Tax Time LLC - Roger Nickell CPA 2024 Individual Taxpayer Organizer

* IMPORTANT * Electronic REQUIRES Download and Save As to Save Entered Data

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Existing Clients (Prepared Prior Year Return)

• Confirm items have NOT Changed

• Complete Pages 2 and 3

Confirm/Check No Changes to list below:

Address Marital Status Phone E-Mail

Dependents Bank Account

New Clients

• Complete All Information below & Page 2 & 3

Copy of Prior Year Tax Return

• Copy of Drivers License

Please note that any information *not complete or provided* could **delay** the processing of your Income Tax Return.

Providing and Sharing Information

Electronic Client Folder on Secure Client Portal to share and review documents electronically and provide Tax Returns and Information. (Required for Electronic Copies & Documents)

Accept use of Electronic Folder **Initials**

Income Tax Return Copy Preference

Electronic Copy Paper Copy

Taxpayer						SSN-Tax II)				
First Name	M.I.	Last	Name	Ema	ail	-		IP PIN			
Occupation		Date o	of birth			Are you n	ew to o	ır firm?	Yes	No	
Address		City				State		Zip			
County		Prima	Primary phone				Secondary phone				
Driver's License No.				Stat	te Issue	Date	Εs	cp. Date			
Spouse SSN-Tax I						SSN-Tax ID					
First Name	M.I.	Last	Name	Ema	ail			IP PIN			
Occupation		Date o	of birth			Are you n	Are you new to our firm? Yes No				
Address (If different from Taxpayer)		City	City					Zip			
County		Prima	Primary phone				Secondary phone				
Driver's License No.				Stat	te Issue	Date	Es	cp. Date			
If you moved during 2024 enter your previous address. Date of move											
Marital status at 12/31/24: Single Married Separated Widow(er) Registered Domestic Partnership (RDP) Unsure Were you divorced or separated during the year? Yes No Were there any deaths in the family? Yes No Individuals who are in registered domestic partnerships (RDPs) and civil unions are not considered married for federal tax purposes. Have you received any notice from the IRS or state revenue department within the past year? Yes No											
Names of dependent children Child's full name SSN-Ta			1				elationship taxpayer		College udent?		
Did any of the children have unearned income above \$1,300 in the year? Yes No Do any of the children have a disability? Yes No Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for tax year 2024? Yes No											
Other dependents or people who lived with you											
Name SSN-Tax) # * IP PIN		1		Months lived in home in 2024	1	tionship	In	Income	
Bank information: Use for											
Checking Savings Routing transit number Account numb											

^{*}A Tax ID # is either a Social Security Number (SSN), adoption taxpayer identification number (ATIN), or an individual taxpayer identification number (ITIN).

Q	uesti	ons	— All Taxpay	yers (Provid	le related amou	nts, statements or oth	er documen	tation as	needed)			
"You" refers to both taxpayer and spouse												
Yes No Are either you or your spouse legally blind? You Spouse												
	Yes	No	Did you pay or receive Paid Rec	ve alimony in 2024? eceived \$	Recipies	nt's SSN	Date of divo	orce or separa	ition			
	Yes	No	Did you have health in	surance? Employer_	Medicare/caid _	Healthcare.gov(Public Ех	change)(P	rovide 1095 <i>A</i>	A) Other			
ES	Yes	No	Will there be any significant changes in income or deductions next year, such as retirement?									
TAX	Yes	No	Did you pay anyone f	for domestic service	es (e.g., nanny, hous	ekeeper, cook, caretaker) in	your home? _					
Yes No Did you pay anyone for domestic services (e.g., nanny, housekeeper, cook, caretaker) in your house a new energy-efficient car, truck, or van? Provide Purchase Amount and Again Yes No Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit								nt, Make, M	odel, Year			
								s) cancelled	?			
=	Yes	No	Are you a member of	the military?		State of residency						
	Yes	No										
Yes No Did you receive a 1099-K? Sale Personal Items (i.e. Ebay) Business Did you receive gambling income,								come, W2G	? \$			
	Yes	No				financial account? Maxim						
	Yes	No	Would you like to allo									
	Yes	No	Were any children bor	rn or adopted in 202	4? (Provide stateme	nt for other expenses.)						
	Yes	No	Were any children atte	ending college? (<i>Pro</i>	vide Form 1098-T.a	nd 1098-E)						
			Year in college	Paid by you: Tuition	on \$	Student loan interest \$		Books \$				
2				Paid by student: 7	Tuition \$	Student loan interest \$		Books \$				
SATIC	Yes	No	Did you pay any tuiti	ion for a private sch	ool for a depender	nt or take classes yourself	?					
EDU			Student				Amount pa	id \$				
EN &			Name and address of sci	Name and address of school								
CHILDREN & EDUCATION	Yes	No	Did you pay for child	l or dependent care	so you could worl	k or go to school? (add stat	ement if neede	d)				
Name of provider						EIN or SSN						
Address Amount paid 5						id \$						
	Yes	No	Do you have any chil	ldren who have une	earned income of \$	61,300 or more? Provide in	vestment state	ements				
	Yes	No	Do you have any children who have <u>unearned</u> income of \$1,300 or more? Provide investment statements Did you make any contributions to a 529 plan in 2024? MUST Provide Statement and/or Amount \$									
	Yes	No	Did you, or will you, contribute any money to an IRA for 2024? Amount \$ Traditional IRA Roth IRA									
	Yes	No	Did you roll over any	amounts from a re-	tirement account i	n 2024? Direct Rollover	1099-R					
7.5	Yes	No	Did you sell or transfe	er any stock or sell i	rental or investme	nt property? Provide Inve	stment Statem	ents-Docun	nentation			
ESTMENTS	Yes	No	Did you sell or transfer any stock or sell rental or investment property? Provide Investment Statements-Documentation Did you receive any income from an installment sale?									
VEST	Yes	No	Did you have any investments become worthless or were you a victim of investment theft in 2024?									
INN	Yes	No	Were you granted, or did you exercise, any employee stock options during 2024?									
	Yes											
S	Yes	No	Did you have an HSA?	EmployerPay Dec	d; DirectContr\$_	Distr \$U	sed for Health	care Pro	vide1099-SA			
DEDUCTIONS	Yes	No	Did you pay any interest on a loan for a boat or RV that has living quarters? If yes, provide details.									
EDUC	Yes	No	Did you pay sales tax	es on a major purch	nase in 2024? (i.e. ve	ehicle, boat, etc) Provide D	etail and/or A	mount \$				
O	Yes	No	Did you make any ch	aritable contribution	ns in 2024? Provid	e details and/or Amount \$		-				
SS	Yes	No	Did you work from a	home office or use	your car for your c	own business ? If Yes, Provi	ide Square Foo	tage and /or	Mileage			
BUSINESS	Yes	No	Did you receive incor	me from a sharing/{	gig economy activ	ity (e.g. Airbnb, Uber, etc.)?					
BU	Yes	No	Do you own a busine	ess or an interest in a	partnership, corp	oration, LLC, farming act	ivities, or oth	er venture?				
	Yes	No	Did you purchase or s	sell a main home du	ring the year? If ye	es, provide closing stateme	ent.					
	Yes	No	If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.									
Yes No Did you refinance a mortgage or take a home equity loan? If yes, provide												
Ξ	Yes	No				er than to buy, build, or su		nprove you	home?			
	Yes	No				our home? If yes, provide						
State information Full-year resident Part-year resident Nonresident School district												
States of residence during 2024 and dates Do you rent or own your home? Rent Own												
			9-2 441			Total rent paid \$		ides heat?	Yes No			

Estimated Tax Payments — Tax Year 2024						
Installment	Date paid	Federal	Date paid	State		
First		\$		\$		
Second		\$		\$		
Third		\$		\$		
Fourth		\$		\$		
Amount applied from 2023 overpayment?		\$		\$		
Total		\$		\$		

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought, sold, or refinanced real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2024.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the
 future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer	Spouse	Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.