Questionnaire									
Name:	SSN:								
Questionnaire									
Personal Inform	nation								
Yes No									
[][]	Did your marital status change during the year? If "Yes," explain								
[][]	Did your name change during the tax year? If "Yes," explain.								
[][]	If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2024?								
[][]	Can you or your spouse be claimed as a dependent by someone else?								
(1 (1	Did your address change during the year?								
ii ii	Were you, your spouse, or any dependents a victim of identity theft? If "Yes," explain.								
[][]	Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)? If "Yes," provide Notice CP01A from the IRS.								
Provide	proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)								
Dependent Info	rmation								
Yes No									
[][]	Did you have any changes in dependents during the year? If "Yes," explain								
[][]	Can another person qualify to claim any of your dependents?								
[][]	Did you have any child or dependent care expenses during the year?								
[][]	Did you have any adoption expenses during the year?								
[] []	Did you have any children under age 18 or a full-time student under age 24 with more than \$2,600 of								
	uneamed income?								
Provide	documentation for proof of dependent credits (school records, medical records, daycare records, etc.)								
Health Care Info	ormation								
[][]	Did any member of your household have healthcare coverage through the Marketplace (Obamacare)? If "Yes," provide copies of Form 1095-A.								
[][]									
Income, Purcha	nses, Sales, and Debt Information								
Yes No									
[][]	Did you receive any tips not reported to your employer?								
[][]	Did you receive any disability income during the year?								
ii ii	Did you cash in any U.S. savings bonds during the year?								
ii ii	Did you start a new business or purchase any rental property during the year?								
i i i i	Did you sell an existing business, rental property, or other property during the year?								
1111	Did you purchase any business assets or convert any assets to business use?								
1111	If "Yes," provide the cost of the asset, the date it was placed in service, and the business use percentage.								
[][]	Did you purchase any gasoline, diesel, or special fuels for off-road business use?								
[][]	Did you buy or sell any stocks, bonds, or other investments during the year?								
[][]	Did you sell a principal residence during the year?								
	If "Yes," provide closing documentation for the purchase and sale of the home.								
[][]	Did you have a principal residence or a piece of real property foreclosed on during the year?								
[][]	Did you abandon a principal residence or a piece of real property during the year?								
[][]	Did you refinance your principal home or second home or take out a home equity loan during the year?								
	If "Yes," provide all escrow, closing, and other pertinent documentation and information.								
[][]	Did you receive any principal or interest during this year from property sold in prior years?								

	Questionnaire
Name:	SSN:
Questionnaire	
[][]	Did you rent out your home or use it for business?
[][]	Did you sell, exchange, or purchase any real estate during the year?
(1)	Did you acquire a new or additional interest in a partnership or S corporation?
i i i i	Did you have any debts canceled or forgiven this year?
[][]	Does anyone owe you money that has become uncollectible?
[][]	Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell
	vehicle, qualified commercial clean vehicle) during the year?
	If "Yes," provide the report the dealer or seller is required to provide to you and the vehicle
	identification number (VIN).
[][]	Did you receive income or incur expenses associated with a fantasy sports league?
	If "Yes," provide documentation.
[][]	Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)? If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.
[][]	Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
• • • •	If "Yes," attach Form 1099-K or Form W-2.
[][]	Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
	If "Yes," provide documentation.
[][]	Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
[][]	If "Yes," attach Form 1099-K. Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, VRBO or
1111	HomeAway)?
	If "Yes," provide documentation.
[][]	Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?
	If "Yes," provide documentation.
[][]	Did you receive any other income you have not provided information for with this organizer?
	If "Yes," explain.
Itemized Deduct	tion Information
Yes No	
[][]	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the
	year?
[][]	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
[][]	Did you receive any state or local income tax refunds from prior years?
[][]	Did you make any major purchases (vehicle, boat, etc.) during the year?
[][]	Did you pay any real estate property taxes or personal taxes during the year?
[][]	Did you pay mortgage interest during the year?
[][]	Did you make cash donations to charity during the year? Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
[][]	Did you donate a boat or vehicle during the year?
1111	If "Yes," attach Form 1098-C.
[][]	Did you have gambling winnings or losses during the year?
iiii	Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety
	equipment, etc.)?
[][]	Did you use your vehicle on the job other than for commuting to work?
[][]	Did you work out of town at any time during the year?
Retirement Info	rmation
Yes No	mauon
[][]	Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement
	plan during the year?
[][]	Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth,
	Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
[][]	Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified
	retirement plan during the year?

Questionnaire									
Name:	SSN:								
Questionnaire									
[][]	Did you receive any Social Security benefits during the year?								
Education Inform	mation								
Yes No	Did you pay tuition expenses that were required for attending college, university, or vocational school								
[][]	for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?								
[][]	Did anyone in your household attend a post-secondary school during the year?								
[] []	Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?								
[][]	Did you pay student loan interest for yourself, your spouse, or your dependents during the year? If "Yes," provide the amount of interest that was refunded.								
[][]	Did you receive forgiveness on a qualifying federal student loan?								
Foreign Tax Info	ormation								
Yes No									
[][]	Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?								
[][]	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?								
[][]	Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?								
[][]	Did you have any income from, or pay taxes to, a foreign country?								
[][]	Did you receive a Schedule K-3 from a partnership or S corporation?								
[][]	Did you have ownership in a foreign corporation at any time during the year?								
[][]	Did you own property in a foreign country?								
Refund, Withhol Yes No	ding, and Estimated Tax Information								
	If you have an overpayment of 2024 taxes, do you want the refund applied to your 2025 estimated taxes?								
[][]	Did you make any estimated payments toward your 2024 taxes?								
[][]	Did you apply an overpayment of your 2023 taxes to your 2024 estimated taxes?								
[][]	Do you want to have any refund or balance due directly deposited or withdrawn?								
[][]	If "Yes," provide a canceled checking or savings slip.								
[][]	Do you anticipate your income or withholdings to be different for 2025?								
Miscellaneous l	nformation								
Yes No									
	Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset?								
[][]	Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area?								
	If "Yes," provide the incident date, value of the property, amount of insurance reimbursements, and the declaration number assigned by FEMA.								
[][]	Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?								
iiii	Did you make gifts to any one person in excess of \$18,000 during the year? Yes No								
	[] [] If "Yes," are you splitting the gift with your spouse?								
[][]	Did you incur moving expenses with the military during the year?								
iiii	Did you make any energy-efficient improvements to your main home during the year?								
iiii	Are you a business owner who paid health insurance premiums for your employees during the year?								
iiii	Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or two or more								
	related transactions during the year?								
	Yes No [] [] If "Yes," was Form 8300, Report of Cash Payment over \$10,000 Received in Trade or Business, filed?								

Questionnaire								
Name:	SSN:							
Questionnaire								
[][]	Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the year? Did you make any purchases subject to use tax during the year? If "Yes," provide details.							
[][]	Did you receive any notices from the IRS or state taxing authority? If "Yes," explain							
[][] [][]	May the IRS discuss your tax return with your preparer? Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?							
Preparer Notes								

2024 Tax Organizer Personal Information

			Personal Ir	formation				
Persona	al Infor	mation						e de la companya de l
		Name			ss	SN	Has IP PIN	Date of Birth
Taxpayer								
Spouse								
Name of pe	rson to wh	om all information should be addressed, if not th	ne taxpayer					
Street add	iress, city	, state, and ZIP						
		Occupation		Daytime Phone	Evening	Phone		Cell Phone
Taxpayer							<u> </u>	
Spouse								
Taxpayer	email							
Spouse e	mail							
Yes No	ied filing Are you Are you Are you Do you At any (a) r (b) s cation i	separately - If married but filing separately or your spouse blind? The or your spouse disabled? The or your spouse a full-time student? The or your spouse want to designate \$3 to time during 2024 did you: The eceive (as a reward, award, or payment sell, exchange, gift, or otherwise dispose information The photo ID State-issued photo ID	tely, did you live a go to the Preside for property or se of a digital asset	part from your spouse for ential Election Campaign rvice) a digital asset?	Fund? a digital asset	onths of 20	photo II	
Date phot	o ID exp	ires		Date photo ID expires _				
Accoun	nt Inform	nation for Deposits and Withdra	wals					
		Name of Bank	Bank Routing Number	Bank Account Number	Type of A	Savings	Use	this Account for
	· · · · · · · · · · · · · · · · · · ·				- Chooming		1 300	
							-	
		nformation ment is scheduled for						L.,

			Depende	ent a	and Other In	formatio	n			
Name:									SSN	:
Dependent Information	ſ ————					·				
First and Last Name SSN			H: IP I		Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses
							<u> </u>		_	
				\dashv						
		_							_	
ist dependents required to fil Child and Other Depen			nses	9		:	£			
Name of Care Provider	T			· 	Address	· · · · · · · · · · · · · · · · · · ·		SSN or E	in	Amount Paid
Estimates										
	Date	Fed Paid	deral Amount		Res Date Paid	ident State	mount	F Date Paid	Resident	City Amount
Overpayment applied rom 2023										
irst quarter										
Second quarter										
hird quarter										
ourth quarter										
Additional payments			<u> </u>							