

2024 Tax Organizer Personal Information

Personal Information

Name		SSN	Has IP PIN	Date of Birth
Taxpayer		***-**-****		
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
Occupation		Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2024

☐ Single ☐ Married ☐ Widowed - If widowed and your spouse died after December 31, 2022, enter the date of death _____

☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2024? _____

Yes No

☐ ☐ Are you or your spouse blind?

☐ ☐ Are you or your spouse disabled?

☐ ☐ Are you or your spouse a full-time student?

☐ ☐ Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

☐ ☐ At any time during 2024 did you:

(a) receive (as a reward, award, or payment for property or service) a digital asset?

(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2024 appointment is scheduled for _____

Dependent and Other Information

Name:

SSN: ***-**-****

Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return _____

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2023						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Income

Name:SSN: ***-**-****

Wages & Salaries

Provide all copies of Form W-2

TS	Employer Name	2024 Federal Wages

Retirement

Provide all copies of Form 1099-R

TS	Payer Name	2024 Distribution

☐ Yes

☐ No

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes

☐ No

Did you use any of the distributions for disaster relief?

Income

Name:

SSN: ***_**_****

Form 1099-MISC Income

Provide all copies of Form 1099-MISC

TS	Payer Name	2024 Amount

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

TS	Payer Name	2024 Amount

Name: _____ SSN: ***-**-*****

Provide all copies of Form 1099-DIV and other statements that report dividend income.

[illegible]

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

[illegible]

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: _____ SSN: ***-**-****

Sale of Capital Assets (including items not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

Installment Sale Income

TSJ _____ Description of property: _____

Date acquired	Date sold	2024	Prior Years

Selling price		
Mortgages assumed		
Cost of property sold		
Depreciation allowed		
Commissions and expense of sale		
Gross profit percentage		
Interest received		
Principal payments received		

Property was sold to a related party ☐

Other Income and Adjustments

Name:

SSN: ***-**-****

Other Income	2024 Taxpayer	2024 Spouse
Social Security Benefits (attach Forms 1099-SSA)		
Railroad Retirement Benefits (attach Forms 1099-RRB)		
State income tax refund (attach Forms 1099-G)		
Alimony received		
Divorce or separation date _____ Amount _____		
Unemployment compensation (attach Forms 1099-G)		
Unemployment compensation repaid in 2024		
Gambling winnings (attach Forms W2-G)		
Alaska Permanent Fund		
Jury duty pay		
ABLE distributions		
Scholarships or grants not reported on Form W-2		
Other income: _____		

Adjustments	2024 Taxpayer	2024 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)		
Contributions made to a Health Savings Account (HSA)		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents		
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____		
Name _____		
SSN _____ Divorce or separation date _____		
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K		
Contributions made to an Individual Retirement Account (IRA)		
Contributions made to a Roth IRA		
Interest paid on a student loan		
Other adjustments: _____		

Schedule C - Profit or Loss from Business

Name: SSN: ***-**-****

General Business Information

TS Professional product or service Employer ID number

Business name

Business address, city, state, ZIP

Accounting Method: Cash Accrual Other (specify)

This business started or was acquired during 2024. This business was disposed of during 2024.

Select if this business is for: Professional gambler Newspaper delivery and you are under 18 years of age Exempt Notary income A clergy

Yes No Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business. If "Yes," did you file Forms 1099 for the individuals? Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021? If "Yes," was any portion of the loan forgiven in 2024?

Income

2024 2024 Gross receipts or sales Other income Returns & allowances

Expenses

2024 2024 Advertising Repairs & maintenance Car & truck expenses Supplies Commissions & fees Taxes & licenses Contract labor Travel Depletion Total meals Employee benefit programs Utilities Insurance (other than health) Wages Interest - mortgage Family health coverage payments for taxpayer, spouse or dependents Interest - other Other expenses (list) Legal & professional services Office expenses Pension & profit-sharing plans Rent or lease (vehicles, machinery, & equipment) Rent (other business property)

Cost of Goods Sold

2024 2024 Inventory at beginning of year Materials & supplies Purchases Other costs Cost of personal use items Inventory at end of year Cost of labor There was a change in inventory method.

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name:

SSN: ***-**-****

General Property Information

TSJ

Property description

Address, city, state, ZIP

Select the property type

☐ Single family residence

☐ Multi-family residence

☐ Vacation / short-term rental

☐ Commercial

☐ Land

☐ Royalties

☐ Self-rental

☐ Other

Number of days property was rented

Number of days property was used for personal use

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied

☐ This property was placed in service during 2024.

☐ This property was disposed of during 2024.

☐ This property is your main home or second home.

☐ This property was owned as a qualified joint venture.

Yes

No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.

If "Yes," did you file Forms 1099 for the individuals?

Income

2024

2024

Rent income

Royalties from oil, gas, mineral, copyright or patent

Expenses

Rental Unit Expenses

Rental and Homeowner Expenses

Advertising

Auto & travel

Cleaning & maintenance

Commissions

Insurance

Legal & professional fees

Management fees

Mortgage interest

Other interest

Repairs

Supplies

Taxes

Utilities

Depletion

Other expenses

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

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Name:

SSN: ***-**-****

Provide all copies of Schedule K-1 and attachments

[illegible]

Schedule F - Profit or Loss from Farming

Name: SSN: ***-**-****

General Information

TS Principal product Employer ID number

Accounting method, if not cash: ☐ Accrual

☐ This farm was disposed of during 2024.

Yes No

☐ ☐ Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

☐ ☐ If "Yes," did you file Forms 1099 for the individuals?

☐ ☐ Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?

☐ ☐ If "Yes," was any portion of the loan forgiven in 2024?

Income

2024	2024
Sale of livestock / other items	Custom hire income
Cost of items bought for resale	Beginning inventory for accrual
Sale of products you raised	Ending inventory for accrual
Total cooperative distributions (Provide 1099-PATR)	☐ You used unit-livestock-price or farm-price inventory method.
Total agricultural payments	Other income
Commodity Credit Corporation (CCC) loans:	
CCC loans reported	
CCC loans forfeited	
Crop insurance proceeds:	
Amount received in 2024	
☐ You elect to defer to 2025	
Amount deferred from 2023	

Expenses

2024	2024
Car & truck expenses	Rent - other (land, animals, etc.)
Chemicals	Repairs & maintenance
Conservation expenses	Seeds & plants purchased
Custom hire (machine work)	Storage & warehousing
Employee benefit programs	Supplies purchased
Feed purchased	Taxes
Fertilizers & lime	Utilities
Freight & trucking	Veterinary, breeding, & medicine
Gasoline, fuel, & oil	Family health coverage payments for taxpayer, spouse or dependents
Insurance (other than health)	Other expenses
Interest - mortgage (paid to banks, etc.)	
Interest - other	
Non-W-2 labor hired	
W-2 wages paid	
Pension & profit-sharing plans	
Rent - vehicles, machinery, & equipment	

Form 4835 - Farm Rental Income and Expenses

Name:

SSN: ***-**-****

General Information

TSJ Employer ID Number

Description

☐ This farm was disposed of during 2024

Income

	2024		2024
Income from production of livestock, produce, grains, & other crops		Crop insurance proceeds:	
Total cooperative distributions		Amount received in 2024	
Total agricultural payments		☐ You elect to defer to 2025	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2023	
CCC loans reported		Other income	
CCC loans forfeited			

Expenses

	2024		2024
Car & truck expenses		Seeds & plants purchased	
Chemicals		Storage & warehousing	
Conservation expenses		Supplies purchased	
Custom hire (machine work)		Taxes	
Employee benefit programs		Utilities	
Feed purchased		Veterinary, breeding, & medicine	
Fertilizers & lime		Other expenses (list)	
Freight & trucking			
Gasoline, fuel, & oil			
Insurance (other than health)			
Interest - mortgage (paid to banks, etc.)			
Interest - other			
Labor hired (less jobs credit)			
Pension & profit-sharing plans			
Rent - vehicles, machinery & equipment			
Rent - other (land, animals, etc.)			
Repairs & maintenance			

Expenses Related to Business

Name:

SSN: ***-**-****

Auto Expense

Name of business vehicle is used for

Description of vehicle

Date vehicle was placed in service

Yes

No

Was this vehicle available for use during off-duty hours?

Was another vehicle available for personal use?

Yes

No

Do you have evidence to support your deduction?

If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2024

Business

Other

Commuting

Expenses

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Rental fees

Interest

Property tax

Repairs

Tires

Tolls

Lease addback

Other expenses

Business Use of Home

Name of business home is used for

What is the total square footage of your home that was used regularly and exclusively for business?

What is the total square footage of your home?

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used?

How many hours per day was the area used?

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest

Real estate taxes

Excess mortgage interest

Excess real estate taxes

Insurance

Rent

Repairs & maintenance

Utilities

Other expenses

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

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Household Employment

Name:

SSN: ***_*_*_****

T SJ _____ Employer Identification Number _____

YesNo

☐☐

Did you pay any one household employee cash wages of \$2,700 or more in 2024?

☐☐

Did you withhold federal income tax during 2024 for any household employee?

☐☐

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?

☐☐

Did you pay unemployment contributions to only one state?

☐☐

Did you pay all state unemployment contributions for 2024 by April 15, 2025?

☐☐

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2024

Total cash wages subject to Social Security tax

Total cash wages subject to Medicare tax.

Total cash wages subject to Additional Medicare tax withholding

Federal income tax withheld

Qualified sick leave wages

Qualified family leave wages

Qualified health plan expenses

T SJ _____ Employer Identification Number _____

YesNo

☐☐

Did you pay any one household employee cash wages of \$2,600 or more in 2024?

☐☐

Did you withhold federal income tax during 2024 for any household employee?

☐☐

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?

☐☐

Did you pay unemployment contributions to only one state?

☐☐

Did you pay all state unemployment contributions for 2024 by April 15, 2025?

☐☐

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2024

Total cash wages subject to Social Security tax

Total cash wages subject to Medicare tax.

Total cash wages subject to Additional Medicare tax withholding

Federal income tax withheld

Qualified sick leave wages

Qualified family leave wages

Qualified health plan expenses

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Schedule A - Itemized Deductions

Name:

SSN: ***-**-****

Medical and Dental Expenses Health insurance premiums (paid by you, not through work) Amount above that is for Medicare premiums Long-term care premiums (you) Long-term care premiums (your spouse) Long-term care premiums (dependents) Mileage driven for medical purposes Out of pocket medical & dental expenses Doctor, dental, etc Prescription medicines Glasses & contacts Hearing aids Medical equipment & supplies Hospital services Laboratory services Nursing services Other _____ Other _____	Charitable Contributions Donations to charity CashNoncashAmount Church☐☐ Boy or Girl Scouts☐☐ Goodwill☐☐ Red Cross☐☐ Salvation Army☐☐ United Way☐☐ Veterans☐☐ Hospital☐☐ University☐☐ Other _____☐☐ Miles driven for charitable purposes
Taxes Paid State and local income taxes General sales tax (vehicle, boat, home, etc.) Real estate taxes Personal property taxes Auto registration taxes not deductible for state Other taxes (list) _____ _____ _____	Other Miscellaneous Deductions Amortizable bond premiums Federal estate tax Gambling losses Impairment-related work expenses Claim repayments Unrecovered pension investments Loss from other activities from Schedule K-1 Ordinary loss debt instrument Excess deduction on termination
Interest Paid Home mortgage interest paid (attach Form 1098) ☐ Some of your home mortgage loan was not used to buy, build, or improve your home. Home mortgage interest paid to an individual Paid to: Name _____ Address _____ City, State, ZIP _____ SSN or EIN _____ Points not reported on Form 1098 Investment interest	Job Expenses & Certain Miscellaneous Deductions Necessary job expenses you paid that were not reimbursed by your employer Safety equipment, tools, & supplies Uniforms Protective clothing (shoes, hardhats, glasses, etc.) Dues to professional organizations Books & subscriptions Other _____ Union dues Tax preparation fees Other nonpersonal expenses related to taxable income Safe deposit box fees Investment expenses not entered elsewhere Other _____ Home equity interest

Other Information

Name:

SSN: ***_*_*_****

Mortgage Interest

Provide all copies of Form 1098

TSJ	Lender's Name	Mortgage Interest Received	Mortgage Insurance Premiums	Real Estate Taxes Paid

Employee Business Expenses

TS _____

Select if you are:

Select if you:

☐ A qualified performing artist

☐ A fee-based state or local government official

☐ A disabled employee with impairment-related work expenses

☐ An Armed Forces reservist

☐ You are a member of the clergy

☐ Used your personal vehicle for your job during 2024

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation		
Meals		
Overnight business travel expenses (Do not include meals & entertainment)		
Other business expenses		

Casualties and Thefts

TSJ _____ FEMA code _____

TSJ _____ FEMA code _____

Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Fair market value before incident _____	Fair market value before incident _____
Fair market value after incident _____	Fair market value after incident _____
Insurance reimbursement _____	Insurance reimbursement _____

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Other Information

Name:

SSN: ***_*_*_****

Health Savings Account

TS _____

The taxpayer's coverage is under a high-deductible health plan for:

☐ Taxpayer only

☐ Family

2024

HSA contributions made for 2024

Total distributions from all HSAs during 2024

Distributions included above that were rolled over into another account

Qualified medical expenses paid using HSA distributions

Education Expenses

Provide all copies of Form 1098-T

Student name _____

Student name _____

Type of Expense	Amount	Type of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____

Student name _____

Type of Expense	Amount	Type of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job-related Moving Expenses

TSJ _____

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2024

Number of miles from old home to old workplace

Number of miles from old home to new workplace

Expenses to transport and store household goods and personal effects

Travel and lodging expenses while traveling to your new home

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