

# 2024 TAX DEDUCTION FINDER

Your Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Your Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Spouse's Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ eMail \_\_\_\_\_

**DOCUMENTS TO BRING:** ▶ Last year's return (if new client) ▶ W-2 Forms ▶ Purchase & sale info for all property sold  
 ▶ 1099 Forms for: interest · dividends · soc. sec. · unemployment · self-employment · debt cancellation · retirement · HSA/MSA  
 ▶ 1098 Forms for: mortgage interest · tuition · student loan interest · auto/boat donations ▶ Health insurance (form 1095)  
 ▶ Foreign account statements ▶ Bitcoin & other cryptocurrency account details ▶ Other documents referenced in following pages

FEDERAL                  STATE Last year I received refunds of: _____ Last year I had to pay: _____  <input type="checkbox"/> I want my refunds directly deposited into my bank, IRA ... (bring a voided check / account info)	<b>DEPENDENTS</b> Name    Number of months lived in your home ▼ First, Initial & Last      Social Security # (required)      Relationship      Birthdate      Grade																									
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## INCOME (other than income shown on W-2s)

SOURCE (include foreign income)	T/S/J	AMOUNT
INTEREST (Bring in 1099s or Statements)		
If Individual, list Name, Address & Soc. Sec. #		
Include all tax exempt and Municipal Bonds		
Excludable Series EE Savings Bonds		

SOURCE (include foreign income)	T/S/J	AMOUNT
DIVIDENDS (Bring in 1099s or Statements)		
Include all tax exempt		

### OTHER INCOME NOT INCLUDED ABOVE OR ON W-2 (see page 4 for self-employment & rental income details)

UNEMPLOYMENT (Bring in 1099)		
ALIMONY		
TIPS		
COMMISSIONS/BONUSES		
PRIZES/AWARDS/GAMBLING/LOTTERY		
JURY/ELECTION DUTY		
PARTNER./CORP/ESTATE/TRUST (Bring K-1)		
STOCK & PROPERTY SALES (Bring 1099, Cost, Dates)		
SCHOLARSHIPS/FELLOWSHIPS, if not on W-2		
STRIKE PAY		
BUSINESS/FARM/RENTAL (details on page 4)		
FOREIGN INCOME		
HOBBY INCOME		
OTHER INCOME (please specify)		

LEGAL SETTLEMENTS / AWARDS		
DISABILITY/RETIREMENT		
PENSIONS / IRAs (Bring all 1099-R forms)		
SOCIAL SECURITY (Bring in SSA-1099)		
SOCIAL SECURITY (Bring in SSA-1099)		
RAILROAD RETIREMENT (Bring in RRB-1099)		
RAILROAD RETIREMENT (Bring in RRB-1099)		
DEBT CANCELLATION – BRING 1099-C or A		
BITCOIN / CRYPTOCURRENCY (bring details)		

### NON-TAXABLE INCOME

VETERANS PENSION/DISABILITY		
CHILD SUPPORT/ASSISTANCE		
WORKER'S COMPENSATION		
MEDICAID WAIVER INCOME (bring details)		
OTHER (please specify)		

ESTIMATE PAYMENTS PAID IN/FOR 2024				FEDERAL			STATE		
	Date Paid	Check #	Amount	Date Paid	Check #	Amount			
4th Qtr. Prior Year									
1st Qtr. This Year									
2nd Qtr. This Year									
3rd Qtr. This Year									
4th Qtr This Year									

**RETIREMENT PLANS**

If you or your spouse has an IRA, SEP, SIMPLE or Keogh Retirement Plan, list the amount you have contributed for 2024 and the date of contribution.

**IRA:** Regular  Roth  You \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_

**SEP:** ..... You \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_

**Keogh:** ..... You \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_

**SIMPLE:** ..... You \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_

If amount listed is not the maximum, do you want to contribute the maximum deductible amount? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you convert any funds from a regular IRA to a Roth IRA? You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

**MEDICAL SAVINGS ACCOUNTS (MSAs) / HEALTH SAVINGS ACCOUNTS (HSAs)**

Amount Contributed: You \_\_\_\_\_ Spouse \_\_\_\_\_ Amount withdrawn for Qualified Expense \_\_\_\_\_

Amount of Insurance Deductible \_\_\_\_\_ Type of Plan: Single \_\_\_\_\_ Family \_\_\_\_\_



**CHILD and DEPENDENT CARE** ▶ *If you or your spouse paid for dependent care to be gainfully employed.*

Were the Dependent Care services performed in your home? Yes \_\_\_ No \_\_\_

Were you reimbursed by your employer for child care: Yes \_\_\_ No \_\_\_ If so \$ \_\_\_\_\_ Amount forfeited, if any \$ \_\_\_\_\_

*Even though your reimbursement equaled your child care expenses, you are required to show the following information on your tax return:*

Name(s) and Age(s) \_\_\_\_\_  
of Dependents \_\_\_\_\_

Name(s) of Individual/Organization Who Provided Care	Address: Number, Street City, State & Zip	Social Security or Employer ID Number	Amount Paid In 2024

▶ If more space is needed, attach statement.

▶ You cannot take a credit for amounts paid to your dependent.

**EDUCATION CREDITS, DEDUCTIONS** (The college/university issues form 1098-T to the student, please bring)

Tuition and required fees you paid for yourself, your spouse or dependent(s) for post-secondary education \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Date education began \_\_\_\_\_ Student's Name \_\_\_\_\_ Degree Program? Yes \_\_\_ No \_\_\_

Was the student enrolled at least half time? \_\_\_ Year in School -- Fr / So / Jr / Sr / Graduate Employer Reimbursement? \$ \_\_\_\_\_

YES

**PLEASE CHECK ALL APPLICABLE QUESTIONS**

- \_\_\_ Are you being claimed as a dependent on another Tax Return?
- \_\_\_ Do any of your dependents have earned income or investment income? Bring details for each dependent.
- \_\_\_ Did you change your marital status during the year? If yes, date \_\_\_\_\_
- \_\_\_ Are you paying towards the support of a relative other than dependents claimed above, and if so, what is their *taxable* income?
- \_\_\_ Did you or your spouse become disabled or legally blind during the tax year?
- \_\_\_ Did you purchase a business vehicle or other business equipment during the year? If yes, bring details.
- \_\_\_ Are you making payments on a boat or recreational vehicle that has a toilet, sleeping and basic living facilities?
- \_\_\_ Have you received an income statement on your Social Security # which is reported on another tax return?
- \_\_\_ Do you have a non-collectible debt? If so, bring details.
- \_\_\_ Are you involved in bartering your services or property for other services or property?
- \_\_\_ Do you have income, expenses or deductions not mentioned in this organizer? Bring details.
- \_\_\_ Did you pay someone who performed services as an employee at your home in 2024?
- \_\_\_ Were you notified by the IRS or State of any change in a prior year's tax return? Bring notice.
- \_\_\_ Do you (and/or your spouse) wish to designate \$3.00 to the Presidential Election Fund? Taxpayer \_\_\_ Spouse \_\_\_
- \_\_\_ In 2024, did you pay adoption fees, court costs, attorney fees and/or other expenses directly related to an adoption?  
Amount \_\_\_\_\_ Was it finalized? \_\_\_\_\_ Was the adoption international? \_\_\_\_\_ Special Needs Child? \_\_\_\_\_
- \_\_\_ Did you receive combat pay in 2024?
- \_\_\_ Did you have debts canceled or forgiven? Bring the 1099-C and/or 1099-A.
- \_\_\_ Did you buy or sell a home in 2024 or did you refinance? Bring the settlement statement.
- \_\_\_ Did you distribute/spend funds from an HSA? Bring from 1099-SA.
- \_\_\_ Did you contribute to a 529 education savings plan (for yourself or others). If yes, how much in 2024 ? \_\_\_\_\_
- \_\_\_ Did you distribute/spend funds from a 529 plan in 2024? Bring form 1099-Q and details about qualifying educational expenses.
- \_\_\_ Are you paying towards health insurance for a child under the age of 19, a full-time student under the age of 24, or, if disabled, an individual of any age? If yes, \$ \_\_\_\_\_
- \_\_\_ Did you enclose a copy of your 2024 Property Tax Statement for your principal residence? Is it paid? \_\_\_\_\_
- \_\_\_ Do you have foreign accounts? Bring year-end statement(s), and specify the maximum value of the account during 2024.
- \_\_\_ Did you earn or sell any Bitcoin and/or cryptocurrency (a.k.a. virtual currency)? Bring details.
- \_\_\_ Did you buy a plug-in electric vehicle (EV) during 2024? If yes, bring the Clean Vehicle Seller Report (provided by dealership for qualifying EVs). Did you get the tax credit when you bought the EV? Y \_\_\_ N \_\_\_ How much credit was applied \$ \_\_\_\_\_
- \_\_\_ Did you make energy efficient home improvements (e.g. solar, geothermal, wind, EV charging station, fuel cell system, windows, doors, insulation, furnace, AC, metal roof)?

QUESTIONS YOU WOULD LIKE TO ASK \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## BUSINESS / RENTAL / FARM INCOME & EXPENSES

Name of Business (if any) \_\_\_\_\_ Federal ID# (if any) \_\_\_\_\_

Address of Business/Property \_\_\_\_\_

Product Sold or Service Performed \_\_\_\_\_

### Income

<b>Gross Sales/Receipts</b>	Include all income, even if not reported on form 1099		<ul style="list-style-type: none"> <li>Bring <u>all</u> 1099 forms. Do your records agree with the amount reported as non-employee compensation? Y___ N___</li> <li>Did you receive \$10,000 in actual cash from any individual at any one time (or cumulative) during the year?</li> </ul>
<b>Returns/Refunds</b>	Amount included in gross that was refunded to your clients		
<b>Other Income</b>	Directly related to your business		
<b>Employee Retention Credits:</b> \$ _____		<b>Tax Year of Credit</b> (you might need to amend): _____	

### Sale of Equipment, Machinery, Land, Buildings Held for Business Use

Kind of Property	Date Acquired	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost

### Cost of Goods Sold & Inventory

<b>*Purchase of Product &amp; Supplies for Resale:</b>		<b>Inventory at End of Year</b>
<b>*Cost of Labor:</b>		How did you arrive at your inventory value? Actual Cost <input type="checkbox"/> Other (explain): _____
<b>*Purchase of Materials for Jobs:</b>		<b>Promotional Use:</b> Cost of inventory used for marketing: \$ _____
<b>*Other-Costs</b> (describe):		<b>Personal Use:</b> Cost of inventory used by yourself or family: \$ _____

\*Do not list the same expense in more than one category

### Other Expenses

Advertising/Promotion		Repairs & Maintenance
Commissions & Fees		Supplies
Contract Labor		Taxes
Employee Benefits		Business Meals
Insurance		Gifts
Business Loan Interest		Utilities
Legal & Professional Fees		Wages (paid to employees)
Office Expenses		Equipment (describe items/costs on separate list)
Pension/Profit Sharing (employees only)		Other:
Rent		Business Related Casualty or Theft Losses? ___Y___N (bring details)

### Automobile Expenses

### Office in Home

### Travel

	Vehicle #1	Vehicle #2	Date Acquired Home	
Total Miles			Total Cost	Lodging
Business Miles			Cost of Land	Airfare
Commuting Miles			Cost of Improvements	Auto Rental
Personal Miles			Sq. Footage of Home	Taxi/Uber/Lyft
Jan. 1 2024 Odometer Beginning			Sq. Footage of Office Area	Bus/Train
Dec. 31 2024 Odometer Ending			Rent Paid (if you rent)	Meals
Gas & Oil			Interest	Other (incidentals, laundry, etc.)
Interest			Taxes	Convention Fees
Tolls and Local Transportation			Utilities	Travel (# of nights away)
Lease Payments			Insurance	City _____ Nights Out _____
Repairs & Maintenance			Repairs/Maintenance	City _____ Nights Out _____
Other:			Other expenses:	City _____ Nights Out _____
				City _____ Nights Out _____

### Final Checklist:

<ul style="list-style-type: none"> <li><input type="checkbox"/> Check all information and amounts listed to be sure of accuracy.</li> <li><input type="checkbox"/> Enclose all W2s, Interest, Dividends, and other 1099s. If you received any correspondence or materials from the IRS or state, please bring them.</li> <li><input type="checkbox"/> Enclose purchase/sales/contract agreements/closing papers. Dates are important!</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> I consent to have the IRS discuss my tax return with my preparer</li> <li><input type="checkbox"/> <b>TIMELY RECORDS</b> must be maintained to support deductions. Records must indicate who, what, why, where, and when. Check if you have receipts or log.</li> </ul> <p><b>I have reviewed this information and to the best of my knowledge it is correct.</b></p> <p>Please sign _____</p>
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