Page 1 ORGANIZER 2024 1040 US Tax Organizer Tax Return Appointment Chawla & Chawla PC 438 N Frederick Ave Ste 400 Date: Gaithersburg MD 20877 Time: Telephone number: (301) 977-2481 Location: Fax number: 301-216-2727 E-mail address: organizer@candccpa.com This tax organizer will assist you in gathering information necessary for the preparation of your 2024 tax return. Please enter all pertinent 2024 information. NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement. NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement. **CLIENT INFORMATION** 

Spouse

Taxpaver

|                          |                   | ιακράζοι      |               |
|--------------------------|-------------------|---------------|---------------|
| First name and initial   |                   |               |               |
| Last name                |                   |               |               |
| Title/suffix             |                   |               |               |
| Social security number   |                   |               |               |
| Occupation               |                   |               |               |
| Date of birth (m/d/y)    |                   |               |               |
| Date of death (m/d/y)    |                   |               |               |
| 1=blind                  |                   |               |               |
| Home phone               |                   |               |               |
| Work phone               |                   |               |               |
| Work extension           |                   |               |               |
| Cell phone               |                   |               |               |
| E-mail address           |                   |               |               |
|                          | In care of        |               |               |
|                          | Street address    |               |               |
| Address                  | Apartment number. |               |               |
| Audi C33                 | City              |               |               |
|                          | State             |               |               |
|                          | ZIP code          |               |               |
| DEPENDENTS               |                   |               |               |
| DEI ENDENTS              |                   | Dependent No. | Dependent No. |
| First name               |                   |               |               |
| Last name                |                   |               |               |
| Title/suffix             |                   |               |               |
| Date of birth (m/d/y)    |                   |               |               |
| Date of death (m/d/y)    |                   |               |               |
| Date of adoption (m/d/y) |                   |               |               |
| Social security number   |                   |               |               |
| Relationship             |                   |               |               |
| Months lived at home     |                   |               |               |
|                          |                   | Dependent No. | Dependent No. |
| First name               |                   |               |               |
| Last name                |                   |               |               |
| Title/suffix             |                   |               |               |
| Date of birth (m/d/y)    |                   |               |               |
| Date of death (m/d/y)    |                   |               |               |
| Date of adoption (m/d/y) |                   |               |               |
| Social security number   |                   |               |               |
| Relationship             |                   |               |               |
| Months lived at home     |                   |               |               |
|                          |                   |               |               |

|              | 1040  | US   | Tax Organizer   |  |             |
|--------------|---|--|---|--|-------------|
|              | C   | jovernme   | se enter all pertinent 2024 informant form for an item, check the box | ation. If you have attached<br>and do not enter a 2024 and | mount.      |
|              | GES, SALAF<br>loyer name:   | RIES AND   | TIPS  | 2024 Amount  | 2023 Amount |
|              |   |  |   | Attach Forms W-2   |             |
|              | EREST INCC<br>r name:   | OME  |   |  |             |
|              |   |  |   | Attach Forms 1099-INT                                      |             |
|              | IDEND INCC<br>r name:   | )ME  |   |  |             |
|              |   |  |   | Attach Forms 1099-DIV                                      |             |
|              |   |  |   |  |             |
|              | ISIONS, IRA<br>r name:  | AND GA   | MBLING INCOME   | Attach Forms<br>1099-R & W-2G                              |             |
| Payei        | r name:   | eported on \   | MBLING INCOME  W-2G   | - 1099-R & W-2G<br>-                                       |             |
| Paye         | Winnings not r Total gambling HER GOVER Form 1099-B - Form 1099-MIS Form 1099-K -   | eported on V<br>Josses<br>NMENT F<br>Sales of sto<br>SC - Miscella<br>Merchant c   | ORMS - INCOME  ock (also include transaction history)                 | - 1099-R & W-2G  | rms 1099    |
| Paye         | Winnings not r Total gambling HER GOVER Form 1099-B - Form 1099-K - Form 1099-S -   | eported on V<br>I losses<br>NMENT F<br>Sales of sto<br>SC - Miscella<br>Merchant c<br>Sales of rea                                 | W-2GORMS - INCOME ock (also include transaction history)              | 1099-R & W-2G  | rms 1099    |
| OTH<br>Taxpa | Winnings not r Total gambling HER GOVER Form 1099-B - Form 1099-K - Form 1099-G - ayer: Form 5SA-109 Form 1099-G - Form 1099-Q (! Form 1099-QA/ | eported on No losses  NMENT F Sales of sto SC - Miscella Merchant c Sales of received.  State tax received.  99 - Social security. | W-2G  | Attach Forms 1099  Attach Forms 1099                       | rms 1099    |

ORGANIZER Tax Organizer US 2024 1040 MISCELLANEOUS INCOME Taxpayer: Alimony received Spouse: Alimony received Other: RETIREMENT PLAN CONTRIBUTIONS 2024 Amount 2023 Amount Taxpayer: Traditional IRA contributions (1=maximum) Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) . . . . . Spouse: Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) . . . . . OTHER GOVERNMENT FORMS - DEDUCTIONS Attach Forms 1098 Form 1098-T - Tuition and related expenses ..... AFFORDABLE CARE ACT Attach Forms 1095 Form 1095-A - Health Insurance Marketplace Statement ADJUSTMENTS TO INCOME Taxpayer: Other adjustments to income: Alimony paid - Recipient name & SSN ..... Spouse: Self-employed health insurance premiums ..... Educator expenses ..... Other adjustments to income: Alimony paid - Recipient name & SSN ...... MEDICAL AND DENTAL EXPENSES Prescription medicines and drugs ..... Doctors, dentists and nurses..... Hospitals and nursing homes ..... Insurance premiums ..... Insurance reimbursement ..... Out-of-pocket lodging and transportation expenses ...... Number of medical miles..... Other: **TAXES PAID** 

State income taxes - 1/24 payment on 2023 state estimate

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| TAX  | ES PAID (c   | ontinued)  |  | 2024 Amount                       | 2023 Amount |
|--|--|--|--|-----------------------------------|-------------|
|  | -  | -  | 3 state extension  |                                   |             |
|  | income taxes -   |  |  |                                   |             |
|  |  | •  | years and/or to other states   |                                   |             |
|  |  |  | nent on 2023 city/local estimate   |                                   |             |
| -  |  |  | h 2023 city/local extension  |                                   |             |
| -  |  |  |  |                                   |             |
| -  |  | •  | h 2023 city/local return   |                                   |             |
|  |  |  | pt autos and special items)  |                                   |             |
|  | •  | -  | es   |                                   |             |
|  |  |  | ırn  |                                   |             |
|  |  |  | above  |                                   |             |
|  |  |  | ft, and other special items  |                                   |             |
|  |  | •  | dence  |                                   |             |
| Real e   | estate taxes - <sub>I</sub>  | property held  | for investment   |                                   |             |
| Foreig   | ın income taxe   | S  |  |                                   |             |
| _  | ersonal proper   |  | uding automobile fees in some states)  | Attach Tax Notice                 |             |
|  | mortgage inte  |  | nts paid:  |                                   |             |
|  |  |  |  | Attach Forms 1098                 |             |
|  |  |  |  | Attach Forms 1096                 |             |
| Home m   | nortgage interest r  | ot on Form 1098  | (include name, SSN, & address of payee):   |                                   |             |
| _  |  |  |  |                                   |             |
| Points   | not reported   | on Form 1098   | 3.   |                                   |             |
| i oiiits   | , not reported   | 011 1 01111 1070   |  |                                   |             |
|  |  |  |  |                                   |             |
| Invest   | ment interest  | (interest on n   | nargin accounts):  |                                   |             |
| _  |  |  |  |                                   |             |
|  | ve interest  |  |  |                                   |             |
| CAS  | H CONTRIE<br>: No deduction  | BUTIONS  is allowed for  | or cash or check contributions unless the do<br>the name of the organization, contribution of  |                                   |             |
| NOTE   | H CONTRIE<br>: No deduction<br>from the don  | BUTIONS  is allowed for ee, showing to the state of the s | or cash or check contributions unless the do<br>the name of the organization, contribution o   |                                   |             |
| NOTE  Volunt   | H CONTRIE : No deduction from the don  | BUTIONS  I is allowed for ee, showing to the control of the contro | or cash or check contributions unless the do<br>the name of the organization, contribution of<br>et)   |                                   |             |
| Volunt<br>Number   | H CONTRIE : No deduction from the don  | a is allowed for ee, showing to cout-of-pocker emiles  | or cash or check contributions unless the dother name of the organization, contribution dother.  |                                   |             |
| NOTE  Volunt Numbe NON   | H CONTRIE : No deductior from the don teer expenses er of charitable CASH CON  | a is allowed for ee, showing to cout-of-pocker miles   | or cash or check contributions unless the dother name of the organization, contribution dother.  | ate(s), and contribution amount(s | ).          |
| NOTE  Volunt Numbe   | H CONTRIE : No deductior from the don teer expenses er of charitable CASH CON  | a is allowed for ee, showing to cout-of-pocker miles   | or cash or check contributions unless the dotthe name of the organization, contribution of the organization.   | ate(s), and contribution amount(s | ).          |
| Volunt<br>Number<br>NOTE   | H CONTRIE  : No deductior from the don  teer expenses er of charitable CASH CON  : No deduction a deduction to   | GUTIONS  In is allowed for ee, showing to ee, showi | or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of the name of the organization, contribution of the name of the  | ate(s), and contribution amount(s | ).          |
| Volunt<br>Number<br>NOTE   | H CONTRIE  : No deductior from the don  teer expenses er of charitable CASH CON  : No deduction of the deduc | (out-of-pocker miles   | or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of etc.  DNS or contributions of clothing and household it with minimal monetary value may be denied.   | ate(s), and contribution amount(s | ).          |
| Volunt<br>Number<br>NOTE   | H CONTRIE  : No deductior from the don  teer expenses er of charitable  ICASH CON  : No deduction of a deduction of the deduc | (out-of-pocked emiles  | or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of the name of the organization, contribution of the organization, contribution of the organization, contribution of the organization | ate(s), and contribution amount(s | ).          |
| Volunt<br>Number<br>NOTE   | H CONTRIE  : No deductior from the don  teer expenses er of charitable  ICASH CON  : No deduction of a deduction of the deduc | (out-of-pocked emiles  | or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of etc.  DNS or contributions of clothing and household it with minimal monetary value may be denied.   | ate(s), and contribution amount(s | ).          |
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| Volunt Numbe NON NOTE  MISC Union Tax re Safe c                      | H CONTRIE  : No deduction from the don  teer expenses er of charitable CASH CON  : No deduction of the deduc | GUTIONS  In is allowed for the earth of the  | or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of the organization of the organization, contribution of the organization of th | ate(s), and contribution amount(s | ).          |
| Volunt Numbe NON NOTE  MISC Union Tax re Safe colorest               | H CONTRIE  : No deduction from the don | GUTIONS  In is allowed for ee, showing to ee, showi | or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of the name of the organization, contribution of the name of the  | ate(s), and contribution amount(s | ).          |
| Volunt Numbe NON NOTE  MISC Union Tax re Safe of Invest Estate       | H CONTRIE  : No deduction from the don | GUTIONS  In is allowed for ee, showing to ee, showi | or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of the name of the organization, contribution of the name of the  | ate(s), and contribution amount(s | ).          |
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| Volunt Numbe NON NOTE  MISC Union Tax re Safe c Invest Estate Unrein | H CONTRIE  : No deductior from the don  teer expenses er of charitable CASH CON  : No deduction a deduction to  CELLANEO and profession eturn preparati deposit box rei ment expense et ax, section et mbursed emplo   | GUTIONS  In is allowed for ee, showing to ee, showi | or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of the name of the organization, contribution of the name of the  | ate(s), and contribution amount(s | ).          |
| Volunt Numbe NON NOTE  MISC Union Tax re Safe of Invest Estate       | H CONTRIE  : No deductior from the don  teer expenses er of charitable CASH CON  : No deduction a deduction to  CELLANEO and profession eturn preparati deposit box rei ment expense et ax, section et mbursed emplo   | GUTIONS  In is allowed for ee, showing to ee, showi | or cash or check contributions unless the dothe name of the organization, contribution of the name of the organization, contribution of the name of the organization, contribution of the name of the  | ate(s), and contribution amount(s | ).          |