ALSFELD TAX SERVICE, LLC

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Tax Year 2024 Organizer

Dear Valued Client:

The following pages contain the common items of income, expenses and credits, as well as questions that help us determine the proper handling of these items. This form is also available on our website AlsfeldTaxService.Com. If you would like to receive an e-mail confirmation of us receiving your packet, please provide us with an e-mail address here. If you'd like to receive a copy of your return in PDF format along with your grey book, please enclose a memory stick with your packet.

Name______________________________ Email Address______________________________

Please complete and return your organizer as soon as possible to the address above.

Personal Information

Please make sure that you fill in all of your personal information so that we may verify/update our files

Full Name:		**Full Name** (Spouse):
Social Security Number:		Social Security Number:
Occupation:	Retired?	Occupation: Retired?
Date of Birth:		Date of Birth:
Newly Married Date:	Newly Divorced Date:	Recently Deceased DoD:

Address: Street:		Apt#:
City:	State:	Zip Code:
Telephone: Residence:	Cell:	Business:
Best Method of Contact:	E-Mail Address:	

Filing Status? Circle One --	Single Head of Household	Married Filing Jointly Widow (er)	Married Filing Separately
Presidential Election Campaign Fund?	T/P = Y / N	Spouse = Y / N	**(if left blank Yes is assumed)**

Dependent Information

Full Name	Date of Birth	Soc. Sec # REQUIRED!	Relationship	Months in Home

QUARTERLY ESTIMATED TAX PAYMENTS MADE

Federal			
Dates & Amounts Paid: April 15, **2024**:	June 15:	Sept. 15:	Jan.15, **2025**:
States: *please list which states*			
Dates & Amounts Paid: April 15, **2024**:	June 15:	Sept. 15:	Jan.15, **2025**:

Marketplace Health Insurance: We MUST have your 1095-A! Full Yr Coverage? Y / N

Private HSA Contributions : ______________________________

****This is only for private HSA's that are "not" through your employer (I.E. After Tax Funds)**

Child/Dependent Care Expenses: * <u>Must</u> provide the provider's SS# or EIN#

1) Name: ______________________________Amount Pd: ________Provider's Name: ______________________________
***Fed ID#:** ______________________________Address: ____

2) Name: ______________________________Amount Pd: ________Provider's Name: ______________________________
***Fed ID#:** ______________________________Address: ____

Who is a "Qualifying Person"? 1) Any child under age 13 who can be claimed as your dependent. 2) Disabled spouse unable to care for themselves 3) Any disabled person whom you can claim as a dependent

Income

Wages: **Unemployment:**

W2's:	1099-G's :

State Tax Refunds:

Received in 2024:(States & Amounts)

Investment Income

Interest: Please attach 1099's

Taxable:	Non-Taxable:	Foreign Tax Pd:

Dividends: Please attach 1099's

Ordinary:	Qualified:	Fed Tax Withheld:	Foreign Tax Pd:

Digital Assets (Bitcoin/Ethereum/NFTs/etc.): Do you sell/earn any? Y / N
If you sold (or used) any, please report this information on the Stock Transaction Schedule. You won't receive an actual 1099B for these activities but are still required to report the capital gains of these transactions. Your Cryptocurrency Platform will have reports providing you with the necessary information. In 2026, you'll be receiving a 1099-DA showing your transactions which will also be reported to the IRS. Any cryptocurrency obtained before 01/01/2025 will have $0 cost basis, so you'll want to make sure to go through your records to update these amounts.

Stock purchase dates & costs are very necessary to calculate your actual profit/loss. Make sure to include 1099's. If the cost basis is not on the 1099's, include the "Realized Gain/Loss Report". **Real Estate Sales:** we need the HUD-1's of the original purchase & sale. **Digital Asset** transactions are also to be reported here.

Name	Date of Purchase	Purchase Amount	Date Sold	Selling Price	Profit/Loss

Adjustment to Income

Alimony Paid & Received: **You MUST include Name, Soc. Sec. Number & Date of Divorce**

Date of Divorce:

To Whom You Paid:	SS #:
Alimony Paid:	Alimony Rcvd:

College Expenses: **Please attach 1098-T's & 1098-E's**

Name of College Student:	At least ½ Time Student? Y / N	How many years?
College Tuition:	Student Loan Interest:	Other College Expenses: (explain)

Itemized Deductions

****Needs to be over Standard Deduction to take effect. Single $14,600 / Married $29,200 / HH $21,900****

Medical & Dental:

Total Health Ins.:	Eyeglasses/Contacts:	Hotels:
Long-Term Care Ins.:	Contact Lenses Supplies:	Parking/Tolls:
Doctors/Dentist:	Hearing Aids/Batteries:	Mileage: (21¢)
Therapists:	Medical Equipment:	Travel Expense:
Hospital/Clinics:	Breast Feeding Eqpt/Exp:	Others:
Lab/X-Ray Fees:	Prescription Medicine:	

Taxes Paid: **This is capped at $10,000 for Fed only. States calculate their deductions differently so make sure to complete this.**

Real Estate:	State Int. & Div. Tax:	Ad Velorum:
2nd Home Prop. Tax:	Prior Yr. State Tax Pmts.:	Town/City Tax:
State Income Tax:	Excise:	Personal Prop:

Mortgage Interest Paid: **Mortgage Interest is limited to $750,000 combined principal**

Home Mortgage/s:	Yr End Loan Principal:		Points:
Dates of Refinance:	Length of Loan (yrs):		Points to Amortize:
2nd Mortgage:	Yr End Loan Principal:	PMI:	Seller Points Paid:

Contributions: YOU ***MUST*** HAVE BACK UP DOCUMENTATIONS (i.e. canceled checks, account statement, or written acknowledgement from the charity) ON **"ALL CLAIMED DONATIONS"**! THIS IS REQUIRED TO TAKE THE DEDUCTIONS!

Cash Amount	Charitable Organization (name & address)	Value Amount	Description
	Mileage: @ 14¢		

- Expenses incurred as a volunteer (**Not Your Own Labor**) i.e. uniforms, literature, training, supplies.
- **If OVER $5,000. Must have an appraisal & the appraiser must sign form # 8283!**

SMALL BUSINESSES

SCHEDULE "C" INFORMATION

This can also be used in reporting FARMS, OUTSIDE SALES, STATUTORY EMPLOYEES, Etc.

Information Needed:

Name of Business:	Fed ID# (if any)
Address: (if different than personal)	
Do you have a separate checking account for this business? Yes / No	
Method Used to Value Closing Inventory? Does Not Apply:_____ Cost: _________________________ Lower of Cost or Market:________________ Other (explain): ________________	
Did you materially participate in the operation of this business? Yes / No	
Was this business started this year? Yes/ No If Yes, - Date Created:	
Was this business still in operation on Dec. 31? Yes / No If NO, - Date Closed:	

Income:

Total Income from Operations:	Included 1099-NEC's & 1099-K's:

Cost of Goods Sold:

Beginning Inventory:	***Ending*** Inventory:	
Purchases:	Materials & Supplies:	Other Costs:

Expenses:

Advertising:	Office Exp:	Rent:
Repairs:	Office Repair/Maint:	Heat:
Business Insurances:	Licenses:	Meals:
Bus. Health Insurance:	Telephone:	Electric:
Sales Taxes:	Cell Phones:	Auto Exp: **SEE PAGE 5**
Legal:	Internet:	Subcontractors: *did you issue 1099's Y / N
Professional Fees:	Equipment Rental:	
Fees:	Wages: *include W-3's*	Other:
Interest:	P/R Taxes: *Fed & State*	

Travel Expenses:

Air Travel:	Meals:	Car Rental:	Other:
Train Travel:	Tips:	Parking:	
Hotels:	Taxis:	Tolls:	

Equipment Purchased this year:

Description of Equip	New / Used	Date Purchased	Cost

DEPRECIATION:** If real estate – give date purchased, percent of structure used for business, and land cost/value. Unless told otherwise we will take maximum depreciation allowed by law, but we'll check to make sure that this is in your best interest. ****If not first year, and we did not prepare your taxes previously, please provide us with either prior years' returns when depreciation first started for each item, or an existing depreciation schedules*

Do you have a Home Office?

Home office? Y / N	Home Total Sq. Ft.	Sq. Ft. Used For Bus:

Home Office Expenses:

Utilities:	Mortgage Interest:	Security:
House Maint. Cost:	Home Insurance:	Other:

Rental Property

Schedule "E" Information

INFORMATION NEEDED: **Please Use One Form for Each Rental Property Owned**

Address and Type of Each Property:
Did you or your family use this property for personal purposes for more than 14 days or **<u>10% of the total rental period</u>** for this year? Yes / No How Many Days?

Is this operated under a company name:	Is this an LLC? Y / N

RENTAL INCOME RECEIVED:

EXPENSES:

Advertising:	Interest to Others:	Water:
Auto & Travel:	Repairs:	Sewer:
Cleaning/Maintenance:	Supplies:	Snow Removal:
Commissions:	Taxes:	Trash Removal:
Insurance:	Electric:	Equipment Rentals:
Legal/Accounting:	Hot Water:	Condo Fees:
Management Fees:	Heat Cost (Oil/Gas/Wood):	Other:
Interest to Banks:	Telephone Exp:	

Equipment Purchased this year:

Description	Date Purchased	Cost	% of Rental Use

Depreciation: ****If not first year, and we did not prepare your taxes previously, please provide us with either prior years' returns when depreciation first started for each item, or an existing depreciation schedules****

DO YOU USE A CAR FOR BUSINESS? (for Subcontractors, Businesses, Rentals, Farms, etc.)

(**<u>Leased vehicles may only use mileage</u>**) You may claim mileage **OR** actual expenses for you auto expenses

*****You must keep some form of a log for these expenses*****

Year & Make of Vehicle:

Date Purchased:	Date Leased:
Cost:	2024 Total Lease Payments:

For Both Methods, We Will Need the Following to Calculate Miles vs. Actual % of Business Use:

Personal miles _____________ + Business miles (67¢)_________ + Commuting miles ____________= Total miles ___________

Do you have another vehicle available for use? YES / NO

These expenses can be used with both methods (mileage or actual)

Loan Int. Pd:	Taxes:	Parking:	Tolls:

We need the following totals/info for calculating actual expenses

Fuel:	Tires:	Washes:	Licenses:
Maintenance:	Insurance:	Repairs:	Other (explain):

STATE TAX RETURNS:

DO YOU WANT US TO PREPARE YOUR STATE TAX RETURN? Yes / No

- **For some state tax returns WE NEED:** County Name: County Code: School Code:
- **VT Resident filers**, we need a copy of your property tax bill or your SPAN (School Property Account Number).
- **MA Resident filers**, we need a copy of your 1099HC which is the additional Health Care form you receive as proof of insurance to the state.
- **All NY, OH, & AL filers** must provide us with the Taxpayer's (and spouse if MFJ) Driver's License for identification purposes for E-filing.
- **If you lived in more than one state, please provide dates of residency in each place.**

DIRECT DEPOSIT OF REFUND?

IF WANTED CIRCLE HERE: Yes No

Send Voided Check for #'s or Fill Out the Information Clearly Below

Name of Financial Institution	Routing Number (9 digit number)	Account Number

If interested in having your refund deposited in multiple accounts, please call for details. Direct deposits are also available into Traditional, Roth, or SEP-IRA, but ***not* SIMPLE IRA**

E-FILING

The IRS highly recommends E-filing. It saves time, money, and manpower, as well as being more secure and accurate.

Would you like to E-File? Yes No Unsure

- If you plan on E-filing, we'll be sending you your grey book, as always, but **instead of a filing copy you'll receive Form 8879. This will show your refund/owe amount and must be signed and returned to us before we are able to electronically submit your return. This is mandatory!!!** We MUST have that form in hand either by mail, fax, or e-mail, and it must have your signature (and your spouse's).

- If requested, we can also provide E-Signatures through our software if you provide e-mail addresses to send the E-Documents.

Taxpayer E-mail:____________________ Spouse E-mail:_____________________

THANK YOU, WE APPRECIATE YOUR BUSINESS!!!

Privacy Notice: *Our firm* ***will not disclose any personal or financial information*** *other than to the people named on the Tax Return, as per IRC Sec. 7216.* ***NO EXCEPTIONS****. If there is a situation otherwise, we will request written permission stating what information is allowed to be given. We are committed to your privacy and retaining your trust.*