2024 Individual Taxpayer Organizer

(See next page for Organizer)

ALL COUNTY TX RESOLUTION
INCOME TAXES- TAX RESOLUTION
569 EASTON TPKE
LAKE ARIEL ,PA 18427

PA: Office:570-630-0201 Fax: 570-630-0927 NY: Office:631-924-1400 Fax: 631-775-9506

Email: ACTinfo02@gmail.com Web Site: allcountytaxresolution.com



2024 Individual Taxpayer Organizer

| Taxpayer | | | | | | Tax ID # * | | | | |
|--|---------------------|----------|-------------------------------|--------|-------------------|---|-----------------|--------------------|----------|--------------------|
| First Name | M.I. | Last | Name | Ema | ail | | | IP PIN | | |
| Occupation | | Date | of birth | | | Are you no | ew to o | ur firm? | Yes | No |
| Address | | City | | | | State | | Zip | | |
| County | | Prima | ary phone | | | Secondary | Secondary phone | | | |
| Driver's License No. | | | | State | e Issue | Date | E: | xp. Date | | |
| Spouse | | | | | | Tax ID#* | | | | |
| First Name | M.I. | Last | Name | Ema | ail | - | | IP PIN | | |
| Occupation | | Date | of birth | | | Are you no | ew to o | ur firm? | Yes | No |
| Address (If different from Taxpayer) | | City | | | | State | | Zip | | |
| County | | Prima | Primary phone Secondary phone | | | | | | | |
| Driver's License No. | | | | State | e Issue | Date | E: | xp. Date | | |
| If you moved during 2024, enter your | previous address | s. | | | | Date of mo | ove | | | |
| Marital status on 12/31/24: Single Were you divorced or separated durin <i>Note:</i> Individuals in registered domes | ng the year? Ye | | 0 | We | ere there any | gistered Domes deaths in the fa red married for | mily? | Yes N | lo | |
| Names of dependent children Child's full name | Tax ID # | | IP PIN | | Date of birt | Months live | d in | Relationship | (| College tudent? |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Did any of the children have unearned. Is it anticipated that a different taxpay. | | | | | - | the children ha ent for tax year | | sability? Yes N | Yes o | No |
| Other dependents or people who liv | ed with you | | | | | | | | | |
| Name | <i>Tax ID # *</i> | | IP PIN | D | Date of birth | Months lived in home in 2024 | | ıtionship | In | соте |
| | | | | + | | | | | | |
| Bank information: Use for Direct d | eposit of refund | Dire | ct debit of bala | nce di | ue <i>Name of</i> | bank | | | | |
| | | | | | - | Account number | | | | |
| Ask your tax preparer for information | about depositing | g a refu | ınd into an IRA | acco | unt or splitti | ng the deposit i | nto mo | re than on | e acc | ount. |
| *A Tax ID # is a Social Security Number (SS | N), adoption taxpay | yer iden | tification number | r (ATI | N), or an indiv | ridual taxpayer id | entificat | ion number | (ITI) | ۷). |

| | Yes | No | 1 1 | use—ask your preparer if y | ou are unsur | e about a question. | | | | | |
|----------------------|----------|----------|---|--------------------------------------|-----------------------------|--------------------------|---|--|--|--|--|
| H | | | Are either you or your spouse legally blind? Have you received any notice from the IRS or state revenue department within the past year? If yes, provide a copy. | | | | | | | | |
| | Yes | No No | Did you pay or received and Paid Received | ve alimony in 2024? | Recipient | * | Date of divorce or separation | | | | |
| | Yes | No | | | | | | | | | |
| XES | Yes | No | Will there be any significant changes in income or deductions next year, such as retirement? | | | | | | | | |
| LIFE STATES | Yes | No | | | | | | | | | |
| 77.1 | Yes | No | | | | | | | | | |
| FILES | Yes | No | Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) car | | | | | | | | |
| | Yes | No | Are you a member of | | | | | | | | |
| | Yes | No | Were you a citizen of | or did you live in a foreigr | n country? | Foreign country | | | | | |
| | Yes | No | Do you own or have | financial interest in a foreig | gn bank or fir | nancial account? Maxi | mum value in 2024 \$ | | | | |
| | Yes | No | Would you like to all Designee's name | ow your tax preparer or an P | other person hone number | to discuss your returr | n with the IRS? PIN (any five digits) | | | | |
| | Yes | No | Were any children bo | orn or adopted in 2024? (Pro | ovide statemen | nt for other expenses.) | | | | | |
| | Yes | No | Were any children at | tending college? (<i>Provide Fo</i> | orm 1098-T an | ıd Form 1098-E.) | | | | | |
| | | | Year in college | Paid by you: Tuition \$ | | Books \$ | Student loan interest \$ | | | | |
| CHILDREN & EDUCATION | | | | Paid by student: Tuition | \$ | Books \$ | Student loan interest \$ | | | | |
| | Yes | No | Did you pay any tuit | ion for a private school for | a dependent | or take classes yourse | lf? | | | | |
| 5 | | | Student | | | | Amount paid \$ | | | | |
| | | | Name and address of school | | | | | | | | |
| | Yes | No | Did you pay for child or dependent care so you could work or go to school? (Provide statement if applicable) | | | | | | | | |
| | | | Name of provider | | | | EIN or SSN | | | | |
| L | | | Address | | | | Amount paid \$ | | | | |
| 1 | Yes | No | | ontributions to a 529 plan ir | | - | | | | | |
| L | Yes | No | | contribute any money to a | | | Traditional IRA Roth IRA | | | | |
| | Yes | No | - | y amounts from a retiremer | | | | | | | |
| 5 | Yes | No | - | fer any stock or sell rental c | | t property? | | | | | |
| IMATO I MITTALI | Yes | No | - | income from an installmen | | | | | | | |
| | Yes | No | - | vestments become worthles | | | nt theft in 2024? | | | | |
| _ | Yes | No | , , | did you exercise, any emp | | | | | | | |
| | Yes | No | | | | | e) sell, exchange, or otherwise dispo tocurrencies, NFTs, and stablecoins) | | | | |
| 2 | Yes | No | Did you, or do you p | lan to, contribute money b | y April 15, 20 | 025 to an HSA for 2024 | ? If yes, provide details. | | | | |
| PEDOCITORS | Yes | No | Did you pay any inte | erest on a loan for a boat or | RV that has l | living quarters? If yes, | provide details. | | | | |
| 100 | Yes | No | Did you pay sales tax | xes on a major purchase in | 2024, such as | a vehicle, boat, or hor | ne? | | | | |
| 1 | Yes | No | Did you make any ch | naritable contributions in 20 | 024? If yes, p | rovide details. | | | | | |
| 3 | Yes | No | Did you work from a | home office or use your ca | ır for your bu | isiness? | | | | | |
| - | Yes | No | Did you receive inco | me from a sharing/gig eco | nomy activity | y (e.g. Airbnb, Uber, et | c.)? | | | | |
| 1 | Yes | No | Do you own a busine | ess or an interest in a partne | ership, corpo | ration, LLC, farming a | ctivities, or other venture? | | | | |
| | Yes | No | Did you purchase or | sell a main home during th | e year? If yes | , provide closing states | ment. | | | | |
| | Yes | No | If you sold a home, d | id you claim the First-Time | Homebuyer | Credit when it was pu | rchased? If yes, provide details. | | | | |
| | Yes | No | Did you refinance a r | nortgage or take a home ed | luity loan? If | yes, provide closing st | tatement. | | | | |
| | Yes | No | Did you use any mor | rtgage loan proceeds for pu | rposes other | than to buy, build, or | substantially improve your home? | | | | |
| | Yes | No | Did you make any no | ew energy-efficient improv | ements to yo | ur home? If yes, provid | de details. | | | | |
| | e infor | matio | n Full-year reside | nt Part-year resident | Nonreside | nt School district | | | | | |
| Stat | | | | | | | | | | | |
| | es of re | sideno | ce during 2024 and dat | tes | | Do you rent or o | own your home? Rent Own | | | | |

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, 1099-NEC, 1099-K, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

| Indicat | e "T" for taxpayer, "S" for spouse, "J" for joint | | - | Pro | vide additional staten | nents if m | ore room is needed |
|---|--|----------|-------------------|----------------|------------------------|------------|--------------------|
| Forms | W-2—Wage and Tax Statement | | | | | | |
| T/S | Employer name | | T/S Employer name | | | | |
| | 1) | | | 4) | | | |
| | 2) | | | 5) | | | |
| | 3) | | | 6) | | | |
| Forms | 1099-INT — Interest Income | | | | | | |
| T/S/J | Name of issuer | | T/S/J | Name of | fissuer | | |
| | 1) | | | 4) | | | |
| | 2) | | | 5) | | | |
| | 3) | | | 6) | | | |
| Forms | 1099-DIV—Dividends and Distributions | | | | | | |
| T/S/J | Name of issuer | | T/S/J | Name of issuer | | | |
| | 1) | | | 4) | | | |
| | 2) | | | 5) | | | |
| | 3) | | | 6) | | | |
| Forms | 1099-R—Distributions From Pensions, Annuities, Ret | iremen | t or Profit | -Sharing I | Plans, IRAs, Insurance | e Contrac | ts, Etc. |
| T/S | Name of issuer | | T/S | Name of issuer | | | |
| | 1) | | | 4) | | | |
| | 2) | | | 5) | | | |
| | 3) | | | 6) | | | |
| If the d | istribution is before age 59½, give a reason to determin | ne if an | exception | to penalty | applies. | | |
| Tax-Ex | empt Interest (such as municipal bonds—include state | ement) | | | | | |
| Payer \$ | | | Payer \$ | | | | \$ |
| Other l | Income | | | | | | |
| State tax refund | | | | | Unreported tips | \$ | |
| Unemployment compensation | | | | | Other | \$ | |
| Social Security (taxpayer)—provide SSA-1099 or RRB-1099 | | | | | | \$ | |
| Social S | Security (spouse)—provide SSA-1099 or RRB-1099 | \$ | | | | \$ | |
| | | | | | | | |

Sales and Exchanges Worksheet

Business income (see Sole Proprietorship Tax Organizer)

Rental income (see Rental Property Tax Organizer)

Gambling income—provide Form W-2G

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Stock sales

Sale of other property

See "Sales and Exchanges Worksheet" below.

| Description of property | Purchase date | Cost/basis | Sale date | Sale price |
|-------------------------|---------------|------------|-----------|------------|
| | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |

Notes:

- When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.
- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$14,600 Single, \$29,200 MFJ/QSS, \$21,900 HOH, or \$14,600 MFS to be a tax benefit.

| include cost fo | or dependents—do | 7.5% of income to be not include any expe with funds from an F | enses that were | | vide details of co | : \$500 in noncash cha ntributions. Rules rec all contributions. | | | | |
|--------------------------------------|-----------------------|---|----------------------|--|--------------------------|--|------------------|--|--|--|
| Dentists | \$ | Hospitals | \$ | Monetary (cash, check, credit card) \$ | | | | | | |
| Doctors | \$ | Insurance | \$ | Noncash contributions (FMV). Clothing or household | | | | | | |
| Equipment | \$ | Prescriptions | \$ | items must be in good used condition or better. \$ | | | | | | |
| Eyeglasses | \$ | Other | \$ | Did you transfer funds from an IRA directly to a | | | | | | |
| Medical miles | : | @ 21¢ | | | No | @ 14. | \$ | | | |
| Taxes Paid. D | o not include taxes | paid for full or parti- siness use of the hom | al business or e. | Charitable mileage @ 14¢ Casualty and Theft Losses | | | | | | |
| State withhold | | | Reported on W-2 | | | ected damage or loss | | | | |
| | d taxes—paid in 20 | 24 | \$ | a theft in a federally-declared disaster area, provide details to your tax preparer. Yes No | | | | | | |
| Real estate tax | - | | \$ | 1 | | ions. Miscellaneous | itamizad | | | |
| Real estate tax | —other | | \$ | deductions subject | | | | | | |
| Personal property taxes | | | \$ | federal return. How | ted expenses, | | | | | |
| Property tax refund—received in 2024 | | | \$() | provide information | | | | | | |
| Foreign tax paid | | | \$ | | by your employer? Yes No | | | | | |
| Other | | | \$ | Dues | \$ | Subscriptions | \$ | | | |
| Other | | | \$ | Investment | \$ | Supplies | \$ | | | |
| Other | | | \$ | expenses | | | | | | |
| Balance paid i | n 2024 from prior ye | ear state returns | | Job education | \$ | Tax prep fees | \$ | | | |
| | e interest or penalti | | \$ | Job seeking | \$ | Tools | \$ | | | |
| | | x paid during 2024? | Yes No | Legal fees | \$ | Uniforms | \$ | | | |
| | | at, or home in 2024? vaid \$ Dat | Yes No | Licenses | \$ | Union dues | \$ | | | |
| Sales tax paid | | , | | Safety equipment | \$ | Other | \$ | | | |
| use or rental-u | ise property, includi | erest paid for full or j ing business use of th ion and ID numbers. | | Other Deduction AGI limitation. | s. The following | deductions are not s | ubject to the 2% | | | |
| Main home | | Equity loan | \$ | Gambling losses | \$ | Federal estate tax on IRD | \$ | | | |
| Second home | \$ | Equity loan | \$ | Impairment- | \$ | Other | \$ | | | |
| Points | \$ | Investment interest | \$ | related expenses | | | | | | |
| Points | \$ | | \$ | 1 | * | Otner | * | | | |

- **Notes:** Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
 - Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
 Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet

| \$ |
|--------------|
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| Ask preparer |
| Ask preparer |
| \$ |
| |

| Estimated Tax Payments — Tax Year 2024 | | | | | | |
|--|-----------|---------|-----------|-------|--|--|
| Installment | Date paid | Federal | Date paid | State | | |
| First | | \$ | | \$ | | |
| Second | | \$ | | \$ | | |
| Third | | \$ | | \$ | | |
| Fourth | | \$ | | \$ | | |
| Amount applied from 2023 overpayment | | \$ | | \$ | | |
| Total | | \$ | | \$ | | |

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange/marketplace), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought, sold, or refinanced real estate.

Mileage amounts for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.

Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2024.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the returns carefully before signing to make sure the information is correct.
- Fees must be paid before your tax returns are delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer may be required for preparation of returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a duplicate copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

| Taxpayer | Spouse | Date |
|----------|--------|------|

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your express written permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.