2024 Tax Organizer Personal Information

Spouse Name of person to whom all Information should be addressed, it not the texpeyer Street address, city, state, and ZIP Occupation Deytime Phone Evening Phone Cell Phone Taxpayer Spouse Spouse Taxpayer email Spouse email Spouse email Married Wildowed - If widowed and your spouse died after December 31, 2022, enter the date of death Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2024? Yes No Are you or your spouse blind? Are you or your spouse a full-time student? Do you or your spouse a full-time student? Do you or your spouse at full-time student? Do your your spouse at full-time student? At any time during 2024 did you: (a) receive (as a reward, award, or payment for property or services) a digital asset? (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Identification Information axpayer's type of photo ID Driver's license State-issued photo ID Driver's license State-issued photo ID Driver's license State issued Date photo ID number Photo ID number Photo ID number Account Number Appointment Information			Nam	10		S	SN	Has IP PIN	Da	te of Birth
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Occupation Daytime Phone Evening Phone Cell Phone Taxpayer Spouse Spouse Taxpayer email Spouse email Filing status at the end of 2024 Single Married Widowed - If widowed and your spouse died after December 31, 2022, enter the date of death Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2024? Taxpayer and Widowed - If widowed and your spouse died after December 31, 2022, enter the date of death And you or your spouse blind? Are you or your spouse blind? Are you or your spouse disabled? Are you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund? Are you or your spouse a full-time student? Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund? At any time during 2024 did you: (a) receive (as a reward, award, or payment for property or services) a digital asset? (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Identification Information axpayer's type of photo ID Driver's ticense State-issued photo ID Driver's ticense Sta	Name of per	rson to whom all info	rmation should be addresse	ed, If not the taxpayer						***************************************
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Name:		Dependent a	and Other In	formatio	n		SSN	•
Dependent Information	n						CON	
First and Last Name SSN		Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses
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ist dependents required to fil		***************************************				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Child and Other Depen	ndent Care Expe	enses	- Van Van Sandrawalle			T		
Name of Care Provider			Address			SSN or E	IN	Amount Paid
			No. of the contract of the con					
Estimates	OWNER CONTRACTOR OF THE PROPERTY OF THE PROPER							
		deral	Res	ident State		R	esident	City
Overpayment applied om 2023	Date Pald	Amount	Date Paid	Aı	mount	Date Pald		Amount
irst quarter	y/mar) ::	-					
econd quarter							-	******
hird quarter		-						e and a comment of the same
ourth quarter							-	
dditional payments		Vergenium version vers	· Marine Annual				and and and and and and and and and and 	

	Other In	formation		
Name:			SSN:	
Health Savings Account				
TS			To the state of th	
The taxpayer's coverage is under a high-deductible h	ealth plan for:		0004	2000
Taxpayer only Family			2024	2023
HSA contributions made for 2024				
Total distributions from all HSAs during 2024				
Distributions included above that were rolled over into		-		THE SAME AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY.
Qualified medical expenses paid using HSA distribution	ons	_		
Education Expenses Provide all copies of Form 1098-T				
Student name		Student name		
Type of Expense	Amount	Type of Expense		
Type of Expense	Amount	Type of Expense		Amount
				Annual Control of the
	(
	(marking on the control of			
			***************************************	***************************************
Student name		Student name		
Type of Expense	Amount	Type of Expense		Amount
			A Committee of the Comm	
	***************************************	MODELLI CONTROL CONTRO	-	
Job-related Moving Expenses				
TSJ				
Select this box and complete the fields below if you	u are a member of the	Armed Forces on active duty,		
and moved due to a military order for a permanent			2024	2023
Number of miles from old home to old workplace • •				
Number of miles from old home to new workplace •				
Expenses to transport and store household goods and				
Travel and lodging expense while traveling to your new	home			

	Income		
lame:		SSN	
Form 1099-Misc Income rovide all copies of Form 1099-M	190		
TS	Payer Name	2024 Amount	2023 Amount
Form 1099-NEC Income Provide all copies of Form 1099-NE	-c		
TS	Payer Name	2024	2023
10	rayer name	Amount	Amount

Other Income and A	djustments	3		
ame:			SSN	۷:
Other Income	Law and the Control of the Control o			
	2024 Taxpayer	2023 Taxpayer	2024 Spouse	2023 Spouse
Social Security Benefits (attach Forms 1099-SSA)			***************************************	
Railroad Retirement Benefits (attach Forms 1099-RRB)				
State income tax refund (attach Forms 1099-G)				
Alimony received				r-to-the copyrigation
Divorce or separation date Amount			***************************************	
Inemployment compensation (attach Forms 1099-G)				
nemployment compensation repaid in 2024				
Sambling winnings (attach Forms W2-G)				
laska Permanent Fund • • • • • • • • • • • • • • • • • • •			************************	
ury duty pay				
BLE distributions				
cholarships or grants not reported on Form W-2				
Other income:				
Adjustments				
	2024	2023	2024	2023
ducator expenses (If you are an educator, enter the amount you paid for	Taxpayer	Taxpayer	Spouse	Spouse
lassroom supplies)		**************************************		
Contributions made to a Health Savings Account (HSA)				
ayments made for Self-Employed Health Insurance for you, your pouse, or dependents				
limony paid	***************************************			
SSN Divorce or separation date				
Name				
SSN Divorce or separation date				
ontributions made to a Self-Employed Pension plan (SEP) MPLE or Solo 401K				
ontributions made to an Individual Retirement Account (IRA)	200 200 200 200 200 200 200 200 200 200			
ontributions made to a Roth IRA				
terest paid on a student loan	***************************************			
ther adjustments:		**************************************		

Schedule A - Itemized Deductions

Name:				SSN:	
Medical and Dental Expenses			Charitable Contributions		
Health insurance premiums (paid by you, not through work) Amount above that is for Medicare premiums Long-term care premiums (you) Long-term care premiums (your spouse) Long-term care premiums (dependents) Mileage driven for medical purposes Out of pocket medical and dental expenses (list)	2024	2023	Donations to charity (cash) Disaster relief contributions Miles driven for charitable purposes Donations to charity (noncash) If noncash donations are greater than		
			Other Miscellaneous Deduction Amortizable bond premiums Federal estate tax Gambling losses	ns .	
State and local income taxes General sales tax (vehicle, boat, home, etc.) Real estate taxes Personal property taxes Auto registration taxes not deductible for state Other taxes (list)			Impairment-related work expenses Claim repayments	laneous Deductions	
Interest Paid			——————————————————————————————————————		
Home mortgage interest paid (attach Form 1098)	not e.		Union dues		
Name Address City, State, ZIP SSN or EIN Points not reported on Form 1098			Other nonpersonal expenses related to ta	xable income (list)	
Investment interest			Home equity interest		

		Other Info	ormation			
Name:					SSN:	
Mortgage Interest Provide all copies	of Form 1098					
Lender's Name	2024 Mortgage Interest Received	2023 Mortgage Interest Received	2024 Mortgage Insurance Premiums	2023 Mortgage Insurance Premiums	2024 Real Estate Taxes Paid	2023 Real Estate Taxes Paid
					-	

Employee Business Expenses						
TS						
Select if you are: A qualified performing artist A fee-based state or local government A disabled employee with impairment An Armed Forces reservist A member of the clergy		rpenses	Select if you: Used you	ur personal vehicle	for your job during 2	2024
A member of the dergy		NOT re	eimbursed	Reimbursed by	/ your employer	
		by you 2024	r employer 2023	not included in 2024	box 1 of your W-2 2023	
Parking fees, tolls, local transportation -						
Meals						
(Do not include meals & entertainment) • Other business expenses • • • • • •					Control of the second	
on or other states of the stat			-			
				* Comment of the Comm	<u> </u>	
					_	
Casualties and Thefts				one per l'évalle automobile de l'évalle	¥	
TSJFEMA code				MA code		
Property Jessien			Property description			
Property location			Property location			
Date property was acquired			Date property was a	cquired		
D. C.			Date property was d			10
Cost of property damaged or stolen			Cost of property dan			
Foir mortest value hadans in side at			Fair market value be			
Fair market value after incident			Fair market value aft	er incident		
Insurance reimbursement			Insurance reimburse	ement		