

Taxpayer Information				Spouse Information			
Last name				Last name.....			
First name				First name			
Middle Initial.....		Suffix.....		Middle Initial.....		Suffix	
Social security number				Social security number			
Occupation				Occupation.....			
Work phone		Ext ...		Work phone.....		Ext ...	
Cell phone				Cell phone			
E-mail address.....				E-mail address.....			
Date of birth.....				Date of birth			
Address						Apartment number.....	
City				State.....		ZIP Code.....	
Home phone.....		Fax number					

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

Education Tuition and Fees
 Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid
 Enter total 2024 qualified student loan interest.....

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name	2023 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	2023 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 Form(s) 1099-MISC – Miscellaneous Income, 1099-NEC, and 1099-K

1099-MISC, 1099-NEC, and 1099-K Payer Name

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name	2023 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	2023 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.

Other Government Forms to attach:

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions

	Taxpayer	Spouse
Traditional IRA contributions made for 2024	_____	_____
Roth IRA contributions made for 2024	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

2024 Deductions

Medical and Dental Expenses	2024 Amount	2023 Amount
Prescription medications.....	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____
Taxes	2024 Amount	2023 Amount
Real estate taxes paid on principal residence	_____	_____
Real estate taxes paid on additional homes or land	_____	_____
Auto license registration fees based on the value of the vehicle	_____	_____
Other personal property taxes	_____	_____
Interest Expenses		
Home mortgage interest paid – Attach Form(s) 1098.		
Lender's Name	2024 Amount	2023 Amount
_____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name	2024 Amount	
_____	_____	
Cash/Check/Credit Contributions	2024 Amount	2023 Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
Noncash Charitable Contributions		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
Miscellaneous Deductions	2024 Amount	2023 Amount
Union and professional dues	_____	_____
Professional subscriptions, books, supplies	_____	_____
Uniforms and protective clothing (including cleaning)	_____	_____
Job search costs	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees	_____	_____
Safe deposit box rental	_____	_____
Gambling losses (to the extent of gambling income)	_____	_____
Other expenses (list): _____	_____	_____

	Yes	No
1 Did a lender cancel any of your debt in 2024? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024? If yes , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach documentation showing sales tax paid.		
4 Did you purchase a hybrid or electric vehicle in 2024? If yes , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2024? If yes , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2024 ? % State ID		
7 Did your marital status change during 2024?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain: _____		
8 Were you or your spouse permanently and totally disabled in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
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? ...	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2024?	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2024?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive any disability payments in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2024 ? If yes , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....		
17 Did you incur any casualty or theft losses during 2024?	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you pay any individual for domestic services in 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you take a retirement account distribution related to a natural disaster?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you buy or sell any stocks or bonds in 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you incur any moving expenses? If yes , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
24 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach information.		
25 Do you expect your income and deductions in 2025 to be the same as 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
If no , attach explanation of changes expected.		
26 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>
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)?.....	<input type="checkbox"/>	<input type="checkbox"/>
28 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
29 Enter your state of residence.....	Taxpayer	Spouse
30 a Do you want to change the language with which the IRS communicates with you?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, which language?.....		

Electronic Filing and Direct Deposit of Refund Yes No

If your tax return is eligible for Electronic Filing, would you like to file electronically?.....

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.
If you receive a refund, would you like direct deposit?

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.
What type of account is this?..... Checking Savings

Estimated Tax Paid		State			Local		
Federal		Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage																		
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:																		
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:													
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

ORG3A

Business Income and Expenses

ORG19

GENERAL INFORMATION

Is this activity a qualified trade or business under Section 199A? Yes No

1 Check ownership Taxpayer Spouse Joint

2 Business name _____

3 a Business street address _____

b 1 City, State and Zip Code, or _____

2 Foreign country..... (not applicable)

4 Principal business/profession _____

5 Employer ID number _____

6 Business code (Preparer Use Only) _____

7 Was this business fully disposed of in a fully taxable transaction during 2024? Yes No

8 Accounting method:
 Cash Accrual Other (specify) _____

9 Method used to value closing inventory:
 Cost Lower of cost or market Other (explain) _____

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) Yes No

11 Did you materially participate in the operation of this business during 2024? Yes No

12 Did you start or acquire this business during 2024? Yes No

13 a Did you make any payments in 2024 that require you to file Forms 1099? Yes No

b If yes, did you or will you file all the required Forms 1099? Yes No

14 At-risk determination:

a Is all of the investment in this activity at risk? Yes No

b Is some of the investment in this activity not at risk? Yes No

15 Did you have unallowed passive losses in 2023? Yes No

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No Yes

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

d Was this business located in a Qualified Disaster Area? Yes No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2024	2023
17 Gross receipts or sales.....		
18 Returns and allowances plus other adjustments.....		
19 Other income (include federal/state gas tax credit/refund).....		

COST OF GOODS SOLD – IF APPLICABLE	2024	2023
20 Inventory at beginning of year.....		
21 Purchases.....		
22 Items withdrawn for personal use.....		
23 Cost of labor (do not include your salary).....		
24 Materials and supplies.....		
25 Other costs.....		
26 Inventory at end of year.....		

Business Income and Expenses (continued)

ORG19

EXPENSES	2024	2023
Business name _____		
27 Advertising		
28 Car and truck expenses (complete ORG18).....		
29 Commissions and fees		
30 Contract labor		
31 Depletion		
32 Depreciation and Section 179 deduction (Preparer Use Only).....		
33 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
34 Insurance (other than health)		
35 Self-employed health insurance attributable to this business		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098.....		
b Other		
37 Legal and professional services		
38 Office expenses		
39 Pension and profit-sharing plans		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property.....		
41 Repairs and maintenance		
42 Supplies (not included in cost of goods sold)		
43 Taxes and licenses not reported to you on Form 1098		
44 Travel and meals		
a Travel.....		
b Meals subject to 50% limit.....		
c Meals subject to 80% limit.....		
d Meals not subject to limit		
45 Utilities		
46 Gross wages		
47 Other expenses:		

48 Expenses for business use of your home (Preparer Use Only).....		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs		
50 DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018.....		
51 DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017		

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property description: 1
 Property type: * _____ If type is other, enter a description: _____
 Location (street address): _____
 City: _____ State: _____ Zip: _____
 If a foreign address: Foreign province or state: _____
 Foreign postal code: _____ Foreign Country: (not applicable)

Is this activity a qualified trade or business under Section 199A? Yes No

1 Check property owner **Taxpayer** **Spouse** **Joint** **Yes** **No**

2 a Did you make any payments that would require you to file Form(s) 1099? **Yes** **No**

b If **yes**, did you or will you file all required Forms(s) 1099? **Yes** **No**

3 a Enter the ownership percentage (if not 100%) _____

b If not 100%, are you reporting 100% of the income and expenses? **Yes** **No**

4 Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) **Yes** **No**

5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? **Yes** **No**

6 For all rental properties, **enter the number of days** during 2024 that:

a The property was rented at fair rental value _____

b The property was used personally or rented at less than fair rental value _____

c You owned the property, if not the entire year _____

7 a Does this rental have multiple living units and you live in one of the units? **Yes** **No**

b If **yes**, enter percentage of rental use _____

8 Did you actively participate in this property's management during 2024 ? **Yes** **No**

9 Did you materially participate in this property's management during 2024 ? **Yes** **No**

10 Do you want to treat this property as non-passive? **Yes** **No**

11 Did this property have unallowed passive losses in 2023 ? **Yes** **No**

12 Did you dispose of this property in a fully taxable transaction? **Yes** **No**

13 Check this box if some of this investment was **not** at-risk **Yes** **No**

14 a Treat all MACRS assets for this activity as qualified Indian reservation property? **Yes** **No**

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** **Extension** **No**

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? **Yes** **No**

d Was this activity located in a Qualified Disaster Area? **Yes** **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2024	2023
15 Rents or royalties received		

- * Property Types:**
- | | |
|--|--|
| <p>1 Single family residence</p> <p>2 Multi-family residence</p> <p>3 Vacation/short-term rental</p> <p>4 Commercial</p> | <p>5 Land</p> <p>6 Royalties</p> <p>7 Self-rental</p> <p>8 Other</p> |
|--|--|

Rent and Royalty Income and Expenses (continued)

ORG25

EXPENSES	2024	2023
Property location		
16 Advertising		
17a Automobile (complete ORG18 for autos).....		
b Travel.....		
18 Cleaning and maintenance		
19 Commissions.....		
20a Mortgage insurance premiums – qualified		
b Other insurance		
21 Legal and professional fees		
22 Management fees		
23a Mortgage interest paid to banks – qualified.....		
b Mortgage interest paid to banks – other		
24 Other interest		
25 Repairs.....		
26 Supplies.....		
27a Real estate taxes.....		
b Other taxes		
28 Utilities		
29 Other expenses:		
a		
b		
c		
d		
e		
30a Depreciation and Section 179 deduction (Preparer Use Only)		
b Depletion (Preparer Use Only)		