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| **2024** | **1040** | **US** | **Tax Organizer** |
| **JOHNSON CPA GROUP PLLC Tax Return Appointment****1760 E PECOS RD, STE 326 Date:****GILBERT AZ 85295 Time:****Telephone number: 480-895-0882 Location: Fax number: 480-287-9311****E-mail address:** **info@johnsoncpa.group****This tax organizer will assist you in gathering information necessary for the preparation of your 2024 tax return. Please enter all pertinent 2024 information.**NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.**CLIENT INFORMATION****Taxpayer Spouse** |
| First name and initial . . . . .Last name. . . . . . . . . . . . . .Title/suffix. . . . . . . . . . . . . . . Social security number. . . Occupation. . . . . . . . . . . . . . Date of birth (m/d/y). . . . . . Date of death (m/d/y). . . . 1=blind. . . . . . . . . . . . . . . . .Home phone. . . . . . . . . . . .Work phone. . . . . . . . . . . . .Work extension. . . . . . . . . .Cell phone. . . . . . . . . . . . . .E-mail address. . . . . . . . . . |  |  |
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| Address | In care of. . . . . . . . . . Street address. . . . . . Apartment number. . City. . . . . . . . . . . . . . .State. . . . . . . . . . . . . .ZIP code. . . . . . . . . . . |  |
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| **DEPENDENTS** |  | **Dependent No.** | **Dependent No.** |
| First name. . . . . . . . . . . . . .Last name. . . . . . . . . . . . . .Title/suffix. . . . . . . . . . . . . . . Date of birth (m/d/y). . . . . . Date of death (m/d/y) . . . . Date of adoption (m/d/y) . . Social security number. . . Relationship. . . . . . . . . . . . . Months lived at home. . . . |  |  |
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|  |  | **Dependent No.** | **Dependent No.** |
| First name. . . . . . . . . . . . . .Last name. . . . . . . . . . . . . .Title/suffix. . . . . . . . . . . . . . . Date of birth (m/d/y). . . . . . Date of death (m/d/y) . . . . Date of adoption (m/d/y) . . Social security number. . . Relationship. . . . . . . . . . . . . Months lived at home. . . . |  |  |
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| **2024** | **1040** | **US** | **Tax Organizer** |
| **Please enter all pertinent 2024 information. If you have attached****a government form for an item, check the box and do not enter a 2024 amount.****WAGES, SALARIES AND TIPS**Employer name: **2024 Amount 2023 Amount****INTEREST INCOME**Payer name:**DIVIDEND INCOME**Payer name:**PENSIONS, IRA AND GAMBLING INCOME**Payer name:Winnings not reported on W-2G . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Total gambling losses. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**OTHER GOVERNMENT FORMS - INCOME**Form 1099-B - Sales of stock (also include transaction history) . . . . . .Form 1099-MISC - Miscellaneous income . . . . . . . . . . . . . . . . . . . . . . . . . . **Attach Forms 1099**Form 1099-K - Merchant card and third party network payments . . . . .Form 1099-S - Sales of real estate (also include closing statements) .Form 1099-G - State tax refunds . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Attach Forms 1099**Taxpayer:Form SSA-1099 - Social security benefits . . . . . . . . . . . . . . . . . . . . . . . . .Form 1099-G - Unemployment compensation . . . . . . . . . . . . . . . . . . . . . . **Attach Forms 1099**Form 1099-Q (529 Plan) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Form 1099-QA/5498-QA (ABLE Accounts) . . . . . . . . . . . . . . . . . . . . . . . . .Spouse:Form SSA-1099 - Social security benefits . . . . . . . . . . . . . . . . . . . . . . . . .Form 1099-G - Unemployment compensation . . . . . . . . . . . . . . . . . . . . . . **Attach Forms 1099**Form 1099-Q (529 Plan) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Form 1099-QA/5498-QA (ABLE Accounts) . . . . . . . . . . . . . . . . . . . . . . . . . |
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| **2024** | **1040** | **US** | **Tax Organizer** |
| **MISCELLANEOUS INCOME**Taxpayer: Alimony received . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Spouse: Alimony received . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Other:**RETIREMENT PLAN CONTRIBUTIONS 2024 Amount 2023 Amount**Taxpayer: Traditional IRA contributions (1=maximum) . . . . . . . . . . . . . . . . . . . .Roth IRA contributions (1=maximum) . . . . . . . . . . . . . . . . . . . . . . . . . .Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) . . . . . .Spouse: Traditional IRA contributions (1=maximum) . . . . . . . . . . . . . . . . . . . .Roth IRA contributions (1=maximum) . . . . . . . . . . . . . . . . . . . . . . . . . .Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) . . . . . .**OTHER GOVERNMENT FORMS - DEDUCTIONS**Form 1098-E - Student loan interest . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Form 1098-T - Tuition and related expenses . . . . . . . . . . . . . . . . . . . . . . . . .**AFFORDABLE CARE ACT**Form 1095-A - Health Insurance Marketplace Statement . . . . . . . . . . . . . .**ADJUSTMENTS TO INCOME**Taxpayer:Self-employed health insurance premiums . . . . . . . . . . . . . . . . . . . . . . . . . .Educator expenses. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Other adjustments to income:Alimony paid - Recipient name & SSN . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Spouse:Self-employed health insurance premiums . . . . . . . . . . . . . . . . . . . . . . . . . .Educator expenses. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Other adjustments to income:Alimony paid - Recipient name & SSN . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**MEDICAL AND DENTAL EXPENSES**Prescription medicines and drugs . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Doctors, dentists and nurses . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Hospitals and nursing homes . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Insurance premiums. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Long-term care premiums - taxpayer . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Long-term care premiums - spouse . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Insurance reimbursement . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Out-of-pocket lodging and transportation expenses . . . . . . . . . . . . . . . . . . . . . . Number of medical miles . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Other:**TAXES PAID**State income taxes - 1/24 payment on 2023 state estimate . . . . . . . . |
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| **2024** | **1040** | **US** | **Tax Organizer** |
| **TAXES PAID (continued) 2024 Amount 2023 Amount**State income taxes - paid with 2023 state extension . . . . . . . . . . . . . . . . . .State income taxes - paid with 2023 state return . . . . . . . . . . . . . . . . . . . . . . State income taxes - paid for prior years and/or to other states . . . . . . . . . . . City/local income taxes - 1/24 payment on 2023 city/local estimate . City/local income taxes - paid with 2023 city/local extension . . . . . . . . . . . City/local income taxes - paid with 2023 city/local return . . . . . . . . . . . . . . State and local sales taxes (except autos and special items) . . . . . . . . . . . . . Use taxes paid on 2024 purchases . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Use taxes paid on 2023 state return . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Sales tax on autos not included above . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Sales taxes paid on boats, aircraft, and other special items . . . . . . . . . . . . . . . Real estate taxes - principal residence . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Real estate taxes - property held for investment . . . . . . . . . . . . . . . . . . . . . . . . .Foreign income taxes. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Personal property taxes (including automobile fees in some states) . . . .**INTEREST PAID**Home mortgage interest and points paid: Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):Points not reported on Form 1098:Investment interest (interest on margin accounts):Passive interest. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**CASH CONTRIBUTIONS**NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).Volunteer expenses (out-of-pocket) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Number of charitable miles . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**NONCASH CONTRIBUTIONS**NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.**MISCELLANEOUS DEDUCTIONS**Union and professional dues . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Tax return preparation fee . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Safe deposit box rental . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Investment expenses . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Estate tax, section 691(c) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Unreimbursed employee expenses:Other: |
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| **Attach Tax Notice** |  |

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