



P O Box 250
1010 Vivian Drive
Grafton, OH 44044

440 - 926 - 9300

After you have received all of your 2024 tax documents complete this organizer and

- 1. Email your documents securely with our link, or
2. Drop your documents off in office, or
3. Mail your documents to our P O Box

2024 TAX ORGANIZER

In order for us to complete your tax returns by the filing deadline have all your tax documents to our office by March 15, 2025

Taxpayer's name SSN Occupation DOB

Spouse's name SSN Occupation DOB

Home address:

Are you or your spouse: Permanently disabled? You Spouse or: Legally Blind You Spouse

Did you sell or purchase a principal residence or other real estate during the tax year YES NO If yes, provide settlement statement.

Best phone number (please note home or cell):

E-mail address:(will not be sold or shared)

Do you wish to donate to the presidential campaign fund? Y N Spouse Y N

Table with 6 columns: Full name of dependents, Relationship, Date of Birth, Social Security Number, #mo @ home, #mo @ college. Includes a (2024) note.

Do you provide housing and/or support (provide minimum 50% of their support) for a parent, sibling, or other person that can be claimed as a dependent?

Are there any changes in dependents, such as birth, adoption, death, divorce, stepchildren? Y N Provide any documentation.

Did you pay child care expenses while you worked or were at school? Y N If yes, provide documentation

Did you or anyone in your family obtain health insurance from healthcare.gov in 2024? YES NO If yes, provide Form 1095A

Were you a victim of identity theft, incur a theft, or casualty loss in a federally declared disaster area due to damage of property? YES NO

If you were a victim of identity theft, did you obtain an IP Pin? YES NO If yes, please provide the IP Pin number

Did any of your dependents have wages over \$14,600? (\$400 if self-employed)? If yes which dependent provide documentation

Did any of your children under age 19 (23 if full time student) have investment income of \$2,500 or more? Y N If yes, provide documentation.

Do you or any of your dependents have college tuition expenses? If yes provide Form 1098T distributed by college

\*\* IF YOU WOULD LIKE YOUR REFUND(S) (IF ANY) RECEIVED BY DIRECT DEPOSIT, PROVIDE THE FOLLOWING INFORMATION \*\*

Bank Name: Type of account: Checking Savings Is this a joint account Y N

Routing Number (9 digits) Account Number

If you make estimated tax payments provide the following information

FEDERAL

Table with 2 columns: Date Paid, Amount. Rows for 1st, 2nd, 3rd, 4th.

STATE

Table with 2 columns: Date Paid, Amount. Rows for 1st, 2nd, 3rd, 4th.

CITY

Table with 2 columns: Date Paid, Amount. Rows for 1st, 2nd, 3rd, 4th.

SCHOOL DISTRICT

Table with 2 columns: Date Paid, Amount. Rows for 1st, 2nd, 3rd, 4th.

PLEASE RETAIN ALL DOCUMENTS TO SUBSTANTIATE DEDUCTIONS

(Dated receipts , bank statements, cancelled checks)

**Income:** Provide documents for all sources of income such as; W-2 from each employer, 1099 forms for unemployment, alimony, prizes, gambling winnings, jury duty, 1099-INT for interest income, 1099 SSA for Social Security benefits

**Provide all Consolidated 1099 from investment companies, brokers and retirement distributions**

If you received a distribution from a retirement account was it rolled over or converted to a Roth IRA? Y \_\_\_ N \_\_\_

Were any required minimum distributions (RMD) rolled over to a qualified charitable organization? **Provide a list of charitable donations**

Do you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country? YES \_\_\_ NO \_\_\_

**BUSINESS**

If you have income from a business, please provide a **summary** of income and expenses, or backup file from accounting software

If this is a new business this year provide: Name of Business and Fed ID# \_\_\_\_\_

Address \_\_\_\_\_ Type of business \_\_\_\_\_

Have you received any K-1's from a S-Corp, Partnership, or Trust? Y \_\_\_ N \_\_\_ If yes, provide each K-1

Do you have an office in your home used for business purposes? Y \_\_\_ N \_\_\_ Sq. Ft of office \_\_\_\_\_ Total Sq. Ft of home \_\_\_\_\_

Please list utilities, insurance, repairs and maintenance for the year \_\_\_\_\_

**RENTAL REAL ESTATE**

If you have income from rental property provide a **summary** of income and expenses or, backup file from accounting software

If this is a new rental property this year, provide address and purchase documents: \_\_\_\_\_

**FARM**

If you have income from a farm, please provide a summary of income and expenses, or a back up file from your accounting software

Type of farming income: (grain, livestock, dairy, fruit/vegetable) \_\_\_\_\_

Did you make home improvements to your existing home (windows, doors, metal roof, insulation, furnace, solar energy)? Provide receipts

**MISCELLANEOUS EXPENSES**

	<b>Total Expense</b>	Cash and non-cash	<b>Total Expense</b>
<b><u>MISCELLANEOUS INCOME</u></b>	Provide Documents	<b><u>CHARITY</u></b>	Provide Documents
Alimony received	_____	Church	_____
Pensions / IRA / Annuities	_____	Charitable miles - # of miles	_____
State / City tax refunds	_____	Other Charitable donations	_____
<b><u>MEDICAL EXPENSES ***</u></b>	<b>*** NOT paid by insurance</b>	Non-cash such as Goodwill	_____
Doctor / Dentist / Eye bills	_____	Ohio Scholarship donation credit (limit \$750 per person, total \$1,500 if JT)	_____
<u>Medical Insurance, but not Medicare or Employer Pd</u>	_____		
Hospital	_____	<b><u>TAXES PAID- other than on W-2 or estimated payments</u></b>	Provide Documents
Medical Equipment	_____	Real Estate	_____
Long-term care insurance	_____	Personal Property	_____
Medical miles - # of miles	_____	Foreign Taxes Paid	_____
Co-pays	_____		
Prescriptions	_____		
<b>Note: over the counter medications are NOT deductible, must have prescription</b>		<b><u>INTEREST EXPENSE</u></b>	Provide Documents
<b><u>OTHER ITEMS</u></b>	Provide Documents	Home Mortgage	_____
ROTH IRA Contributions	_____	Home Equity Loan (only to improve the home)	_____
Traditional IRA Contributions	_____	Investment Interest	_____
529 College Fund Contribution	_____	Points Paid on home loan	_____
		Student Loan Interest	_____