2024 INDIVIDUAL TAX RETURN ORGANIZER

This page is required to be completed and returned

	TAXPAYER	SPOUSE
Legal Name		
Social Security #		
Birth Date		
Occupation		
Email Address		
Phone Number		
Primary Contact Person (check one)	○	○
Best way to contact (phone/text/email)		
Mailing Address		

DEPENDENTS					
Full Legal Name	Date of Birth	Social Security #	Anyone else claiming?	Lived with you all year?	If no: full time student in college?

TAX RETURN DELIVERY *All Tax Returns will be delivered electronically unless you select otherwise.*	
SECURE EMAIL (preferred)	☐
PICKUP AT OUR OFFICE (+ $20)	☐
MAIL (+ $30)	☐

MARITAL STATUS AS OF 12/31/2024	
MARRIED	☐
SINGLE	☐
OTHER (please explain)	☐

BANK INFO FOR DIRECT DEPOSIT OF REFUND (OPTIONAL)	
BANK NAME	
ACCOUNT #	
ROUTING #	
CHECKING ○ -or- SAVINGS ○	

ESTIMATED TAX PAYMENTS FOR 2024 (if any)			
FEDERAL		STATE	
Date	Amount	Date	Amount

At any time during 2024, did you sell, exchange, or otherwise dispose of any financial interest in any virtual currency? If yes, provide details.	YES	NO
	☐	☐

2024 INDIVIDUAL TAX RETURN ORGANIZER, continued

The remaining pages are optional, but your participation is encouraged and will help limit the frequency of additional questions we have for you to ensure we prepare your return accurately while minimizing taxes. If an item is not answered, we will assume it is not relevant to you or the amount is zero, unless other documentation is provided. It is not necessary to answer every question. For example, if you have provided brokerage statements, you do not need to duplicate your interest, dividends, and stock sales from that statement.

This is a general checklist of items you should provide if you or any member of your family have received them:

– W-2 (wages)
– 1099-R (retirement)
– 1099-INT (interest)
– 1099-DIV (dividends)
– 1099-B (brokerage sales)
– 1099-MISC (rents, etc.)
– 1099-NEC (non-employee compensation)
– 1095-A, 1095-B, 1095-C (health insurance)
– 1099-SSA (social security)
– 5498 (contributions to IRA)
– 1098-T (education)
– Schedules K-1 (Forms 1065, 1120-S, 1041)
– Annual brokerage statements
– 1098 (mortgage interest)
– Property tax bills that were paid in 2024
– Closing Disclosure (real estate sales/purchases)
– Charitable contributions amounts
– Other information statements
– 1099-SA (distributions from HSA)
– 5498-SA (contributions to HSA)

INCOME

INTEREST	
PAYER	AMOUNT

DIVIDENDS	
PAYER	AMOUNT

SALES OF PROPERTY NOT SHOWN ELSEWHERE (stocks, gold, house, land, etc.)				
DESCRIPTION	DATE PURCHASED	DATE SOLD	PURCHASE PRICE	SALES PRICE

OTHER INCOME: not from wages, business, investments (i.e. pensions, insurance, payments, royalties)		
DESCRIPTION	PAYER	AMOUNT

If you have a business or rental property that is not reported on a separate tax return, please provide a schedule including, but not limited to: Income, Expenses, Mortgage interest, Property taxes, HOA dues, Insurance expense, Repairs and maintenance. If you used your vehicle for business purposes, please provide total mileage and business mileage. If you had a home office, please provide the square footage of the office and your total home.

EXPENSES

MEDICAL EXPENSES (do not include amounts paid from a pre-tax health savings account, or amounts reimbursed from insurance)	
DESCRIPTION	AMOUNT
Insurance premiums **(do not include amounts paid pre-tax through employer)**	
Long-term care premiums	
Doctors, Dentists, Nurses, etc. Co-pay	
Prescriptions	
Medical mileage (enter actual miles, not the computed deduction)	

HEALTH SAVINGS ACCOUNTS	YES	NO	IF NO, WHAT AMOUNT WAS FOR MEDICAL?
Were all of your withdrawals from an HSA account for medical expenses?	☐	☐	
If you have an HSA, you must provide your 1099-SA, which shows the distributions from the account for 2024			

TAX EXPENSES	
DESCRIPTION	AMOUNT
Real Estate (Property) taxes	
Sales tax on large purchases	
Other personal property taxes (not applicable in LA)	

INTEREST EXPENSES		
DESCRIPTION	AMOUNT	12/31/24 Mortgage Balance
Home Mortgage		
Home Mortgage 2		
Other Real Estate		

CHARITABLE CONTRIBUTIONS: CASH	
NAME OF CHARITABLE ORGANIZATION	AMOUNT

It is not required to send your receipts for cash donations to us, but make sure you have them for your own records

CHARITABLE CONTRIBUTIONS: NON-CASH			
NAME OF CHARITABLE ORGANIZATION	DESCRIPTION	EST. VALUE ON DATE DONATED	EST. VALUE WHEN ORIGINALLY PURCHASED

OTHER ADJUSTMENTS

CHILD CARE				
	CHILD CARE PROVIDER			
CHILD NAME	PROVIDER NAME	ADDRESS	TAX ID #	AMOUNT PAID

LOUISIANA SCHOOL EXPENSES (max deduction is $5,000 per child)			
CHILD NAME	SCHOOL NAME	DESCRIPTION (ex. Tuition, Books, Uniforms)	AMOUNT

COLLEGE TUITION EXPENSES		
DEPENDENT NAME	SCHOOL NAME	AMOUNT

OTHER ADJUSTMENTS		
DESCRIPTION	TAXPAYER	SPOUSE
Educator Expenses		
Health Savings Account Contributions (After-tax only)		
Self-Employed Retirement Plan Contributions		
Self-Employed Health Insurance Premiums		
Traditional IRA Contributions		
Roth IRA Contributions		
Student Loan Interest		

USE THE SPACE BELOW TO LIST ANY OTHER INFORMATION WHICH YOU BELIEVE IS PERTINENT