

# WALKER & ASSOCIATES CPA'S LLC TAX ORGANIZER 2024

**Taxpayer:** \_\_\_\_\_  
Full Legal Name
DOB
Social Security #

**Spouse:** \_\_\_\_\_  
Full Legal Name
DOB
Social Security #

**Contact Information**

<b>Preferred Email Address</b>	
<b>Preferred Phone Number</b>	

**What is your current address?**

Street	City	State	Zip

- Did you live in the above address all of 2024?

**yes**       **no**

- If no, please list additional address(es) below

Street	City	State	Zip	Date moved

**Did you experience any significant life changes during 2024? If yes, please explain in detail below**  
*Examples: married, divorced, retired, moved, changed jobs, had children, children graduated college, etc.*

**Did you experience any significant transaction during 2024? If yes, please explain in detail below.**  
*Examples: new investments, bought/sold a house or other property, received inheritance, casualty, started a new business, closed a business, etc.*

**If your 2024 tax return results in an overpayment of tax, how would you like the overpayment handled?**  
**(Select one)**

- Apply overpayment to my 2025 taxes**
- Refunded to me via check** *\*Note this will take 2x as long to receive vs direct deposit*
- Deposited Directly into my bank account**

- **If you selected direct deposit, please provide your bank information**

Account Type	Your Bank Account Number	Your Routing Number
<input type="checkbox"/> <b>Checking account</b>		
<input type="checkbox"/> <b>Savings account</b>		

**MISCELLANEOUS INFORMATION**

**Digital Assets:**

At any times during 2024, did you (a) receive as a reward, award, or payment for property or services; or (b) sell, exchange, gift, or otherwise dispose of a digital asset?

- yes                       no

**Health Insurance Coverage:**

1. How did you receive healthcare coverage in 2024? (select one)

- directly from employer
- A government Marketplace: Form 1095-A (you are required to turn in this form)
- Employer plan, private policy, or a government plan: Form 1095-B, 1095-C or other proof of insurance
- No health insurance

2. Do you have an HSA (health savings account), Archer MSA (Archer medical savings account), or MA MSA (medicare advantage medical savings account) that you utilized to pay any out of pocket medical expenses in 2024?

- yes                       no

- If yes, you are **required to turn in form 1099-SA which details the amounts withdrawn from account for qualified medical expenses** with your tax documents. Check your provider's website for the applicable form which will list the amount you spent during 2024.

**Dependents:**

Please list all information for EACH dependent you had in 2024:

Full Legal Name	Date of Birth	Social Security #	Relationship to you	# of Months lived at home

**Did you make any estimated Tax Payments for tax year 2024?**

**Federal:**       **yes**                       **no**

**State:**         **yes**                       **no**

- If yes, please detail below

**Federal Estimated Tax Payments:**

<b>Date of Payment</b>	<b>Amount of Payment</b>

**State Estimated Tax Payments:**

<b>Date of Payment</b>	<b>Amount of Payment</b>	<b>State</b>

- Did you make other payments or have any other credits for your 2024 tax liability? If yes, please explain in detail below:

**yes**                       **no**

**Did we prepare your 2023 tax return?**

**yes**                       **no**

- *If no, please provide a copy of 2023 return(s)*

## INCOME

1. **Wages & Salaries: Did you or your spouse receive a form W2 in 2024?**

yes                       no

- If yes, provide W2(s)

2. **Did you receive 1099's for any of the following income items in 2024? Select an answer for each item.**

Type of 1099 Income	Yes	No
Interest (1099-INT)		
Dividend (1099-DIV)		
Dist. from Pension, IRA, &/or annuities (1099-R)		
Rollover of retirement account (1099-R)		
Royalties (1099-MISC)		
Working Interest (Oil & Gas) (1099-NEC)		
Unemployment Compensation (1099-G)		
Contract Labor jobs (1099-NEC or 1099-MISC)		
Social Security Benefits (1099-SA)		
State or Local Tax Refund (1099-G)		

- If you answered yes to any of the following, provide each 1099 as applicable.

3. **Capital Gains & Losses: Did you have any capital gains &/or losses in 2024?**

yes                       no

- If yes, provide documentation reflecting all transactions (could be from a brokerage account 1099 or could be from sale of house 1099-S etc.)
- If there is no documentation available provide the following for each sale:
  - Name of investment
  - Date acquired
  - Cost or other basis
  - Date sold
  - Proceeds from the sale (i.e. sales price)
  - Selling Expenses (ex: if you sold your home provide the expenses related to the sale)

**4. Rents: Did you have any rental properties in 2024?**

yes                       no

- If yes, did you manage the properties yourself or have a management company

I managed it myself                       I had a management company manage them

- If yes, provide schedule (see pgs 13-14 for worksheet) showing all income and expenses for each rental property

**5. Partnerships, S Corps, Estates, and Trusts: Did you receive any K-1's in 2024?**

Type of Company	Yes	No	# of K-1's received
Partnership			
S Corporation			
Estate			
Trust			

- If you answered yes to any of the above, provide K-1(s)

**6. Did you have other business income in 2024 to report on Schedule C?**

yes                       no

- If yes, provide schedule (see pgs 15-17 for worksheet) of income and expenses for each business reported on schedule C

**7. Did you have any gambling winnings or losses in 2024? If yes, please provide Form W2-G. If you did not receive Form W2-G, please list the place, date, and amount of winnings/losses.**

yes                       no

- If yes, provide form W2-G and please list below your gambling losses for 2024.

Gambling Losses (details to list: date of loss, amount of loss, and location of loss)

8. Did you receive any income/expense from a Farm in 2024? (reported on Sch F)

yes                       no

- If yes, please provide applicable tax form(s) & details listing income & expenses

9. Did you have any other sources of income in 2024 that have not already been listed above?

yes                       no

- If yes, please describe each additional item:

Description	Amount

**CREDITS**

1. Did you pay for child &/or dependent care out of pocket in 2024?

yes                       no

- If yes, please continue to parts 1a & 1b

1a.

Number of qualifying individuals:	Name of each applicable child/dependent

1b. Details for each child/dependent care amount paid for each child/dependent:

Name of child/dependent care location	Address	EIN/identification number	Amount paid	Name of applicable child/dependent

2. Did you incur expenses in connection with adoption? If yes, please provide separate detailed info.

yes                       no

3. Did you pay tuition & fees for higher education?

yes                       no

- If yes, provide 1098-T(s)



## ITEMIZED DEDUCTIONS

### Medical & Dental

Medical & Dental out of pocket expenses Paid	\$ Amount
1. Out of pocket costs for prescriptions, insulin, etc.	
2. Out of pocket costs for doctors' visits, dentists, dental work etc.	
3. Out of pocket medical and dental insurance premiums	
4. Long-term care policy payments	
5. Transportation (mileage) and lodging incurred to obtain medical care	
6. Other: hearing aids, eyeglasses, medical devices etc. please list individually with associated costs for each item.	

### Taxes Paid

Taxes paid in 2024	\$ Amount
1. State & local income taxes not listed elsewhere	
2. Real estate taxes for primary residence not listed elsewhere	
3. Personal property taxes (includes tax on auto registration)	

\*provide documentation showing payment (ex: property tax bill, registration payment etc.)

**Interest Paid**

Interest Paid in 2024	\$ Amount
1. Home Mortgage Interest (Provide Form 1098)	
2. Student Loan Interest (Provide Form 1098-E)	
3. Other (provide schedule & documentation reflecting payments made)	

**Charitable Contributions**

Type of Charitable Contribution	\$ Amount
Total Cash Contributions in 2024	
Non-Cash Contributions	Provide separate schedule with details of donation(s)
Charitable Miles driven in 2024	
Other (provide detail and applicable document(s))	

**Adjustments to Income**

Type of Adjustment	Maximize?	\$ Amount
1. Your IRA Deduction	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Spouse's IRA Deduction	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Your SEP Contribution	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Spouse SEP Contribution	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Self- Employed health insurance premiums		
6. Contribution to HSA (other than through W2) (list for each person who made contribution)		

**Rental & Royalty Income & Expense Worksheet**  
**(fill out worksheet for each property)**

Property Type:         Residential     Commercial

<b>Address of Property:</b>	
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**If the property also serves as your vacation home:**

<b>Number of days rented</b>	
<b>Number of days used personally</b>	

Percentage of ownership if not 100% :        \_\_\_\_\_ %

-    *(Please indicate if income and expenses below are listed at 100% or your ownership percentage)*

**Did you live in part of the rental property?**

yes         no

-    *If yes, what percentage did you occupy?*        \_\_\_\_\_ %

**Rental & Royalty Income**

Income Item(s)	\$ Amount
1.    Rental Income	
2.    Royalties Received	

### Rental & Royalty Expenses

Expenses	\$ Amount	Expenses Cont.	\$ Amount
1. Advertising		14. Supplies	
2. Association Dues		13. Property Taxes Paid	
3. Travel		11. Utilities	
4. Cleaning/Maintenance		Other (provide description)	
5. Commissions		12.	
6. Insurance		13.	
7. Legal / Professional		14.	
8. Tax Prep Fees		15.	
9. Licenses & Permits		16.	
10. Management Fees		17.	
11. Mortgage Interest (Form 1098)		18.	
12. Other Interest		19.	
13. Repairs		20.	

## Business Income & Expenses Worksheet

*Fill out worksheet for each business*

Income	\$ Amount		
<b>1. Business Income</b>			
<b>Cost of Goods Sold</b> <i>List detail for each item (ex: contract labor, inventory purchased, etc.)</i>	<b>\$ Amount</b>	<b>Cost of Goods Sold Cont.</b> <i>List detail for each item (ex: contract labor, inventory purchased, etc.)</i>	<b>\$ Amount</b>
<b>Expenses</b>	<b>\$ Amount</b>		<b>\$ Amount</b>
<b>1. Accounting</b>		<b>14. Repairs &amp; Maintenance</b>	
<b>2. Advertising</b>		<b>15. Salaries &amp; Wages</b>	
<b>3. Bank Fees</b>		<b>16. Taxes (Payroll Tax)</b>	
<b>4. Commission &amp; Fees</b>		<b>17. Taxes (State and local tax)</b>	
<b>5. Continuing Education</b>		<b>18. Taxes (other; please describe)</b>	
<b>6. Dues &amp; Subscriptions</b>		<b>19. Travel</b>	
<b>7. Insurance (other than health)</b>		<b>20. Uniforms</b>	
<b>8. Legal and Professional Fees</b>		<b>21. Utilities</b>	
<b>9. Licenses &amp; Permits</b>		<b>Other Expenses (describe)</b>	
<b>10. Meals</b>		<b>22.</b>	
<b>11. Office Supplies</b>		<b>23.</b>	
<b>12. Rent (vehicles, machinery, equipment)</b>		<b>24.</b>	
<b>13. Rent (other; please describe)</b>		<b>25.</b>	

Did you sell or purchase any fixed assets in 2024 used in the above trade or business?

yes       no

- If yes, select applicable box(es)

sold fixed asset(s)       purchased fixed asset(s)

**Assets used in trade or business SOLD in 2024**

<b>For each asset sold list: <i>the asset, the date of sale, &amp; sales price</i></b>	<b>For the applicable asset(s) sold, list: <i>the original purchase date and original purchase price</i></b>

**Assets used in trade or business PURCHASED in 2024**

<b>For each asset purchased list: <i>the asset, the date of purchase, &amp; purchase price</i></b>

Did you have a vehicle used for the trade or business:

yes       no

If yes, fill out below information for each vehicle used in trade or business

<b>% driven for Business vs. personal use</b>	<b>Total miles driven in 2024</b>	<b>Business miles driven in 2024</b>

**Business Use of Home**

*Do not fill this out if you are paid via W2*

<b>Total sq ft of your home</b>	
<b>Sq ft of office space</b>	

**Direct costs associated with your business use of home (provide TOTAL amount paid for 2024)**

<b>Type of Direct Cost</b>	<b>\$ Amount</b>
<b>Home Insurance</b>	
<b>Repairs and Maintenance</b>	
<b>Utilities</b>	
<b>Rent paid or Mortgage Interest Paid</b>	
<b>Property Taxes Paid</b>	
<b>HOA Dues</b>	
<b>Other (please describe)</b>	

**Additional Information:**

**If necessary, please use the below space to elaborate on any of the above tax data & include facts & circumstances we should be aware of to properly prepare your tax return. Also, please include any questions you have for us/specifics you are wanting more information on.**