Erpelding·Voigt·Co.
CERTIFIED PUBLIC ACCOUNTANTS

2024 Tax Organizer

This tax organizer is provided for you to assemble information needed to prepare your 2024 individual income tax return or it can be used to remind you of deductions, changes, etc. that may apply to you. Use your 2023 tax return as a starting point to compile your 2024 tax information.

Please furnish us with any notices, penalties or correspondence from the Internal Revenue Service or from state income tax authorities. Also, please furnish us with details of any unusual transactions of income or expense.

PERSONAL INFORMATION

Name ______________________________

Did your marital status change during the year? **Yes** **No**

If yes, please explain ______________________________

Did your contact information change from last year? **Yes** *(please provide updates)* **No**

Updated address ______________________________

Updated phone number(s) ______________________________

Updated county & school district ______________________________

Updated email address(es) ______________________________

BANK INFORMATION

If you have an overpayment for 2024

	Would you like the amount applied to 2025 estimates?	**Yes**	**No**
-OR-	Would you like your refund directly deposited into your bank account?	**Yes**	**No**
If you owe tax for 2024, would you like your payment electronically withdrawn?		**Yes**	**No**
If you have estimates due for 2025, would you like those to be electronically withdrawn?		**Yes**	**No**

If requesting DD or electronic W/D, please provide the information of the account to use for deposit/withdrawal:

________________	________________	________________
Bank Name	***Routing Number***	***Account Number***

If this account has changed from last year, please provide our office with a new voided check.

DELIVERY OF TAX RETURN

Would you like your tax return delivered electronically or in paper form? Please mark your preferred method. If you want it delivered electronically, please also provide an email for the taxpayer and spouse, if applicable.

___ Electronic Taxpayer email ______________________________

___ Paper Spouse email ______________________________

ESTIMATED TAX PAYMENTS PAID FOR 2024 INCOME TAXES:

(Please complete if you paid estimated tax payments)

FEDERAL ESTIMATED TAX PAYMENTS

Due Date	Actual Date Paid	Amount
4/15/24	___/___/___	$__________
6/17/24	___/___/___	$__________
9/16/24	___/___/___	$__________
1/15/25	___/___/___	$__________

STATE ESTIMATED TAX PAYMENTS

Due Date	Actual Date Paid	Amount
4/30/24	___/___/___	$__________
7/1/24	___/___/___	$__________
9/30/24	___/___/___	$__________
1/31/25	___/___/___	$__________

Dependent Information

Were there any changes in dependents from the prior year?* **Yes** **No**

Please enter dependent additions below:

Full Name	***Social Security #***	***Birth date***	***Son/Daughter***
______________________________	_______________________	_________________	_______________
______________________________	_______________________	_________________	_______________

If any dependent added above was adopted, please provide a list of qualified adoption expenses which may be eligible for the Adoption Tax Credit (adoption fees, court costs and legal fees, adoption related travel, etc.) Do no include fees to adopt your spouse or partner's child.

Please list any dependents that you will no longer be claiming on your tax return for 2024:

(This includes a child who got married, a child who turned 19 that was not a full-time student for five months of the year, or a child who has reached the age of 24 even if still a full-time student (unless totally disabled).

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* An eligible dependent generally includes your unmarried child who is under age 19 or who is a full-time student under age 24, lived in the same principal place of abode for more than one-half of the taxable year and meets a relationship test of taxpayer's son, daughter, stepson, stepdaughter, brother, sister, stepbrother, stepsister or a descendant of such individual, adopted children and certain foster children.

If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? *If yes, please provide a copy.*

Did you have any qualifying relative *(lineal ancestor or descendant, sibling, niece, nephew, aunt, uncle, in-law or housemate)* **for which you provided more than half of their support for the year and whose gross income was less than $5,000?** *If so, you may be able to claim that person as a non-child dependent.*

Full Name	***Social Security #***	***Birth date***	***Relationship***
______________________________	____________________	_________________	_____________

Child Care Credit:

Did you pay for child care while you worked or looked for work? *If yes, please provide a receipt from the person or organization who provided the care. Make sure the receipt includes:*

- *Name* ____
- *Address* ____
- *Federal ID or SSN of provider* ____
- *Amount paid $*_______________
- *Names of children in child care* _______________________________________

Education Information

- ☐ Did you have any education expenses during the year for yourself, your spouse or a dependent? *1098-T*
- ☐ Did you have any textbook expenses that weren't paid directly to the college (must be for first four years of undergraduate school)? Textbook expense $_______________
- ☐ Did you make any withdrawals from an education savings/529 plan? *1099-Q*
- ☐ Did you pay any student loan interest this year? *1098-E*
- ☐ Did you cash any Series EE or I US Savings bonds to pay for college? *1099-INT*
- ☐ Did you make any contributions to College Savings Iowa (or other 529 Plan)?
  Please provide statement or letter from plan
- ☐ Did you have any qualifying tuition & textbook expenses for your K-12 student? (IA only) $____________
- ☐ Did you have any qualifying education expense for your K-12 student? (MN only)
  Please provide each child's grade and qualifying expenses

If any of the following income or deductions apply, bring all applicable forms:

Income Information

- ☐ Did you earn wages, salaries or tips? *W-2*
- ☐ Did you receive an interest and or dividends? *1099-INT and/or 1099-DIV*
- ☐ Did you receive a refund of state taxes? *1099-G*
- ☐ Did you receive alimony from a divorce agreement executed before 2019? $_____________
- ☐ Did you have an interest in a partnership or S corporation? *K-1*
- ☐ Were you a beneficiary of an estate or trust? *K-1*
- ☐ Did you receive any unemployment benefits during the year? *1099-G*
- ☐ Did you receive any awards, prizes, gambling or lottery winnings? *W-2G*
  If yes, please provide your total gambling losses/expenses on the Itemized Deductions page
- ☐ Did you receive any other miscellaneous income? *1099-MISC or 1099-NEC* (Disability, Directors fees, Non-employee compensation, other)
- ☐ Did you acquire or dispose of any stocks/investments? *1099-B*
- ☐ Did you sell your personal residence? *closing statement and possibly 1099-S*
- ☐ Did you sell any other property? *provide details and possibly 1099-S*
- ☐ Do you expect a large change in income, deductions or withholdings next year? If yes, please explain.

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Retirement Information

- ☐ Did you receive any Social Security benefits during the year? *1099-SSA*
- ☐ Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k) account? *1099-R*
- ☐ Did you receive any payments from a pension, profit sharing or annuity account? *1099-R*
- ☐ Did you make any Qualified Charitable Distributions from your retirement account? **Yes** **No**
- ☐ Did you convert an IRA to a ROTH IRA? *1099-R*
- ☐ Did you make any contributions to an IRA for tax year 2024:

	Traditional	Roth
Taxpayer	$___________	$___________
Spouse	$___________	$___________

Health Care Information

- ☐ Did you enroll for lower cost Marketplace Coverage through healthcare.gov? *1095-A*
- ☐ Did you make any contributions to a Health Savings Account (HSA) or Archer MSA? *1099-SA*
- ☐ Did you receive any distributions from a Health Savings Account (HSA) or Archer MSA? *1099-SA*
  If yes, were all distributions used to pay for medical expenses? **Yes** **No**

Miscellaneous Information

- ☐ Were you a K-12 educator who worked at least 900 hours? *Educator expenses $_____________*
- ☐ Were you a volunteer firefighter, EMT or reserve peace officer? *If yes, please provide a statement from a supervisor to verify months of service.*
- ☐ Are you US military on active duty who moved pursuant to a military order? *If so, provide transportation and storage expenses, travel and lodging, mileage, and any amount reimbursed for moving expenses*.
- ☐ Did you make energy efficient improvements to your main home this year? *If so, please provide additional details on what improvements were made and the cost of those improvements.*
- ☐ Did you pay alimony pursuant to a divorce agreement executed before 2019?
  $_____________ Name ______________________________ SSN _________________
- ☐ Did you have a financial interest in or signature authority over a financial account located in a foreign country? **Yes** **No**
- ☐ Do you have any foreign financial accounts, assets or own a foreign entity? **Yes** **No**
- ☐ At any time during 2024, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency (example - Bitcoin)? **Yes** **No**

Business/Rental/Farm Information:

- ☐ Did you start a new business or sell an existing business during the year? *If you started a farming business, please contact our office to obtain the Farm Tax Worksheet for providing farm information).*
- ☐ Did you purchase any business or rental property during the year? *If yes, please provide the asset description, purchase price, invoice or purchase agreement and date of purchase.*
- ☐ Did you utilize an area of your home for business purposes? *If yes, please complete the box to the right.*
- ☐ Did you make any Self-employed Keogh, SEP, SIMPLE plan contributions? $_____________
- ☐ Did you make payments that were subject to the 1099 filing requirements? - *Please contact our office if you need information on these requirements. We can provide you with a worksheet to summarize this information. Let our office know if you would like us to prepare these forms for you.*
- ☐ Please provide additional business/rental income & expense information on a separate sheet. *(Farmers—please use the Farm Tax Worksheet for providing income and expense information).*

Business Use Of Home

Note—self-employed individuals who deduct expenses for the business use of their home will need to determine the area used exclusively for business and the total area of the home to properly complete information requested on your tax return:

Square footage used exclusively for business:___________

Total square footage of home:___________

Please provide total expenses for home:

Insurance $___________

Repairs $___________

Utilities $___________

Iowa Farm Lease

- ☐ Are you the owner in a Farm Lease (Cash lease, Crop share lease or Livestock share lease)?
  Yes **No** *If yes, please answer the following questions:*
- ☐ Do you have a written farm lease agreement with your farm tenant? **Yes** **No**
- ☐ Are you a retired farmer who materially participated on the farm for at least 10 years? **Yes** **No**
- ☐ Are you currently claiming the Beginning Farmer Tax Credit on your farm lease? **Yes** **No**
  If yes, please provide us the tax certificate from the Iowa Finance Authority

Itemized Deduction Information

Medical Insurance Premiums:

Medical insurance premiums Taxpayer $____________ Spouse $____________
Long-term care (nursing home) premiums Taxpayer $____________ Spouse $____________
Medicare premiums (from SSA-1099) Taxpayer $____________ Spouse $____________

Medical & Dental Expenses:

(*Do not include amounts paid via pre-tax cafeteria plans, reimbursed by insurance or via funds from an HSA.)*
Medical, dental, vision and prescription drug expenses $____________
Long-term care (nursing home) expenses $____________
Medical miles driven ___________ @ $ .21 = $____________

Taxes You Paid—Will be limited to $10,000:

Property taxes on personal residence(s) $____________
Non-business vehicle licenses $____________
Sales tax paid on major purchases (cars, boats, home improvements, etc.) $_________

Interest You Paid *Note - personal interest expense is not deductible - i.e. credit card interest, personal auto loans, etc.* **:**

**Only include interest paid on your main home and second home*
Interest on personal residence* paid to bank *1098* $____________
Interest on personal residence* paid to bank not on Form 1098 *provide statement* $___________
Interest on personal residence* paid to individual $____________
List that person's name, address & SSN below:
____
Qualified mortgage insurance (PMI) $____________
Investment interest: ________________________________ $____________

Home Equity Line of Credit (HELOC) interest is only deductible if the loan proceeds were used to buy, build or substantially improve your main home or second home. For example, interest on a home equity loan used to build an addition to an existing home is typically deductible, while interest on the same loan used to pay personal living expenses, such as a credit card debt, is not.

Gifts to Charity:

Cash or check $____________ Non-cash (property) $____________
Volunteer miles driven ___________ @ $ .14 $____________

Note - contributions of $250 or more require written receipt no later than the date the return is filed or the due date, whichever is earlier. If non-cash donations total more than $500, please provide receipts for non-cash donations (Goodwill, Salvation Army, etc.)

Casualty and Theft Losses—Must Be The Result of a Federally Declared Disaster:

Losses - subject to $100 floor and 10% of AGI limits $____________

Other Itemized Deductions:

Gambling losses $____________ *(Only deductible to the extent of any gambling winnings)*