# **2024 Individual Taxpayer Organizer**

Taxpayer						Tax ID # *			
First Name	M.I.	La	st Name	Em	ail	'		IP PIN	
Occupation		Dat	e of birth			Are you nev	v to our	firm?	Yes No
Address		City	7			State		Zip	
County		Prir	nary phone			Secondary phone			
Driver's License No.				Stat	te Issue	P Date	Ехр.	. Date	
Spouse						Tax ID#*			
First Name	M.I.	La	st Name	Em	ail	'		IP PIN	
Occupation		Dat	e of birth Are you				v to our	firm?	Yes No
Address (If different from Taxpayer)		City	7			State		Zip	
County		Prir	nary phone		Secondary p	hone			
Driver's License No.				Stat	te Issue	P. Date	Ехр.	. Date	
If you moved during 2024, enter your	previous addres	SS.				Date of mov	ve .		
Marital status on 12/31/24: Single Were you divorced or separated durin <i>Note:</i> Individuals in registered domes	ng the year? Y	es ]	No	W	ere there any		nily? ederal ta	Yes N	es.
Names of dependent children Child's full name	Tax ID	#*	IP PIN		Date of birt	Months lived home in 202-	- 1	lationship	College student?
Did any of the children have unearned. Is it anticipated that a different taxpa.  Other dependents or people who live	yer will seek to c			No ve as	,	f the children hav lent for tax year 2		oility? Yes No	Yes No
Name	Tax ID #*		IP PIN	I	Date of birth	Months lived in home in 2024	Relatio	onship	Іпсоте
Bank information: Use for Direct d	eposit of refund	Dia	rect debit of bala	ınce d	lue Name of	bank			
Checking Savings Routing tra	nsit number				Account ni	ımber			
Ask your tax preparer for information *A Tax ID # is a Social Security Number (SS									

Phone number

PIN (any five digits)

Designee's name

Yes Yes

Yes

Yes

Yes

Yes

Yes

Yes

BUSINESS

No

No

No

No

No

No

No

	Yes	No	Were any children b	orn or adopted in 2024? (Provide statemen	t for other expenses.)		
ĺ	Yes	No	Were any children a	ttending college? (Provide Form 1098-T an	d Form 1098-E.)		
			Year in college	Paid by you: Tuition \$	Books \$	Student loan interest	\$
TION				Paid by student: Tuition \$	Books \$	Student loan interest	\$
DUCA	Yes	No	Did you pay any tui	tion for a private school for a dependent	or take classes yourself?	•	
1 & El			Student			Amount paid \$	
CHILDREN & EDUCATION			Name and address of s	school			
СНІГ	Yes	No	Did you pay for chil	d or dependent care so you could work o	or go to school? (Provide	statement if applicable)	
			Name of provider			EIN or SSN	
			Address			Amount paid \$	
	Yes	No	Did you make any c	contributions to a 529 plan in 2024? If yes,	provide details.		
	Yes	No	Did you, or will you	, contribute any money to an IRA for 202	4?	Traditional IRA	Roth IRA
	Yes	No	Did you roll over an	y amounts from a retirement account in	2024?		
VTS	Yes	No	Did you sell or trans	sfer any stock or sell rental or investment	property?		
TME	Yes	No	Did you receive any	income from an installment sale?			
INVESTMENTS	Yes	No	Did you have any ir	westments become worthless or were you	u a victim of investment	theft in 2024?	
=	Yes	No	Were you granted, o	or did you exercise, any employee stock o	ptions during 2024?		
	Yes	No		(as a reward, award, or payment for propa a financial interest in a digital asset)? (Di			
S	Yes	No	Did you, or do you	plan to, contribute money by April 15, 20	25 to an HSA for 2024? I	f yes, provide details.	
EDUCTIONS	Yes	No	Did you pay any int	erest on a loan for a boat or RV that has l	iving quarters? If yes, pr	ovide details.	
EDUC	Yes	No	Did you pay sales ta	ixes on a major purchase in 2024, such as	a vehicle, boat, or home	?	

Yes	Yes No Did you make any new energy-efficient improvements to your home? If yes, provide details.								
State inform	mation	Full-year resident	Part-year resident	Nonresident	School district				
States of res	sidence	e during 2024 and dates			Do you rent or own yo	our home? Rent	Own		
					Total rent paid \$	Includes heat?	Yes	No	

Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?

If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.

Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?

Did you make any charitable contributions in 2024? If yes, provide details.

Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)?

Did you purchase or sell a main home during the year? If yes, provide closing statement.

Did you refinance a mortgage or take a home equity loan? If yes, provide closing statement.

Did you work from a home office or use your car for your business?

### **Income Worksheet**

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, 1099-NEC, 1099-K, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicat	e "T" for taxpayer, "S" for spouse, "J" for j	joint			Pro	vide additional staten	nents if m	ore room is ne	eded
Forms	W-2—Wage and Tax Statement								
T/S	Employer name			T/S	Employe	er name			
	1)				4)				
	2)				5)				
	3)				6)				
Forms	1099-INT — Interest Income								
T/S/J	Name of issuer			T/S/J	Name of	issuer			
	1)				4)				
	2)				5)				
	3)				6)				
Forms	1099-DIV—Dividends and Distributions								
T/S/J	Name of issuer			T/S/J	Name of	issuer			
	1)				4)				
	2)				5)				
	3)				6)				
Forms	1099-R—Distributions From Pensions, At	nnuities, Reti	rement	or Profit	-Sharing F	Plans, IRAs, Insurance	e Contrac	ts, Etc.	
T/S	Name of issuer			T/S	Name of	issuer			
	1)				4)				
	2)				5)				
	3)				6)				
If the d	istribution is before age 59½, give a reasor	n to determine	e if an e	exception	to penalty	applies.			
Tax-Ex	empt Interest (such as municipal bonds—	include state	ment)						
Payer		\$		Payer				\$	
Other l	Income	•					1	•	
State ta	x refund		\$			Unreported tips	\$		
Unemp	oloyment compensation		\$			Other	\$		

## **Sales and Exchanges Worksheet**

Social Security (taxpayer)—provide SSA-1099 or RRB-1099

Social Security (spouse)—provide SSA-1099 or RRB-1099

Business income (see Sole Proprietorship Tax Organizer)

Rental income (see Rental Property Tax Organizer)

Gambling income—provide Form W-2G

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

\$

\$

\$

\$

\$

\$

See "Sales and Exchanges Worksheet" below.

Stock sales

Sale of other property

			1	T
Description of property	Purchase date	Cost/basis	Sale date	Sale price
		\$		\$
		\$		\$
		\$		\$

#### Notes:

- When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.
- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

## **Itemized Deductions Worksheet**

Deductions must exceed \$14,600 Single, \$29,200 MFJ/QSS, \$21,900 HOH, or \$14,600 MFS to be a tax benefit.

include cost fo	or dependents—do	7.5% of income to be not include any expe with funds from an F	nses that were		vide details of con	\$500 in noncash cha ntributions. Rules red all contributions.			
Dentists	\$	Hospitals	\$	Monetary (cash, ch	neck, credit card)		\$		
Doctors	\$	Insurance	\$	Noncash contribut					
Equipment	\$	Prescriptions	\$	items must be in good used condition or better. \$					
Eyeglasses	\$	Other	\$	Did you transfer funds from an IRA directly to a					
Medical miles	:	@ 21¢	1		No	0.11	\$		
		paid for full or partia		Charitable mileage  Casualty and The	eft Losses				
State withhold	ling		Reported on W-2			cted damage or loss			
State estimated	d taxes—paid in 20	24	\$		No No	ter area, provide deta	ills to your tax		
Real estate tax	residence		\$	<del></del>	emized Deducti	ons. Miscellaneous	itemized		
Real estate tax	—other		\$	deductions subject	to the 2% AGI li	mitation are not ded	uctible on the		
Personal prop	erty taxes		\$			enses may be deducti ge, or other job-relate			
Property tax re	efund—received in	2024	\$( )			sheet. Were any expe			
Foreign tax pa	id		\$	by your employer?					
Other			\$	Dues	\$	Subscriptions	\$		
Other			\$	Investment	\$	Supplies	\$		
Other			\$	expenses					
Balance paid i	n 2024 from prior y	ear state returns		Job education	\$	Tax prep fees	\$		
(do not includ	e interest or penalti	es)	\$	Job seeking	\$	Tools	\$		
		x paid during 2024?	Yes No	Legal fees	\$	Uniforms	\$		
		at, or home in 2024?  vaid \$ Date	Yes No	Licenses	\$	Union dues	\$		
Sales tax paid S		·		Safety equipment	\$	Other	\$		
use or rental-u	ise property, includ	erest paid for full or p ing business use of th ion and ID numbers.		Other Deduction: AGI limitation.	s. The following	deductions are not s	ubject to the 2%		
Main home		Equity loan	\$	Gambling losses	\$	Federal estate tax on IRD	\$		
Second home		Equity loan	\$	Impairment-	\$	Other	\$		
Points		Investment interest	\$	related expenses	Φ	Outer	Φ		
Other D	eductions	or Question	<b>S</b>	, · · · · · · · · · · · · · · · · · · ·	1	'	'		

- **Notes:** Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
  - Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
    Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

## **Adjustments Worksheet**

rajaounonio rrontono	
Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$300 each.	\$
Health savings account (HSA). Contributions for 2024 may be made through April 15, 2025. (Only include contributions you made out-of-pocket).	\$
Self-employed SEP, SIMPLE, and qualified plans. Contributions for 2024 may be made through April 15, 2025.	\$
<i>Self-employed health insurance.</i> Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.	\$
Penalty on early withdrawal of savings.	\$
IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Contributions for 2024 may be made through April 15, 2025.	\$
Student loan interest. Paid for taxpayers and dependents.	\$
Moving expenses. Available only to members of the Armed Forces (or their spouses or dependents) on active duty that move pursuant to a military order and incident to a permanent change of station.	Ask preparer
Business expenses of reservists, performing artists, and fee-based government officials.	Ask preparer
Other adjustments. Include description.	\$

Estimated Tax Payments — Tax Year 2024									
Installment	Date paid	Federal	Date paid	State					
First		\$		\$					
Second		\$		\$					
Third		\$		\$					
Fourth		\$		\$					
Amount applied from 2023 overpayment		\$		\$					
Total		\$		\$					

## **Tax Preparation Checklist**

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange/marketplace), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought, sold, or refinanced real estate.

Mileage amounts for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.

Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2024.

## **Taxpayer Responsibilities**

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the returns carefully before signing to make sure the information is correct.
- Fees must be paid before your tax returns are delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer may be required for preparation of returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a duplicate copy in the future.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer	Spouse	Date

## **Privacy Policy**

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your express written permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

## Sole Proprietorship Tax Organizer

Sole Proprie	etor General Informati	ion				
Name of sole	e proprietor					
Business nan	ne (if different)				EIN (if applicable)	
Business add	lress (if different from ho	me address)			1	
Principal bus	siness activity		Date business started		Date business closed	l
Principal pro	oduct or service					
Yes No	Was the primary purp	pose of the busin	ness activity to realize a profit?			
Yes No	Did you materially pa	articipate (invol	ved in a regular, continuous, and substanti	al basis) ir	n the operation of this b	ousiness?
Yes No	1		in prior years?			
Accounting 1			(specify)			
			ar year? (If no, list the fiscal year.)			
Sole Proprie	etor Specific Question	ıs				
Yes No	7 1 7 7					
Yes No	_ , , ,	,	or more to subcontractors, attorneys, accou			
		Form 1099-NEC	List name and Social Security Number (SSN)	) for each pe		3600 or more.
	Name				SSN	
	Name				SSN	
Yes No		you plan to mak	ce, any contributions to a self-employed re	tirement p		Ι.
	Type of plan				Amount contributed	\$
Yes No			ntal insurance? If Yes, provide amount of pren	niums paid	during the year.	\$
Yes No						
Yes No	Did you have any bar					
Yes No			Program (PPP) loan that was forgiven in 20	)24?		
	etor Business Income					l .
	, t		C or 1099-K, list name of payer and amount sep	parately from		\$
Form 1099		\$	Form 1099-K		\$	_
	orms 1099-NEC and 109		. 1			\$
	· · · · · · · · · · · · · · · · · · ·		counts or reductions in selling price)			\$( )
	e (not included in gross r		(instead of Forms IA/2) if your one not also	::::::::::::::::::::::::::::::::::::::		\$ iva Farma 1000
			(instead of Form W-2) if you are not class <i>Profit or Loss From Business</i> , claim any exp			
	f-employment (SE) tax					ŕ
Sole Proprie	etor Cost of Goods So	ld <i>(for manufactu</i>	rers, wholesalers, and businesses that make, L	buy, or sell g	goods)	
	the beginning of the yea					\$
Purchases les	ss costs of items withdra	awn for persona	l use			\$
Cost of labor						\$
Materials and	d supplies					\$
Inventory at	the end of the year					\$
Sole Proprie	etor Business Expens	es				
Advertising		\$	Management fees	\$	Wages*	\$
Bad debts		\$	Meals – business	\$	Other	\$
Bank charges		\$	Office supplies	\$		\$
Business licer	nses	\$	Start-up costs (first year of business)	\$		\$
Commissions	and fees	\$	Pension and profit-sharing plans	\$		\$
Contract labo		\$	Rent or lease – car, machinery, equipment	\$		\$
Employee ber	nefit programs	\$	Rent or lease – other business property	\$		\$
	alth care plans	\$	Repairs and maintenance	\$		\$
	t (not deductible)	\$	Supplies (not included in inventory cost)	\$		\$
Gifts		\$	Taxes – payroll*	\$		\$
	her than health insurance)	\$	Taxes – property	\$		\$
Interest – mor		\$	Taxes – sales	\$		\$
Interest – oth		\$	Taxes – state	\$		\$
Internet servi		\$	Telephone	\$		\$
	ofessional services	\$ 040 Farma 041	Utilities Form 1096 Form 1099-NEC Form 1099-M	\$		\$
" Provide coi	DIDE OF HORM W/-3 HORM	940 Horm 941	HORM HUSE HORM HUSS-NIHC HORM 1099-M	is and a	ny etato tay torme filod	

Julio Busines	- LAPOHOUS L		e amount						
	-	ist out type and expens	s s					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
Car Expenses	(use a senarate fo	orm for each vehicle)	*	<u> </u>				1 4	
Make/Model	(aco a coparato re				Date car	placed in servi	ice		
	ar available for	personal use during	off-duty hours?		Date car	placed III Servi	icc		
		spouse) have any oth		al use?	Did you	trade in your c	ar this year? Yes	s No	)
	Do you have evi		er cars for persona	ar doc.	Cost of		Trade-in value		,
	s your evidence				\$	irude iri	\$		
100 110 1	s your evidence	Mileage			4		Actual Expenses		
Beginning of ye	ear odometer				Gas/oil		\$		
End of year odd					Insuran	ee	\$		
Business mileas						fees/tolls	\$		
Commuting mi	0					tion/fees	\$		
Other mileage	0				Repairs	·	\$		
	nn deduct the cos	ot of moole rubile there							
		se the actual cost of y	our meals or the	pens	ses of tra	iveling away fr	educt the ordinar om your home for portation, airfare, t	r busir	ess purposes
	l allowance per		our meals or the	pen: Incl	ses of tra	veling away fr enses are trans	om your home for	r busir	ess purposes
standard mea	l allowance per	se the actual cost of y	our meals or the by location.	pen: Incl	ses of tra uded exp	veling away fr enses are trans	om your home for	r busir	ess purposes dging, etc.
standard mea	l allowance per	se the actual cost of y	our meals or the by location.	pen: Incl	ses of tra uded exp	veling away fr enses are trans	om your home for	r busir	ess purposes dging, etc.
standard mea	l allowance per	se the actual cost of y	our meals or the by location.	pen: Incl	ses of tra uded exp	veling away fr enses are trans	om your home for	r busir	ess purposes dging, etc.
standard mea	l allowance per	se the actual cost of y	our meals or the by location.	pen: Incl	ses of tra uded exp	veling away fr enses are trans	om your home for	r busir	ess purposes. dging, etc.
standard mea City visited (for p	ll allowance per per diem)	se the actual cost of y	our meals or the by location.	pen: Incl	ses of tra uded exp	veling away fr enses are trans	om your home for	r busir	ess purposes dging, etc.
standard mea City visited (for p	ll allowance per per diem)	se the actual cost of y	our meals or the by location.  # of days in city	pen: Incli City vis	ses of tra uded exp sited (for p	enses are trans	om your home for portation, airfare, t	r busir	ess purposes dging, etc.
standard mea City visited (for particular pa	ll allowance per per diem)	se the actual cost of y	by location.  # of days in city  \$	pen: Incli City vis	ses of tra uded exp sited (for p	veling away fr enses are trans	om your home for portation, airfare, t	t busir	ess purposes dging, etc.
standard mea City visited (for particular pa	al allowance per per diem)	se the actual cost of y	bour meals or the by location.  # of days in city  \$ \$	pen: Incli City vis	ses of tra uded exp sited (for p	enses are trans	om your home for portation, airfare, t	t busir axi, locality and the second	ess purposes dging, etc.
standard mea City visited (for particular pa	ll allowance per per diem)	se the actual cost of y	s s	pen: Incli City vis	ses of tra uded exp sited (for p	enses are trans	om your home for portation, airfare, t	s busir axi, loc	ess purposes dging, etc.
standard mea City visited (for particular pa	al allowance per per diem)  s (not deductible)	se the actual cost of y	s s s s s s s s s s s s s s s s s s s	pen: Incli City vis	ses of tra uded exp sited (for p	enses are trans	om your home for portation, airfare, t	s s s	ess purposes dging, etc.
standard mea City visited (for particular pa	al allowance per per diem)  s (not deductible)	se the actual cost of y	s \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	pen: Incli City vis	ses of tra uded exp sited (for p	enses are trans	om your home for portation, airfare, t	s s s s	ess purposes dging, etc.
Travel expenses Airfare Bus, train, taxi Entertainment (Lodging Parking and tol Meals (actual re	al allowance per per diem)  s  (not deductible)	se the actual cost of y	s \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	pens Include City vis	ses of tra uded exp sited (for p	penses are trans	portation, airfare, t	s s s s s	ess purposes dging, etc.
Travel expenses Airfare Bus, train, taxi Entertainment ( Lodging Parking and tol Meals (actual re-	al allowance per per diem)  s  (not deductible)	se the actual cost of y	s \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Pension Included City vis	ses of tra uded exp sited (for p	penses (describe	below)  life greater than one	s s s s s s s s s s s s s s s s s s s	ness purposes dging, etc.  If days in city
Travel expenses Airfare Bus, train, taxi Entertainment ( Lodging Parking and tol Meals (actual re	al allowance per per diem)  s  (not deductible)	se the actual cost of y	s \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Pension Included City vis	ses of tra uded exp sited (for p	penses (describe  penses (describe  penses (describe	portation, airfare, t	s s s s s s s s s s s s s s s s s s s	ness purposes dging, etc.  If days in city
Travel expenses Airfare Bus, train, taxi Entertainment ( Lodging Parking and tol Meals (actual re-	al allowance per per diem)  s  (not deductible)	se the actual cost of y	s \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Pension Included City vis	ses of tra uded exp sited (for p	penses (describe  mat have a useful  Cost	below)  life greater than one	s s s s s s s s s s s s s s s s s s s	ness purposes dging, etc.  If days in city
Travel expenses Airfare Bus, train, taxi Entertainment ( Lodging Parking and tol Meals (actual re-	al allowance per per diem)  s  (not deductible)	se the actual cost of y	s \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Pension Included City vis	ses of tra uded exp sited (for p	penses (describe  penses (describe  cost  \$	below)  life greater than one	s s s s s s s s s s s s s s s s s s s	ness purposes dging, etc.  If days in city
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Travel expenses Airfare Bus, train, taxi Entertainment ( Lodging Parking and tol Meals (actual re-	al allowance per per diem)  s  (not deductible)	se the actual cost of y	s \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Pension Included City vis	ses of tra uded exp sited (for p	penses (describe  penses (describe  cost  \$ \$ \$ \$ \$	below)  life greater than one	s s s s s s s s s s s s s s s s s s s	ness purposes dging, etc.  If days in city
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number of years. Depreciation is the annual deduction that allows you to recover the cost or other basis of your business property over a certain number of years. Depreciation starts when you first use the property in your business. It ends when you either take the property out of service, deduct all your depreciable cost or basis, or no longer use the property in your business. The IRS has outlined a useful life (a set number of years) for most assets.

Equipment Sold or Disposed of During Year				
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	
			\$	

**Disposition of Property.** A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

### **Business Use of the Home**

Area of home must be used regularly and exclusively for business except for storage of inventory or daycare.

*Note:* Managing rental activities or investments does not qualify for business use of the home.

All Taxpayers		For Daycare Only		
A) Business use area (square footage)		1) Hours used for daycare		
B) Total area of home (square footage)		2) Total hours in year	8,784 hrs.	

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2024, copy this worksheet and fill out one for each home.

	Direct	Indirect		Direct	Indirect
Mortgage interest	\$	\$	Repairs and maintenance	\$	\$
Property taxes	\$	\$	Utilities \$		\$
Insurance	\$	\$	Other	\$	\$
Rent	\$	\$	Other	\$	\$
Depreciation of the Home					
Lower of cost or fair market value	of home	\$	Improvements?	Yes No	
Value of land		\$	Casualty losses in 2024?	Yes No	

### 1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if you use the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening.

The exclusive use test is not required for:

- An area used on a regular basis for storage of inventory or product samples.
- A home used as a daycare facility.

Storage of inventory or product samples—exception to exclusive use test. If you use part of a home for business to store inventory or product samples, you are not required to meet the exclusive use test. However, you must meet all the following tests.

- You are in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- Your home is the only fixed location of the business.
- The storage space is used on a regular basis.
- The storage space is a separately identifiable space suitable for storage.

### 2) Regular Use Test—Business Use of Home

The regular use test means you must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

### 3) Trade or Business Use Test—Business Use of Home

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

### 4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.

- The relative importance of the activities performed at each place where business is conducted, and
- The amount of time spent at each place where business is conducted.

A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.

### **Self-Employment (SE) Tax**

- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were \$400
  or more, or you had church employee income of \$108.28 or more. The SE
  tax rules apply no matter how old you are and even if you are already
  receiving Social Security or Medicare benefits.
- The SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$168,600 (2024) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.

## **Rental Property Tax Organizer**

### **Rental Income and Expenses**

Indicate type of property as 1-Single Family Residence, 2-Multi-Family Residence, 3-Vacation/Short-Term Rental, 4-Commercial, 5-Land, 6-Self-Rental, or 7-Other (describe).

	Property A		Property B		Property C	
	Address of property:		Address of property:		Address of property:	
	Туре		Туре		Туре	
	Any personal us	se? Yes No	Any personal us	se? Yes No	Any personal us	se? Yes No
	Fair Rental Days	Personal Use Days	Fair Rental Days	Personal Use Days	Fair Rental Days	Personal Use Days
Date placed in service						
Rents received	\$		\$		\$	

**Security deposits.** A security deposit is not included in rental income if you plan to return it to the tenant at the end of the lease. If any amount is forfeited by the renter during the year, include that amount as rental income.

	<u> </u>	
Expenses		
Advertising	\$	\$ \$
Auto and travel	\$	\$ \$
Cleaning and maintenance	\$	\$ \$
Commissions	\$	\$ \$
Insurance	\$	\$ \$
Legal and professional fees	\$	\$ \$
Management fees	\$	\$ \$
Mortgage interest paid to banks	\$	\$ \$
Other interest	\$	\$ \$
Repairs	\$	\$ \$
Supplies	\$	\$ \$
Taxes	\$	\$ \$
Utilities	\$	\$ \$
Other (list)	\$	\$ \$
	\$	\$ \$
	\$	\$ \$

## **Property Information**

If this is your first year with our firm, please provide a depreciation schedule for all property placed in service before 2023.

**Property Purchased.** Treat the cost of improvements made to real property as the purchase of a new asset.

Asset	Date purchased	Cost	Date placed in service
		\$	
		\$	
		\$	
		\$	
		\$	

Asset	Date sold or taken out of service	Selling price	Trade in?
		\$	
		\$	
		\$	
		\$	
		\$	