

<b>2024</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**Feldmann & Company CPAs PC**  
 523 N Main St  
 Carroll IA 51401  
 Telephone number: 712-792-2464  
 Fax number: 712-792-2476  
 E-mail address:

**Tax Return Appointment**

Date:  
 Time:  
 Location:

**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 . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**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 . . . . .		

	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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**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:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2024 Amount	2023 Amount
<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-R &amp; W-2G</b>	_____
	_____
	_____
	_____
	_____
	_____

Winnings not reported on W-2G.....

Total gambling losses.....

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history) .....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income .....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments .....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) .

<b>Attach Forms 1099</b>	
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<input type="checkbox"/>	Form 1099-G - State tax refunds .....
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<b>Attach Forms 1099</b>	
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

<b>Attach Forms 1099</b>	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

<b>Attach Forms 1099</b>	
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**MISCELLANEOUS INCOME**

Taxpayer: Alimony received .....  
 Spouse: Alimony received .....

Other: \_\_\_\_\_


**RETIREMENT PLAN CONTRIBUTIONS**

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) .....

<b>2024 Amount</b>	<b>2023 Amount</b>
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2024 Amount	2023 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

- Form 1098-E - Student loan interest .....
- Form 1098-T - Tuition and related expenses .....

**Attach Forms 1098**


**AFFORDABLE CARE ACT**

- Form 1095-A - Health Insurance Marketplace Statement .....

**Attach Forms 1095**


**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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