

Individual Tax Organizer 2024



BASIC INFORMATION:

Taxpayer Name _____ Spouse Name _____

Phone number _____ Phone number _____

Email _____ Email _____

Occupation _____ Occupation _____

Mailing Address _____

City, State, Zip _____

Bank information for Direct Deposit of refunds:

Bank Name _____ Checking or Savings _____

Routing # _____ Account # _____

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you add/change any dependents not on the 2023 return?
<input type="checkbox"/>	<input type="checkbox"/>	If claiming children under age 17, did they live with you more than 50% of the year?

Dependent Name	SSN (only if not in prior year)	Date of Birth	Student (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME SOURCES: Indicate with an "X" which of the following you had and attach relevant documents. If it does not apply, leave blank.

- W2
- K1
- 1099 K (NEW FOR 2024) – typically from Credit Cards/Venmo/Paypal/etc**
- 1099 MISC/NEC
- 1099 G (Unemployment Benefits or State Tax Refunds)
- 1099R/1099SSA (Retirement or Social Security)
- 1099 DIV/INT/B (Investment income)
- Rental Property (Attach Separate Organizer for each)
- Small Business (Attach Separate Organizer for each)
- Foreign Income – describe _____
- Other – describe _____

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HEALTH INSURANCE:

Yes No
 Was your health insurance purchased through Connect for Health?
 (i.e. did you get a health insurance subsidy) **Attach 1095A** if Yes.

CONTRIBUTIONS PAID PERSONALLY (not through your W2):

Indicate the amounts contributed personally, if any, to the following. DO NOT include amounts contributed through an employer on a W2 or deducted through a business.

	Taxpayer	Spouse
HSA <small>Health Savings Account</small> distributions	\$ _____	\$ _____
HSA Contributions	\$ _____	\$ _____
Indicate if you had a family or individual health plan _____		
Traditional IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
SEP/SIMPLE/401K etc.	\$ _____	\$ _____

Yes No
 Do you want help calculating any of these potential contributions? HSA and IRA can be contributed up retroactively.

ESTIMATED TAX PAYMENTS: Only include amounts paid directly by you, NOT amounts withheld through W2s or other withholding.

Yes No
 Did you make estimated payments **for 2024** tax outside of payroll withholding? If so, provide dates and amounts below

Federal				State			
Date		Amount		Date		Amount	
Date		Amount		Date		Amount	
Date		Amount		Date		Amount	
Date		Amount		Date		Amount	

The typical due date for these would be 4/15/24, 6/15/24, 9/15/24 and 1/15/25

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OTHER THOUGHTS TO CONSIDER:

Yes No

- Did you receive or sell/exchange/dispose of any digital assets in 2024 (i.e. Bitcoin)?
- Did you change address, legal name or filing status?
- Did you pay child care for a dependent under the age of 13? If yes provide details.
- Did you or a dependent have college tuition? If yes include 1098T
- Did you pull funds from a 529 account? If yes, include 1099Q form
- Did you contribute to a 529 College Savings Tuition plan for your residency state?
How much? \$_____ Are you the owner of the account? (yes/no) _____
- Did you have charitable donations? (If yes, please fill out top section on Page 4)
- Did you buy or sell a home? Details _____
- Did you purchase an Electric or Hybrid vehicle in 2024?
- Did you add Energy Efficient or Clean Energy Improvements to your primary home
If so, provide details. (i.e. Insulation, windows, boilers, energy audits, solar, etc.)
- Do you have foreign bank accounts totaling more than \$10,000 during the year?
 If yes, do you want dMCPA to prepare the required FBAR reporting?
- Do any dependents have earned income > \$14,600
and/or investment income > \$1300?
 If yes, do you want dMCPA to prepare this tax return?
- Did you inherit money or property? Provide details _____
- Did you have any gambling winnings? _____ Losses? _____
- Did you pay student loan interest? If yes _____ amount and _____ lender
- If you are an educator by profession, did you have education expenses? \$ _____
- If you are to get a refund, do you want to apply it to the 2024 tax year?

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CHARITABLE CONTRIBUTIONS: dMCPA does not need receipts, but you must keep these for your records. (EXCEPTION: If you have charitable tax credits, documentation is required)

Cash ***

Name of Charity	Dollar Amount Donated
_____	_____
_____	_____
_____	_____

Noncash***

Name and Address of Charity	Description	Thrift Store Value	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Attach list if more than can be listed here

OTHER ITEMIZED DEDUCTIONS

Note in 2024 the standard deduction is \$14,600 Single and \$29,200 Married Filing Joint. Only complete the below if you will be close to or over that threshold.

MEDICAL: Note deductibility is limited by 7.5% of your income:

- _____ Prescriptions _____ Long term care premiums – Taxpayer
- _____ Doctors, Dentists _____ Long term care premiums– Spouse
- _____ Hospitals, Clinics _____ Medical Equipment & Supplies
- _____ Eyeglasses, Contacts _____ # miles driven for medical
- _____ Insurance premiums paid by you (not Medicare or employer paid)

TAXES:

- _____ Real estate taxes paid in 2024 for Primary Residence
- _____ Real estate taxes paid in 2024 for other homes or land (not rentals)
- _____ Car Registration OWN tax (on the receipt of your registration)

Yes No
 Did you purchase any large items such as a vehicle or RV?

MORTGAGE INTEREST: Provide copies of all 1098INT forms

- Yes No
- Do you have a Mortgage on your home? – include 1098INT
- If you have a HELOC, were the funds were used to buy/build?
- Is your total amount mortgaged greater than \$750K?

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A Whole Page for additional notes!

This is where you should include:

The details on any questions you answered “yes” to on page 3

Any questions you have

Clarifications on information provided

Changes this past year or other items not addressed above

Upcoming changes that might impact planning for 2024

This page is OPTIONAL.