	☐ Yes	☐ No	☐ Yes	☐ No
Disabled	☐ Yes	☐ No	☐ Yes	☐ No
Pres. Campaign Fund	☐ Yes	☐ No	☐ Yes	☐ No

MN Nongame Wildlife Fund $_____(Amount)

Marital Status

☐ Married — Will file jointly ☐ Yes ☐ No
☐ Single
☐ Widow(er), Date of Spouse's Death _____
☐ Head of Household

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN

Please answer the following questions to determine maximum deductions.

1. Are you self-employed or do you receive hobby income? ☐ Yes* ☐ No
2. At any time during 2024, did you receive, sell, exchange, or otherwise dispose of any financial interest in virtual currency? ☐ Yes* ☐ No
3. At any time during 2024, did you have a financial interest in or signature authority over a financial account (bank account, securities account, or brokerage account) located in a foreign country? ☐ Yes ☐ No
4. Did you own $50,000 or more in foreign financial assets? ☐ Yes ☐ No
5. Did you receive rent from real estate or other property? ☐ Yes* ☐ No
6. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? ☐ Yes* ☐ No
7. Do you provide a home for or help support anyone not listed in Section 2 above? ☐ Yes ☐ No
8. Did you receive any correspondence from the IRS or State Department of Taxation? ☐ Yes ☐ No
9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? ☐ Yes ☐ No
10. Did you give a gift of more than $18,000 to one or more people? ☐ Yes ☐ No
11. Did you have any debts cancelled, forgiven, or refinanced? ☐ Yes ☐ No
12. Did you go through bankruptcy proceedings? ☐ Yes ☐ No
13. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? ☐ Yes ☐ No
14. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? ☐ Yes ☐ No
15. Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than $2600? ☐ Yes ☐ No
16. Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number.

_____ Taxpayer _____ Spouse

* Contact us for further instructions

3. Direct Deposit / Auto Debit Bank Account Information

Check if you would like:

☐ Direct Deposit of Refund ☐ Direct Debit Balance Due ☐ Direct Debit Estimates

ACCOUNT INFORMATION

Name of Financial Institution _____ Routing Number _____

Type of Account ☐ Checking ☐ Savings Account Number _____

4. Wage, Salary Income

Provide W-2s:

Employer	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

5. Interest Income

Provide 1099-INT, Form 1097-BTC & broker statements

Payer	Amount
Tax Exempt	

6. Dividend Income

From Mutual Funds & Stocks - Provide 1099-DIV

7. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Provide K-1

_____

_____

_____

_____

_____

_____

_____

8. Property Sold

Provide 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

* Provide information on improvements, prior sales of home, and cost of a new residence.

9. I.R.A. (Individual Retirement Account)

Contributions for tax year income

	Amount	Date	Trad or Roth
Taxpayer			
Spouse			

Amounts withdrawn. Provide 1099-R & 5498

Amount	Reason for Withdrawal	Reinvested?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

10. Pension, Annuity Income

Provide 1099-R Payer*	Reason for Withdrawal	Reinvested?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Did you receive:	Taxpayer	Spouse
Social Security Benefits	☐ Yes ☐ No	☐ Yes ☐ No
Railroad Retirement	☐ Yes ☐ No	☐ Yes ☐ No

Provide SSA-1099, RRB-1099

11. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Provide 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

12. Other Income

List All Other Income (including non-taxable)

Alimony Received _____
Child Support _____
Scholarship (Grants) _____
Unemployment Compensation (repaid) _____
Prizes, Bonuses, Awards _____
Gambling, Lottery (expenses _____) _____
Unreported Tips _____
Director / Executor's Fee _____
Commissions _____
Jury Duty _____
Worker's Compensation _____
Disability Income _____
Veteran's Pension _____
Payments from Prior Installment Sale _____
State Income Tax Refund _____
Other _____ _____
Other _____ _____

13. Medical/Dental Expenses *(Must exceed 7.5% of AGI)*

Medical Insurance Premiums (paid by you) _____
Prescription Drugs _____
Insulin _____
Glasses, Contacts _____
Hearing Aids, Batteries _____
Braces _____
Medical Equipment, Supplies _____
Nursing Care _____
Medical Therapy _____
Hospital _____
Doctor/Dental/Orthodontist _____
Mileage (no. of miles) _____

14. Taxes Paid

Real Property Tax (provide bills) _____
Personal Property Tax _____
Other _____ _____

15. Interest Expense

Mortgage interest paid (provide 1098) _____
Interest paid to individual for your home (include amortization schedule) _____
Paid to:
Name _____
Address _____
Social Security No. _____
Investment Interest _____
Premiums paid or accrued for qualified mortgage insurance _____

16. HSA Contributions/Distributions

Did you have any HSA contributions/distributions? ☐ Yes ☐ No

Please provide a copy of all 1099-SA and Form 5498s related to your HSA.

17. Charitable Contributions

Please provide a summary of all donations made from cash or check.

*Any donations over $250 must be substantiated by receipt from charity.

*Noncash contributions in excess of $5000 in value must have a written appraisal.

Other

_____ _____
_____ _____
_____ _____

Non-Cash

_____ _____
_____ _____
_____ _____

Volunteer (no. of miles) _____ @ .14 _____

18. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

19. Employment Related Expenses That You Paid (Not self-employed) SCH C/F

✓ if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses. ☐

Dues - Union, Professional _____
Books, Subscriptions, Supplies _____
Licenses _____
Tools, Equipment, Safety Equipment _____
Uniforms (include cleaning) _____
Sales Expense, Gifts _____
Tuition, Books (work related) _____
Entertainment _____
Office in home:
In Square Feet a) Total home _____
b) Office _____
c) Storage _____
Rent _____
Insurance _____
Utilities _____
Maintenance _____

20. Business Mileage SCH C/F

Do you have written records? ☐ Yes ☐ No

Did you sell or trade in a car used for business? ☐ Yes ☐ No

If yes, provide a copy of purchase agreement

Make/Year Vehicle _____
Date purchased _____
Total miles (personal & business) _____
Business miles (not to and from work) _____
From first to second job _____
Education (one way, work to school) _____
Job Seeking _____
Other Business _____
Round Trip commuting distance _____
Gas, Oil, Lubrication _____
Batteries, Tires, etc. _____
Repairs _____
Wash _____
Insurance _____
Interest _____
Lease payments _____
Garage Rent _____

21. Business Travel SCH C/F

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. _____
Lodging _____
Meals (no. of days _____) _____
Taxi, Car Rental _____
Other _____
Reimbursement Received _____

22. Estimated Tax Paid

Due Date	Date Paid	Federal	State

23. Education Expenses MN K-12

Student's Name	Type of Expense	Amount

24. College Related Information

Student loan interest paid $ _____

1098-T – college tuition, provide copy $ _____

25. Questions, Comments, & Other Information

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer _____ Date _____ Spouse _____ Date _____