



*Patricia C. Forsythe E.A.*  
**2024 Client Tax Organizer**

Name(s): \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Change in address:  Yes  No (if yes, list below)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Change in Marital Status:  Yes  No

Are there any dependents from last year that you are no longer claiming? \_\_\_\_\_

**New Child:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Lives with you:  Yes  No Day Care Expense:  Yes  No U.S. Citizen:  Yes  No

Relationship: \_\_\_\_\_ Months lived with you: \_\_\_\_\_

**Please read and sign below: This confirms the services we will provide:**

- ✓ We will prepare your federal, state, and local returns based on information you provide. We may ask for clarification of certain information, or additional information.
- ✓ It is your responsibility to provide all necessary information related to income and deductions for tax year 2024, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates. You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.
- ✓ It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions.
- ✓ If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review. Our invoices are due and payable upon presentation.
- ✓ We will not release or disclose your tax information to anyone not properly authorized by you or as permitted by regulation or as required by law. If you would like us to disclose your information to anyone, we must have your written approval on file before releasing your information. Our general policy is to release information only to you, our customer. Thank you for understanding.

**If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign below.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please enclose the following forms: Please fill in Number of each form enclosed on the blank**

**line next to it** Number Form # Form Description

- \_\_\_ W-2 Wage and Tax Statement.
- \_\_\_ W-2G Certain Gambling Winnings.
- \_\_\_ 1099-INT Interest Income.
- \_\_\_ 1099-DIV Dividends and Distributions.
- \_\_\_ 1099-B Brokerage Statements (Provide all pages)
- \_\_\_ 1099-R Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance
- \_\_\_ SSA 1099 Social Security
- \_\_\_ 1099-C Cancellation of Debt
- \_\_\_ 1099-G State Income Tax Refund and Unemployment Compensation
- \_\_\_ 1099-S Proceeds from Real Estate Transactions.
- \_\_\_ 1099-K Merchant Card and Third-Party (BUSINESS RETURNS)
- \_\_\_ K-1s Partnership, LLC, Estate, Trust, and S Corporation Income
- \_\_\_ 1098 Home Mortgage Interest Paid
- \_\_\_ 1098-E Student Loan Interest Statement.
- \_\_\_ 1098-T Tuition Paid
- \_\_\_ 1095A, ( marketplace Insurance )Proof of Health Insurance (REQUIRED)

**Health Insurance Information:**

Did you receive a form 1095-A or obtain health insurance under the affordable care act (through an exchange)?  Yes  No

**State and Local Taxes You Paid:**

Real Estate Taxes (enclose statements or bills) \$ \_\_\_\_\_

Other (list and enclose statements or bills): \$ \_\_\_\_\_

**Interest You Paid:**

**Mortgage Interest Statement. [ENCLOSE form 1098 for each]**

1<sup>st</sup> Mortgage Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

2<sup>nd</sup> Mortgage Name \_\_\_\_\_ Amount\$ \_\_\_\_\_

Did you **purchase/refinance your home** this year?  Yes  No

If yes, please attach, **Settlement Sheet.**

**Gifts to Charity (CASH or Check): Do Not Submit Receipts, please attach list.** Total \$ \_\_\_\_\_

**Gifts by OTHER THAN CASH OR CHECK if this total is over \$500, please attach receipt with name and address of organization with value of each. Total \$\_\_\_\_\_**

**Teacher's Classroom Expenses: \$\_\_\_\_\_ Maximum 300.00**

**Education Expenses**

**Please enclose 1098-T - and a tuition payments statement from College. (IRS now requires one) Other costs for books, supplies etc. \$\_\_\_\_\_**

**Child and Dependent Care Expenses (Attach Statement):**

Provider: (if you had more than one please attach list with breakdown by child)

Name of Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number or Employer I.D. Number \_\_\_\_\_

**Amounts Paid This Provider: \$\_\_\_\_\_**

**Student Loan Interest Expense Enclose 1098-E \$\_\_\_\_\_**

**Federal Estimated Taxes You Paid:**

**Please attach copies of cancelled checks if possible.**

**Federal Income Taxes Date Paid Amount**

2024 Estimated Payment - Voucher #1 (due 4/15/24)date paid \_\_ / \_\_ / 2024 \$ \_\_\_\_\_

2024 Estimated Payment - Voucher #2 (due 6/15/24)date paid \_\_ / \_\_ / 2024 \$ \_\_\_\_\_

2024 Estimated Payment - Voucher #3 (due 9/15/24)date paid \_\_ / \_\_ / 2024 \$ \_\_\_\_\_

2024 Estimated Payment - Voucher #4 (due 1/15/25)date paid \_\_ / \_\_ / 2025 \$ \_\_\_\_\_

**Federal Refund from 2022 Tax Return Applied to 2023 \$\_\_\_\_\_**

**State Estimated Taxes You Paid:**

**State Estimated Income Taxes Date Paid Amount**

2024 Estimated Payment - #1 (due 4/15/24)date paid \_\_ / \_\_ / 2024 \$ \_\_\_\_\_

2024 Estimated Payment - #2 (due 6/15/24)date paid \_\_ / \_\_ / 2024 \$ \_\_\_\_\_

2024 Estimated Payment - #3 (due 9/15/24)date paid \_\_ / \_\_ / 2024 \$ \_\_\_\_\_

2024 Estimated Payment - #4 (due 1/15/25)date paid \_\_ / \_\_ / 2025 \$ \_\_\_\_\_

**State Refund from 2022 Tax Return Applied to 2023 \$\_\_\_\_\_**

**Local Estimated Taxes You Paid:**

**Local Estimated Income Taxes Date Paid Amount**

2024 Estimated Payment - #1(due 4/15/24) date paid \_\_\_ /\_\_\_/2024 \$ \_\_\_\_\_

2024 Estimated Payment - #2 (due 6/15/24)date paid \_\_\_ /\_\_\_/2024 \$ \_\_\_\_\_

2024 Estimated Payment - #3 (due 9/15/24)date paid \_\_\_ /\_\_\_/2024 \$ \_\_\_\_\_

2024 Estimated Payment - #4 (due 1/15/25)date paid \_\_\_ /\_\_\_/2025 \$ \_\_\_\_\_

**Deductions Medical and Dental Expenses You Paid:**

**(Please do not submit receipts, just totals) Not necessary if total expenses are less than 10% of your total income.**

1. Prescription medications \$ \_\_\_\_\_

2. Health insurance premiums:

a. Medical, dental and vision insurance: \$ \_\_\_\_\_

b. Long-term care premiums for whom? H W Amount \$ \_\_\_\_\_

c. Medicare Premiums: \$ \_\_\_\_\_

3. Fees for doctors, dentists, hospitals clinics etc \$ \_\_\_\_\_

4. Eyeglasses and contact lenses \$ \_\_\_\_\_

5. Medical equipment and supplies \$ \_\_\_\_\_

9. Miles driven for medical purposes miles \_\_\_\_\_

**IMPORTANT QUESTIONS - PLEASE ANSWER.**

**Additional information is required if you answer yes to these questions - Please attach Documentation**

**Yes No** Can you or your spouse be claimed as a dependent by another taxpayer?

**Yes No** Can any of your dependents be claimed by someone else?

**Yes No** Did you **sell** a **personal residence**, vacation home, land, or other real estate this year?

**Yes No** Did you **purchase** a **personal residence**, vacation home, land, or other real estate this year?

**Yes No** Did you receive **unreported tip income** of \$ 20 or more in any month?

**Yes No IMPORTANT - Do you have any foreign accounts (bank, securities, trusts, business) ?**

**Yes No IMPORTANT** - At any time during 2024, did you: (a) **receive** (as a reward, award, or payment for property or services); or (b) **sell, exchange**, or otherwise **dispose** of a **digital asset** (or a financial interest in a digital asset)?

**Yes No** Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?

**Yes No** Do you wish to have your **refund**, (Federal and State), if any, **direct deposited** to either a checking or savings account? **If yes please provide a copy of VOIDED check:**