

Tax Organizer

2024

American Tax & Accounting
(828) 324-4047

Name: Primary _____ SS No. _____ Birthdate _____
 Spouse _____ SS No. _____ Birthdate _____
 Address: _____ Telephone _____

County of Residence: _____

Email Address: _____

Occupation: Taxpayer: _____ Spouse: _____

Taxpayer: 65 or over Blind/Disabled Spouse: 65 or over Blind/Disabled

Dependents:

| Name | Birthdate | Social Security Number | Relationship | Number of Months Lived in your Home during 2024? | Full-time College Student? |
|------|-----------|------------------------|--------------|--|----------------------------|
| | | | | | |
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| | | | | | |
| | | | | | |

If you have an IP PIN List Here: Primary _____ Spouse _____

Your **FILING STATUS** is determined on December 31, **2024**

SINGLE

- Single
- Single, being claimed by someone else
- Single with a dependent child
- Single with a dependent relative (child who is not a qualifying child, parent, grandparent, brother, sister, stepbrother, stepsister, half brother, half sister, stepmother, stepfather, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, uncle, aunt, nephew, or niece)

HEAD OF HOUSEHOLD

- Single with a dependent child (you are custodial parent)
- Single with a dependent parent (parents live with you or their home and you pay over half the cost of maintaining their home)
- Married living apart from spouse for over 6 months of the year **and** paid over half of the cost of keeping up a home **and** that home was the main home of your child, stepchild, or foster child for over 6 months of the year. Spouse must file MFS tax return.

MARRIED

- Married filing a joint tax return
- Married filing a separate return
- Married, check both ways for best advantage

First Time Here?

Bring a Copy of
Your Last Years'

Tax Returns

PLACE A "X" ON ALL ITEMS YOU HAVE FOR 2024

- | | |
|---|---|
| <input type="checkbox"/> W-2 Forms | <input type="checkbox"/> Form 1099-B Broker Transactions |
| <input type="checkbox"/> Interest / Dividend Income | <input type="checkbox"/> Form 1099-C Cancellation of Debt |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Form 1099-LTC Long Term Care |
| <input type="checkbox"/> Trust Income | <input type="checkbox"/> Form 1099-K Payments from goods/services |
| <input type="checkbox"/> Unemployment (1099-G) | <input type="checkbox"/> Form 1099-R Retirement Income |
| <input type="checkbox"/> Money from IRA/Roth IRA | <input type="checkbox"/> Form 1099-NEC Nonemployee Compensation |
| <input type="checkbox"/> Cash-in US Savings Bonds | <input type="checkbox"/> Form 1099-MISC Income |
| <input type="checkbox"/> Gambling Winnings (W-2G) | <input type="checkbox"/> Form 1099-PATR Co-op Payments |
| <input type="checkbox"/> Marketplace Insurance (1095-A) | <input type="checkbox"/> Form 1099-Q 529 College Savings Plan |
| <input type="checkbox"/> Sell Land or Home | <input type="checkbox"/> Form 1099-S Sale of Real Estate |
| <input type="checkbox"/> Student Loan Interest | <input type="checkbox"/> Sell Bitcoin or Cryptocurrency |
| <input type="checkbox"/> Teacher Classroom Expenses | <input type="checkbox"/> Sch K-1 from Partnership |
| <input type="checkbox"/> Contribute to IRA or Roth IRA | <input type="checkbox"/> Sch K-1 from "S" Corporation |
| <input type="checkbox"/> Alimony Received Date of Divorce: _____ | <input type="checkbox"/> Alimony Paid - SSN of Recipient _____ |
| <input type="checkbox"/> Other Income : _____ | <input type="checkbox"/> Student Loan Forgiveness |
| <input type="checkbox"/> Rental | <input type="checkbox"/> Clergy |
| <input type="checkbox"/> Vacation/Short-Term Rental | <input type="checkbox"/> Professional Gambler |
| <input type="checkbox"/> Land Rental | <input type="checkbox"/> Ebay or Online Business |
| <input type="checkbox"/> Self Rental | |

Required Minimum Distribution (RMD)

Were You or Your Spouse (if filing Jointly) Required to Receive a distribution from your IRA in 2024? Yes or No Did you take this required distribution? Yes or No

DEPENDENTS

****NOTE** – You must provide proof that any dependent that you claim is your dependent. A copy of a school record, report card, child care provider statement, medical bill from a doctor or hospital, social service agency, health insurance document, financial institution statement, etc. This statement must show the child’s name with your address.

- _____ Did you have any changes in dependents during the year?
- _____ Did you pay over half of costs for your dependents that lived with you?
- _____ Could another person qualify to claim any of your dependents?
- _____ Do any of your children have income from interest and dividends over \$2600?
- _____ Did you pay child care or dependent care expenses so you could work in 2024?
- _____ Did your dependent receive income from a Trust, Inheritance, Prize, or Gift?
- _____ Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$1,250?

CHILD CARE EXPENSES (or Dependent Care)

| Name of provider | Address | SSN or EIN | Amount Paid | Childs Name |
|------------------|---------|------------|-------------|-------------|
| | | | | |
| | | | | |
| | | | | |

Were the Child Care Expenses paid by You/Spouse _____ or Someone Else _____ Relationship _____

EDUCATION EXPENSES (provide Form 1098-T and receipts for course materials, if any)

- _____ Did you pay tuition and fee expenses that were required for attending a college, university or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year) Provide Form 1098-T from the college
- _____ Is the student pursuing a degree or certificate or other credential?
- _____ Did you receive a distribution from a 529 College Savings Plan? If yes, send Form 1099-Q and all receipts for expenses paid in 2024
- _____ Did you pay any student loan interest in 2024? How much _____ or send the form
- _____ Have you completed 4 years of post-secondary education (at the beginning of the year)
- _____ Student Loan Forgiveness (provide documentation)

GENERAL QUESTIONS

- _____ Did your address change since last Year?
- _____ Did any member of your household have healthcare coverage through the Marketplace? Or receive a subsidy to reduce your Insurance cost? Provide Form 1095-A
- _____ Did you receive a distribution or pay medical costs with a HSA or MSA plan? You should receive a form for the amount of your distribution, give me a copy.
- _____ Did you pay into a HSA outside of your employer or if Self Employed?

FOREIGN INCOME or ACCOUNTS

- _____ During 2024, did you receive as a reward, award, or payment or sell, exchange, give, or otherwise dispose of a digital asset?
- _____ Did you have any income from, or pay taxes to a foreign country?
- _____ Do you have signature authority on any foreign Bank/Broker account?
- _____ Did you receive any funds from a foreign trust, partnership, or inheritance?
- _____ Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

NORTH CAROLINA, SOUTH CAROLINA, & OTHER STATES

- _____ What is your state of Residence? What state issued your Drivers License? _____
- _____ Did you move in/out of NC in 2024? When did you move in/out of NC? _____
- _____ Did you or any family member make any purchases from out-of-state retailers that did not charge state sales tax? YES or NO . If yes, how much was purchased? _____
- Are your retired US Armed Forces with at least 20 years of service or medically retired (not severance payments) or Survivor Benefit Plan to a beneficiary of a retired member? _____

BUSINESS QUESTIONS

- _____ Do you have a business? What do you do? _____
- When did your business begin? _____ Are you a LLC? _____
- Do you have employees? _____ Or a business partner(s)? _____
- Do you have a business checking account? _____
- Did you receive a Form 1099-K? _____

ESTIMATED INCOME TAXES PAYMENTS (not from W-2 or 1099 forms)

| 2024 Due Dates | Federal | North Carolina | Other State |
|--|---------|----------------|-------------|
| 1 st Quarter – April 15, 2024 | _____ | _____ | _____ |
| 2 nd Quarter – June 15, 2024 | _____ | _____ | _____ |
| 3 rd Quarter – September 15, 2024 | _____ | _____ | _____ |
| 4 th Quarter – January 15, 2025 | _____ | _____ | _____ |

Prior Years' Tax Payments (paid in 2024)

| | | | |
|-----------------|-------|-------|-------|
| 2023 | _____ | _____ | _____ |
| 2022 or Earlier | _____ | _____ | _____ |

For clients who make ESTIMATED TAX payments

We can setup your FEDERAL and/or NORTH CAROLINA to automatically be drafted

Estimated Tax Payment Dates for 2025: April 15, June 16, September 15, & January 15, 2026

NOTE – Auto Draft Estimated Tax Payments can only be setup at the time your 2024 Income Tax Return is electronically filed

_____ Setup my Federal Estimated Tax payments to Auto Draft

_____ Setup my North Carolina Estimated Tax payments to Auto Draft

If you Owe

We can set up your Balance Due payment to draft from your bank account on a date you specify up to April 15. After April 15 it will draft when the return is processed, 2 – 3 days normally.

_____ Federal – Setup my Balance Due to draft on this date: _____

_____ North Carolina – Setup my Balance Due to draft on this date: _____

_____ (Name of State) _____ - Setup my Balance to draft on: _____

REFUNDS

DIRECT DEPOSIT INFO

Up to 2 accounts
are available. If you
want split into 2 accounts
what Percentage:

_____ Account 1
_____ Account 2

ACCOUNT 1

Owner of account

Taxpayer Spouse Joint

Type of account

Checking Traditional Savings Traditional IRA Roth IRA
 Treasury Direct Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number: _____

Your account number _____

ACCOUNT 2

Owner of account

Taxpayer Spouse Joint

Type of account

Checking Traditional Savings Traditional IRA Roth IRA
 Treasury Direct Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number _____

Your account number _____

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer

Date

Spouse

Date

American Tax & Accounting

Agreement for the Preparation of an Income Tax Return

Thank you for choosing American Tax & Accounting to assist you in the preparation of your individual income taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your federal and state income tax returns (if applicable). We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify data you submit. An Organizer is available to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit.

The law imposes penalties when taxpayers underestimate their tax liability.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents as these items may later be needed to prove accuracy and completeness of a return. We are not required to keep copies of your tax returns.

Our engagement to prepare your income tax returns will conclude with the delivery of the completed returns to you. If you are filing returns that are over 3 years past due, you will be solely responsible to file the returns with the appropriate taxing authorities.

Payment for the preparation of income tax returns will be due upon completion or when you pick up your copy of the tax returns. You can choose to have a paper copy of your return or an electronic copy. For electronic copies you must include your email address on the Main Info page. Additional copies are available for \$45 federal per year and State copies are \$15 per year.

The client agrees to limit our liability for any claims they may make against us to the fee that they paid us for the return and all claims must be made within 180 days from the date the preparer signs the tax return.

This agreement is for income tax preparation only. If you receive any letter or notices from the government for the tax year(s) indicated below, we will explain the letter or notice to you – free of charge.

Extensions are not automatic, **You must request** that we file an Extension for you. If you want us to file an "extension" indicate below. An extension of time to file is not an extension of time to pay, if a payment is due or expected to be due it must be sent in with the extension. Failure to do so may result in penalties and interest being assessed.

Income Tax Return(s):

_____ **Extension (2024 only)**

_____ **Federal 1040**

Select Tax Year(s): **2024** 2023 2022 2021 2020 Other: _____

State Income Tax: _____ NC _____ SC Other State: _____

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated

We appreciate your confidence in us. Please call if you have questions.

Wayne Kight EA, Accountant
American Tax & Accounting

Client

Date

I want my tax return: Printed _____
Electronic _____