

Accounting Consultants, Inc.

6921 Office Park Circle
Knoxville, TN 37909

Phone (865) 588-5288
Fax (865) 584-9367

Website: www.accountingconsultantsinc.net

Income Tax Organizer for 2024 - Page 1

Taxpayer Full name/(s)	Primary Phone	E-Mail Address
Spouse		

No Address Change Address

No Change in Dependents City/State/ Zip

Taxpayer Social Security Number	Date of Birth	Occupation	Pres. Campaign?
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Yes or No
Spouse			Yes or No

Filing status: (Circle one) Single Married filing jointly Married filing separately Head of household

Dependents:	Full name	Social Security No.	Relationship	Date of Birth	Months Lived at Home	Child have Income?	Full-Time Student?
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N

*Please make sure your dependent does not claim him or herself on their own tax return. If they claim themselves, your Federal Return will be rejected by the IRS.

Please provide your Current Driver's License Information. If you have a state-issued ID, please provide a copy. This is for e-filing security.

	Driver's License #	State	Issue Date	Expiration Date
Taxpayer	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Spouse	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Please answer the following required questions:

1. Once your Tax Return is completed, how would you like us to contact you? Please circle.

Email Primary Phone

2. Once your Tax Return is completed how would you like to receive your copy? Please circle.

Paper Copy Only Electronic Copy Only Both

(Will be uploaded to our Secure Portal)

3. Refund preference: Check by Mail

Apply to 2025

Direct Deposit

4. Preference if you owe tax: Self Pay: Write a Check

Self Pay: Pay Online Using Ach Withdrawal or Credit Card

at irs.gov/payments

Use Electronic Withdrawal thru our e-filing software

5. Banking Information: Please complete or attach a voided check. *Please complete even if we have your banking information on file from last year, in case your banking information has changed.*

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

6. If you were a victim of identity theft with the IRS, you should have received an Identity Protection PIN. Please write down your PIN # below or provide the IRS Letter with the PIN # that you received for the 2024 tax year.

Taxpayer Spouse Dependent

7. Do you want us to prepare any state returns? If yes, please list:

Did you live in Tennessee the entire year? yes or no If no, what other state did you live in and from what dates:

State: From: To:

8. Do you want us to prepare any of your children's federal/state tax returns? Please circle YES or NO
If yes, list name's of children

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Questions

*This is a list of important questions that aids us in preparing your tax return. Please attach any documentation for all "yes" answers.
Please answer all questions.*

Tax Credits

Did you purchase a new vehicle in 2024 that qualifies for the Electric Vehicle Credit? If yes, please provide us with the dealer invoice showing the year, make, model, VIN#, and the date the vehicle was placed into service. Please note: If you transferred the credit to the dealer as a decrease in the sales price, then you will not be eligible for it on your tax return. This credit is based on your Modified Adjusted Gross Income and will be denied if your Modified Adjusted Gross Income exceeds certain amounts depending on your filing status.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you purchase an electric vehicle prior to 2024? If yes, there is a \$4,000 or less (30% of the sales price) tax credit available. There are conditions and income limits to claiming this credit. Please provide the sales invoice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you improve your home with energy efficient home improvements such as exterior doors, windows, skylights, or insulation that qualifies for the energy credit? If yes, please provide the invoice and certification form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you pay childcare expenses for your dependents in 2024? If yes, please provide us with the daycare statement for each child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Retirement Distributions and Contributions

Distributions:		
Did you make a withdrawal from a Traditional IRA, Roth IRA, Non-Deductible IRA, or any other Retirement Plan in 2024? If yes, please make sure we have your Form 1099-R's and Form 5498's.	Taxpayer <input type="checkbox"/> Yes	<input type="checkbox"/> No
	Spouse <input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list your reason for withdrawal here: _____		

Did you make a Qualified Charitable Distribution as part of your Required Minimum Distribution (RMD)? If yes, please provide a letter from the charitable organization and Form 1099R.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Did you convert a regular IRA to a Roth IRA in 2024? If yes, please provide the amount and documentation. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Retirement Contributions:																																																					
Did you or your spouse make a contribution to:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Taxpayer</td> <td style="width: 20%;">Type of retirement:</td> <td style="width: 10%;">Date Made:</td> <td style="width: 10%;">Amount:</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td>Traditional IRA</td> <td>_____</td> <td>\$ _____</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>Roth IRA</td> <td>_____</td> <td>\$ _____</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>Non-Deductible IRA</td> <td>_____</td> <td>\$ _____</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>Other Retirement Plans (SEP, Solo 401K)</td> <td>_____</td> <td>\$ _____</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>Spouse</td> <td>Date Made:</td> <td>Amount:</td> <td></td> </tr> <tr> <td></td> <td>Traditional IRA</td> <td>_____</td> <td>\$ _____</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>Roth IRA</td> <td>_____</td> <td>\$ _____</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>Non-Deductible IRA</td> <td>_____</td> <td>\$ _____</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>Other Retirement Plans (SEP, Solo 401K)</td> <td>_____</td> <td>\$ _____</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> </table>	Taxpayer	Type of retirement:	Date Made:	Amount:			Traditional IRA	_____	\$ _____	<input type="checkbox"/> Yes		Roth IRA	_____	\$ _____	<input type="checkbox"/> Yes		Non-Deductible IRA	_____	\$ _____	<input type="checkbox"/> Yes		Other Retirement Plans (SEP, Solo 401K)	_____	\$ _____	<input type="checkbox"/> Yes		Spouse	Date Made:	Amount:			Traditional IRA	_____	\$ _____	<input type="checkbox"/> Yes		Roth IRA	_____	\$ _____	<input type="checkbox"/> Yes		Non-Deductible IRA	_____	\$ _____	<input type="checkbox"/> Yes		Other Retirement Plans (SEP, Solo 401K)	_____	\$ _____	<input type="checkbox"/> Yes		
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Miscellaneous Income

Did you receive a K-1 from a partnership, S Corporation, trust, or estate for 2024? If yes, please provide the K-1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you buy or sell any stocks, bonds, or other investments during 2024? If yes, please provide Forms 1099-B.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have any gambling winnings in 2024? This includes winnings for online betting. If yes, please provide Form W-2G (Certain Gambling Winnings), Casino Statements, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you start receiving social security benefits in 2024? If yes, please provide the Form 1099-SSA for 2024.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive income or incur expenses associated with a short-term rental (e.g. Airbnb, VRBO, or HomeAway)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive a Form 1099-K for Third Party Network Transactions? If yes, please provide the document and the reason you received this form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mortgage Questions

Did you sell and/or purchase or refinance a home in 2024? (if yes, please provide closing statements and Form 1098)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive a Form 1098-Mortgage Interest Statement for a HELOC? If yes what was it used for? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Initial loan amount? \$ _____ Name of mortgage company: _____		

Itemized Deductions

Did you make any major purchases (vehicle, boat, etc.) in 2024 that you paid sales tax on? If yes, please provide us with the invoice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your itemized deductions exceed the following amounts:		
Single / Married Filing Separately	\$14,600	<input type="checkbox"/> Yes
Married Filing Jointly	\$29,200	<input type="checkbox"/> Yes
Head of Household	\$21,900	<input type="checkbox"/> Yes

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Health Insurance / Health Savings Account (HSA)

Did you and/or your dependents have health coverage for the entire year of 2024?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, was the health insurance employer-provided? Please circle: Pre-tax or Post-tax		
How much were your out of pocket premiums paid in 2024? Taxpayer _____ Spouse _____		

For those that are self-employed, how much did you pay in health insurance premiums in 2024? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Self-employed health insurance can include: health insurance, dental insurance, long-term care insurance, etc.		
Please provide a detailed breakdown of each premium.		

Did you enroll in Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide us with any Form 1095-A you received. This form is required to prepare your tax return.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Did you contribute to an HSA? If so, how much did you contribute and how much did your employer contribute for 2024? Is it family coverage or individual coverage? Please circle: Family or Individual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much did you pay into your HSA in 2024? \$ _____		
Please provide Form 5498-SA		

Did you receive a distribution from a HSA in 2024? If yes, please provide us with Form 1099-SA .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, was your distribution 100% used for qualified medical expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, how much was used for medical expenses? _____		

Foreign Information and Virtual Currency

Did you have an interest in or signature over a bank or brokerage account in a foreign country with a value greater than \$10,000 at any time during 2024? If yes, please provide the following details: Name of Bank, Address, Account number, Value	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Did you receive a distribution from or were you a grantor of or transferor to a foreign trust? If yes, what country? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: As part of your filing obligations you are required to report the maximum value of specified foreign financial assets, which include financial accounts with foreign institutions and certain other foreign non-account investment assets that exceed certain thresholds. (You are responsible for informing us of all your foreign assets) , so we can properly advise of your federal filing obligations.		

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 financial interest in a digital asset)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Estimated Tax Payments

Please list your estimated tax payments made for the 2024 tax year.

	<i>Federal</i>	<i>State</i>
Applied from prior year return	\$ _____	\$ _____
1st Quarter / due April 15, 2024	\$ _____	\$ _____
2nd Quarter / due June 17, 2024	\$ _____	\$ _____
3rd Quarter / due September 16, 2024	\$ _____	\$ _____
4th Quarter / due January 15, 2025	\$ _____	\$ _____
Total Estimated Tax Payments for 2024	\$ _____	\$ _____

Did you receive any state or local income tax refunds from prior years? If yes, provide documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Vehicle Information for Business Use

Must have a mileage log to substantiate your vehicle expense for business.

	Vehicle 1	Vehicle 2
Make / Model	_____	_____
Date Purchased	_____	_____
Cost	_____	_____
Auto Mileage in 2024		
Business Mileage - 0.67 per mile	_____	_____
Commuting	_____	_____
Personal	_____	_____
Total	_____	_____

This information is required even if actual expenses are claimed instead of mileage rate deduction.

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Due Diligence Questionnaire

MUST be filled out to claim Head of Household (HOH), Earned Income Credit (EIC), Child Tax Credit (CTC), and/or American Opportunity Tax Credit (AOTC).

Head of Household (HOH)

1	Were you unmarried on the last day of the tax year and did you provide more than half of the cost of keeping up a home for the year for a qualifying person? <i>Please provide documentation to substantiate the HOH filing status claimed on your return such as: proof of over half the support for your qualifying person, and proof of them living with you for over 6 months.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Earned Income Credit (EIC)

2	Do you understand the rules about claiming the EIC when a child is the child of more than one qualifying taxpayer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Are you aware of the "tie-breaker" rules, and has it been determined that you are, in fact, eligible to claim the EIC for said child/ children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Do you know that unless you have received a Form 8332 from the custodial parent, you may not claim the EIC if the child/ children have not lived with you for over half the year, even if you have supported the child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Child Tax Credit (CTC) / Additional Child Tax Credit (ACTC)

5	Was the Earned Income Credit, Child Tax Credit, or Additional Child Tax Credit disallowed or reduced in the previous year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Has the child lived with you for over half the year? (if "no," answer questions 7 & 8.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Is there an active Form 8332, Release / Revocation of Claim to Exemption for Child by Custodial Parent, or similar statement in place? <i>Please attach if "yes."</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Have you released the claim to another person? If yes, you cannot claim the child tax credit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Can you provide documentation to substantiate your answers? For example daycare statements, utilities, court documents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education Credits

10	Have you provided proof, such as a Form 1098-T and receipts, for the qualified tuition and related expenses? <i>Any "billed" but unpaid expenses do not qualify. (Only include amounts PAID in 2024 for tuition, fees, books, computer equipment, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Please circle one: Student Name_____ Freshman Sophomore Junior Senior Masters PhD Other Student Name_____ Freshman Sophomore Junior Senior Masters PhD Other Student Name_____ Freshman Sophomore Junior Senior Masters PhD Other		
12	Were any college expenses paid from funds in a 529 account or Coverdell account? If yes, please provide Form 1099-Q. If yes, how much was paid with the 529 Funds or Coverdell Funds? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Did you pay student loan interest for yourself, your spouse, or your dependent in 2024? If yes, please provide the Form 1098-E Student Loan Interest Statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14	Did you receive forgiveness on a qualifying federal student loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Gifts

15	Did you make gifts to any one person in excess of \$18,000 during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16	If yes, are you splitting the gifts with your spouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2025 Tax Year

17	Do you anticipate your income or withholdings to be different in 2025? If yes, please explain. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments

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CHECKLIST

Please attach the original forms to document your income and expenses

- | | |
|--|--|
| <input type="checkbox"/> Wages: Form W - 2 | <input type="checkbox"/> Partnerships, S- Corporations, Estates & Trusts Income: Schedule K -1s |
| <input type="checkbox"/> Retirement Income: Form 1099 - R | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Interest Income: Form 1099 - INT | <input type="checkbox"/> Gambling Winnings or Losses: Form W-2G |
| <input type="checkbox"/> Dividend Income: Form 1099 - DIV | <input type="checkbox"/> Cancellation of Debt: Form 1099-C |
| <input type="checkbox"/> Sale of Stocks & Bonds: Form 1099 - B | <input type="checkbox"/> Alimony Income - for divorces final before 12-31-18 |
| <input type="checkbox"/> Education Savings Withdrawal: Form 1099-Q | <input type="checkbox"/> Other Income: |
| <input type="checkbox"/> Independent Contractors: Form 1099- NEC | <input type="checkbox"/> Educator Expenses up to \$300 for Teachers (Must work at least 900 hours) |
| <input type="checkbox"/> Unemployment Compensation: Form 1099 - G | <input type="checkbox"/> Form 1099-K : Third Party Network Transactions |
| <input type="checkbox"/> State Income Tax Refund: Form 1099 - G | |
- Income and Expenses from Sole Proprietor: Schedule C** (Please provide a full list of your income and expenses as well as any new assets bought in 2024 with the cost and the purchase date, as well as any assets you sold).
You are responsible for ensuring that personal expenses are segregated from business expenses and that expenses such as meals, travel, vehicle use, gifts, and related expenses are supported by necessary records required by the IRS.
- Rental Income and Expenses: Schedule E** (Please provide rental income and expenses, new assets bought in 2024 with the cost and the purchase date, sale of any old assets, fair rental days, and personal days used for the property).
- Social Security Benefits: Form 1099 - SSA**
- Farm Income: Schedule F** (Please provide a full list of income and expenses and new assets purchased in 2024 with the cost and purchase date, and sale of any old assets)

ITEMIZED DEDUCTIONS

- Medical:**
- | | |
|--------------------------------------|--------------------------------|
| Health and Dental Insurance Premiums | Nursing Home Care |
| Long-Term Care Premiums | Doctor, Dentist, Hospital, Lab |
| Prescription, Glasses, Other | Auto Mileage: |
- Real Estate Taxes: Personal Residence, Second Homes, Lots, Land
- Sales Tax: Cars, Boats, Motorcycle, New Home Construction, or Major Home Renovations
- State Income Taxes
- Interest Paid:**
- Home Mortgage Interest Loan - Form 1098 Interest deductions are limited on loans up to \$750,000 after 1/1/2018
- Home Equity Loan- NO LONGER DEDUCTIBLE FOR LOANS BEGINNING AFTER 1/1/2018. UNLESS FOR HOME IMPROVEMENTS
- What were the proceeds from your home equity loan used for? _____
- Points Paid on Original Loan _____
- Points Paid on Refinance _____ Date of Refinance _____ # of years _____
- Investment Interest _____
- Charitable Contributions: Cash, Non-Cash & Charitable mileage rate is \$0.14/mile
- Child / Dependent Care Expenses:**
- | | | | |
|--------------|-------|--------------|-------|
| Daycare Name | _____ | Federal ID # | _____ |
|--------------|-------|--------------|-------|