

#### If you work on this document in a web browser, it will not save.

- 1) Download to your computer.
- 2) Close the document.
- 3) Open from the saved location, and then begin to work.

### Other helpful information

- Did you know the notes app on iPhone can scan documents into PDF? We highly prefer PDFs as images clog the portal and are difficult to organize. Open the notes app, click new note, then click the camera button to scan to PDF.

#### Secure file Portal

- Please never send us sensitive information via email. ShareFile is our secure file sharing software. You can find a link to it on our website or by clicking <a href="here">here</a>.

#### No Piecemeal

- Please do your best to send 100% of tax documents in a single upload vs. multiple. That cuts down significantly on our administrative time. It is also helpful if you send us a quick email after 100% of your docs have been uploaded.

Joint returns must include two unique email addresses which will be used for digital signature.

# **TAX ORGANIZER**

Taxpayer Information		Spouse Information				
Last name		Last name	e			
First name		First nam	e			
Middle Initial	Middle In	itial		_	Suffix	
Social security number		Social sec	curity number			
Occupation		Occupatio	on			
Work phone		1				Ext
Cell phone		Cell phon	e			_
E-mail address						
Date of birth						
Address					Apartment nun	nber
City			<u> </u>		ZIP Code	
Home phone		number				
Dependent Information	1	l	ı		1	
First name Last name	MI	Social Security Numb	Date		Months Lived with Taxpayer	Child Care Expense
Last name	Julia	Relationship	0.12			
Child and Dependent Care Provider Expe	ncoc					
	:11562			1		
Name		Address			ID Number	Amount Paid
Education Tuition and Fees						
Attach all Form 1098-Ts and a list of your qualified edu	ıcation expens	ses.				
Student Loan Interest Paid						
student loan interest						

Attach Form(s) W-2 — Wages, Salaries, Tips and Other Compensation  Employer Name	Amount
Attach Form(s) 1099-R — Distributions from Pensions, Annuities, Retirement, Profit-Sha 1099-R Payer Name	ring, IRAs, etc Amount
Attach Form(s) SSA-1099 — Social Security/Railroad Benefits  Taxpayer	Spouse
Social Security Benefits from Form SSA-1099  Railroad Retirement Benefits from Form RRB-1099  Medicare B premiums withheld  Medicare C premiums withheld  Medicare D premiums withheld	
ATTACH SCHEDU	LE C ORGANIZER
attach Form(s) 1099-INT — Interest Income 1099-INT Payer Name	Amount
ttach Form(s) 1099-DIV — Dividend Income	Amount
Attach Form(s) 1099-B, 1099-S — Sales of Stocks, Bonds, Real Estate, etc  Attach all stock sale transaction information, including initial cost information.	
<b>Other Government Forms to attach:</b> Form(s) 1099-G — Certain Government Payments, Schedule K-1s — Partnership, S-Corporation, Trust or Estate Gambling or Lottery Winnings, Form(s) 1099-Q — Payments from Qualified Education Programs	e Income, Form(s) W-2G
Other Income:  Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any busin Include a list of all new equipment acquired this year, including date of purchase and cost.	ness, rental or farm you own.
Taxpayer	
Retirement Plan Contributions  Traditional IRA contributions made	Spouse

## **Deductions**

Medical and Dental Ex	penses	Amount	
Prescription medications	Out of pocket medical expenses must		
Health insurance prem	ums7.5% of adjusted gross income in ord		
Doctors, dentists, etc	as an itemized deduction. For exampl AGI is \$100k, the first \$7,500 of out	•	
	medical expense is not deductible. The	ne amount	
Eyeglasses and contact I	ensesover \$7,500 is deductible as an itemiz		
Miles driven for medical	ourposesdeduction, assuming you qualify to it	emize	
Other medical and dental ex	xpenses:		
Taxes		Amount	
Real estate taxes paid or	principal residence		
	additional homes or land		
Auto license registration	fees based on the value of the vehicle		
	axes		
Interest Expenses			_
	paid – Attach Form(s) 1098.		
Lender's Name		Amount	
Deinte meid en leen te bened	and described as the constant of the constant		
Lender's Name	ouild or improve main home	Amount	
	and all broad a second		
Cash/Check/Credit Co	ntributions	Amount	
Names de Charitadale C			
Noncash Charitable Co Attach all receipts with deta	ontributions ils listing the following information: Donee, donee addres	s, description of donation, date acquired and d	ate contributed,
your cost, value at time of d	onation, and how you acquired the property.  If > \$500 attach itemized schedule of each item	1 7	
Miscellaneous Deduct	'	Amount	
Union and professional d	ues		
Professional subscription	s, books, supplies		
Uniforms and protective	clothing (including cleaning)		
Job search costs			
Taxpayer educator exper	ses		
Spouse educator expens	es		
Tax return preparation fe	es		
Safe deposit box rental .			
	extent of gambling income)		
Other expenses (list):			

2024

Questions

	4	-	
		Yes	No
1	Did a lender cancel any of your debt in2024? (Attach any Forms 1099-A or 1099-C)		
2	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024? If <b>yes</b> , please attach details		H
3	Did you purchase a motor vehicle or boat during 2024 ?		Ħ
	If yes, attach documentation showing sales tax paid.		
4	Did you purchase a hybrid or electric vehicle in 2024? If <b>yes</b> , enter year, make, model, and date purchased:		
		$\mathbb{H}$	Н
5	Did you donate a vehicle in 2024? If <b>yes</b> , attach Form 1098C	Ш	
6	What was the sales tax rate in your locality in 2024? % State ID		
7	If <b>yes,</b> explain:	Ш	
8	Were you or your spouse permanently and totally disabled in 2024?	$\Box$	
9	Do you have dependents who must file?		H
10	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,600?	_	
11	Did you provide over half the support for any other person during 2024?		П
12	Did you incur adoption expenses during 2024?	=	H
13	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	$\equiv$	
14	Did you receive any disability payments in 2024?		
15			
16 a	Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2024? If <b>yes,</b> attach closing or escrow statements, 1099-C or 1099-A forms		
b	If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?		
17		=	П
18	Did you incur any non-business bad debts?	=	П
19	Did you pay any individual for domestic services in 2024 ?	=	П
20	Did you take a retirement account distribution related to a natural disaster?	П	
21	Did you buy or sell any stocks or bonds in 2024?		
22	Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?.		
23	Did you incur any moving expenses? If <b>yes</b> , attach details		
24	Did you receive any income not included in this Tax Organizer?		
25	If <b>yes</b> , please attach information.  Do you expect your income and deductions in 2025 to be the same as 2024 ?		
23	If <b>no,</b> attach explanation of changes expected.	Ш	Ш
26	Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach		
27	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)?		
28	If you paid any alimony, enter recipient's SSN:  Alimony paid:		
29	Enter your state of residence Spouse		
			$\Box$
	a Do you want to change the language with which the IRS communicates with you?	Ш	Ш
l	b If yes, which language?		
<b>Ele</b>	ctronic Filing and Direct Deposit of Refund our tax return is eligible for Electronic Filing, would you like to file electronically?	Yes	No
The If yo	Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.  ou receive a refund, would you like direct deposit?		
If ye	es, please provide a voided check (not a deposit slip) if your bank account information has changed.	vings	

### **ESTIMATED TAXES PAID**

List dates and amounts paid for all federal estimated income taxes. Do not input W2 withholding. If you cannot remember the amounts of estimates made please create an account here.

https://www.irs.gov/payments/your-online-account

<u> </u>	ory our original account	<u>.</u>					
	Date Paid	Amount Paid					
Federal Estimate #1							
Federal Estimate #2							
Federal Estimate #3							
Federal Estimate #4							
List the dates and amounts paid for all Colorado estimated income taxes. Do not input W2 withholding. If you cannot remember the amounts of estimates made please create an account here. <a href="https://www.colorado.gov/revenueonline/_/">https://www.colorado.gov/revenueonline/_/</a>							
	Date Paid	Amount Paid					
Colorado Estimate #1							
Colorado Estimate #2							
Colorado Estimate #3							
Colorado Estimate #4							
List dates and amounts for estimated state income taxes of other states. Do not input W2 withholding.							
Name of State	Date Paid	Amount Paid					
		<u> </u>					
		<u> </u>					
		<u> </u>					
		<u> </u>					
		<u> </u>					

# HEALTH INSURANCE REPORTING REQUIREMENTS

Did you purchase health insurance through a government marketplace exchange?

YES NO

If yes, please include a full copy of form 1095-A. It will look like the image below.

If you purchased insurance through a private plan or your workplace you would receive form 1095-B or 1095-C. We do <u>not</u> need to report B or C for Colorado residents. We only need form 1095-A.

Form 1095-A	Health	Insurance Marketplace	Statement	VOID		OMB No. 1545-2232		
Department of the Treasury Internal Revenue Service		ot attach to your tax return. Keep for your records.  gov/Form1095A for instructions and the latest information.			CTED	20 <b>23</b>		
Part I Recipient Information								
1 Marketplace identifier		2 Marketplace-assigned policy number	3 Policy issuer's name					
4 Recipient's name			5 Recipient's SSN	6	Recipie	ent's date of birth		
7 Recipient's spouse's n	ame		8 Recipient's spouse's	SSN 9	Recipie	ent's spouse's date of birth		
10 Policy start date		11 Policy termination date	12 Street address (includ	ling apartment n	0.)			
13 City or town		14 State or province	15 Country and ZIP or fo	reign postal cod	le			

# **DIRECT DEPOSIT INFORMATION**

If you checked yes for direct deposit of refund. Please send us the bank and routing number. You can also input them in the field below.

**Routing Number** 

**Account Number**