



H & H Accounting and Tax Services

Tax Organizer

General Information

Returning Client		New Client		Referred By							
Is last year's tax return available?				Yes	No	Did you include a copy?					
What tax years are we preparing? <i>Check all that apply</i>											
2024	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	Other
<p>If filing 2020, how much did you receive for the first and second stimulus?</p>											
1st						2nd					
<p>If filing 2021, how much did you receive for the third stimulus and Advanced Child Tax Credit?</p>											
3rd						ACTC					

Client Information

Client's Name				Spouse's Name			
Occupation				Occupation			
Social Security #				Social Security #			
IP PIN <i>(if applicable)</i>				IP PIN <i>(if applicable)</i>			
Date of Birth				Date of Birth			
Cell Phone				Cell Phone			
Email				Email			
Current Address							
City, State, and Zip							

Method of Contact

What is the best method of contact?		Phone Call		Email		Text	
What is the best time/day to contact you?							
M	T	W	Th	F	S		
						8AM-12PM	
							12PM-4PM
							4PM-7PM

How are you filing?

Long Form	Short Form	1120 C Corp	1120 Sub S	1065 Partnership	Not Sure
Single	Married	Head of House	Married Filing Separately	Dependent of Another	Not Sure
Can you be claimed as a dependent by someone else?				Yes	No

Dependents

Dependent's Full Name	SSN	IP PIN <i>(if applicable)</i>	DOB	Relationship	College student?

Lifestyle & Taxes

Yes	No	Are either you or your spouse legally blind?
Yes	No	Have you received any notice from the IRS or state revenue department within the past year? If yes, provide a copy.
Yes	No	Did you purchase health insurance through a public exchange/marketplace? (Provide Form 1095-A.)
Yes	No	Did you purchase an energy-efficient, hybrid, or electric vehicle?
Yes	No	Are you a member of the military? State of residency

Children and Education

Yes	No	Were any children born or adopted in 2024? (Provide statement for other expenses.)			
Yes	No	Were any children attending college? (Provide Form 1098-T and Form 1098-E.)			
		<table border="1"> <tr> <td>Year in college</td> <td>Books/Supplies</td> <td>\$</td> <td>Tech/Software</td> <td>\$</td> </tr> </table>	Year in college	Books/Supplies	\$
Year in college	Books/Supplies	\$	Tech/Software	\$	
Yes	No	Did you have any childcare expenses?			
Yes	No	Did you make any contributions to a 529 plan in 2024? If yes, provide details.			

Investments

				Did you, or will you, contribute any money to an IRA for 2024?	Traditional IRA		Roth IRA	
				Did you roll over any amounts from a retirement account in 2024?				
				Did you sell or transfer any stock or sell rental or investment property?				
				Were you granted, or did you exercise, any employee stock options 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)? <i>(Digital assets include cryptocurrencies, NFTs, and stablecoins)</i>				

Deductions

				Did you, or do you plan to, contribute money by April 15, 2025 to an HSA for 2024? If yes, provide details.				
				Did you make any charitable contributions in 2024? If yes, provide details.				

Business

				Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?				
				Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)?				

Home

				Did you purchase or sell a main home during the year? If yes, provide closing statement.				
				If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.				
				Did you make any new energy-efficient improvements to your home? If yes, provide details.				

Itemized Deductions

Medical Expenses *(out of pocket only)*

Dentists	\$	Hospitals	\$
Doctors	\$	Insurance Premiums	\$
Equipment	\$	Prescriptions	\$
Eyeglasses/Contacts	\$		\$
Medical Miles			\$

Other Expenses/Adjustments

Gambling losses	\$	Adoption expenses	\$
Educator expenses	\$	Charitable contributions <i>(monetary)</i>	\$
Charitable contributions <i>(items)</i>	\$	Student loan interest <i>(provide 1098-E)</i>	\$

Business Information

Name of Sole Proprietor				
Name of Business				
EIN <i>(if applicable)</i>		Date Business Started		Date Business Closed
Type of Business			Has the business reported any losses in prior years?	

Other Business Information

Did you issue any 1099-NECs? <i>(If yes, how many?)</i>		Did you issue any W2s? <i>(If yes, how many?)</i>	
Do you pay for your own Health/Dental insurance? <i>(If yes, how much were the premiums?)</i>			
Did you make, or do you plan to make, any contributions to a self-employment retirement plan? <i>(If yes, what amount was contributed?)</i>			
Do you offer health/dental insurance, or other benefits, to your employees? <i>(If yes, what is the benefit and how much does the business pay?)</i>			

Business Income

Income from 1099-NECs	\$	Income from Square	\$
Income from 1099-MISCs	\$	Income from Venmo	\$
Income from Checks	\$	Income from Cash App	\$
Income from Cash	\$	Income from any other source	\$
Returns	\$	Discounts	\$

Cost of Goods Sold

(for manufacturers, wholesalers, and businesses that make, buy, or sell goods)

Inventory at the beginning of the year	\$	Inventory at the end of the year	\$
Cost of labor	\$	Materials and supplies	\$

Business Expenses

Advertising	\$	Bank charges	\$
Business licenses	\$	Commissions and fess	\$
Contract labor*	\$	Employee benefit programs	\$

Business Expenses Cont.

Employee health care plans	\$	Entertainment <i>(not deductible)</i>	\$
Gifts to clients/customers <i>(maximum \$25 each)</i>	\$	Insurance <i>(other than health insurance)</i>	\$
Interest – Mortgage	\$	Interest – Other	\$
Internet service	\$	Legal and professional services	\$
Management fees	\$	Meals – Business <i>(business only with no alcohol)</i>	\$
Office Supplies	\$	Pension and profit-sharing plans	\$
Rent or lease – car, machinery, equipment	\$	Rent or lease – other business property	\$
Repairs and maintenance	\$	Supplies <i>(not included in inventory cost)</i>	\$
Taxes – Payroll*	\$	Taxes – Property	\$
Taxes – sales	\$	Taxes – state	\$
Telephone	\$	Utilities	\$

***Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-NEC, Form 1099-MISC**

Other Business Expenses

(List out type and expense amount)

Software	\$	Merchant fees	\$
Client/customer refreshments	\$	Continuing Education	\$
Memberships	\$	Subscriptions	\$
Postage/Shipping	\$	Uniforms <i>(must include logo/name)</i>	\$
Security	\$	Janitorial	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Car Expenses

(use a separate form for each vehicle)

Make/Model		Date vehicle placed in service	
Car available for personal use during off-duty hours?		Do you (or your spouse) have any other cars for personal use?	
Do you have evidence?		Is your evidence written?	
Mileage		Actual Expenses	
Beginning of year odometer		Gas/oil	\$
End of year odometer		Insurance	\$
Business mileage		Parking fees/tolls	\$
Commuting mileage		Registration/fees	\$
Other mileage		Repairs	\$

Generally, you can use either the standard mileage rate or actual expenses to calculate the deductible costs of operating your car for business purposes. However, to use the standard mileage rate, it must be used in the first year the car is available for business. In later years, you can then choose between either the standard mileage rate method or actual expenses.

Travel Expenses

(use a separate form for each vehicle)

Meals		Travel/Lodging	
<i>You can deduct the cost of meals while traveling <u>away from home</u> on business. You can use the actual cost of your meals or the standard meal allowance per diem, which can vary by location.</i>		<i>You can deduct the <u>ordinary and necessary</u> expenses of traveling away from your home for business purposes. Included expenses are transportation, airfare, taxi, lodging, etc.</i>	
Airfare	\$	Bus, train, taxi, car rental	\$
Entertainment <i>(not deductible)</i>	\$	Lodging	\$
Parking and tolls	\$	Meals <i>(no alcohol on the ticket)</i>	\$
Other Travel Expenses <i>(describe below)</i>			
	\$		\$
	\$		\$
	\$		\$

Equipment Purchases

(do not list equipment that has already been included in the Business Expenses section)

Asset	Date purchased	Cost	Date placed in service	New or used?
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

Equipment Sold or Disposed of During Year

Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	

Business Use of the Home

Area of home must be used regularly and exclusively for business except for storage of inventory or daycare.

Note: Managing rental activities or investments does not qualify for business use of the home.

All Taxpayers		For Daycares Only	
Sq Ft of business area		Hours used for daycare	
Total St Ft of the home		Total hours in year	8,784 hrs.

Direct expenses benefit only the business use portion of the home.

Indirect expenses are for keeping up and running the entire home

	Direct	Indirect		Direct	Indirect
Mortgage interest	\$	\$	Repairs and maintenance	\$	\$
Property taxes	\$	\$	Utilities	\$	\$
Insurance	\$	\$		\$	\$
Rent	\$	\$		\$	\$

Estimated Tax Payments – Tax Year 2024

Installment	Date paid	Federal	Date paid	State
First		\$		\$
Second		\$		\$
Third		\$		\$
Forth		\$		\$
Total		\$		\$

Document Checklist

✓	<i>Reason you might receive or why we need it</i>	<i>Form/Info we will need</i>
	Last Year's Tax Return	If it was not prepared at H&H Tax
	Wages	W-2
	Gambling Income	W-2G
	Retirement/Pension	1099-R
	Partnership/Corporation/Trust Income	1099-K
	Social Security Benefits	SSA-1099
	Government Payments <i>(Unemployment, tax refunds)</i>	1099-G
	Self-employment/Gig income	1099-NEC
	Other various income	1099-MISC
	Interest income	1099-INT
	Dividend income	1099-DIV
	Stock/Crypto	1099-B
	HSA Distribution	1099-SA
	HSA Contribution	5498
	Marketplace Health Insurance	1095-A
	College Tuition	1098-T
	Student Loan Interest	1098-E
	Sell of Home	1099-S Closing Statement
	Mortgage Interest	1098
	Cancelation of Debt	1099-C
	Childcare/Dependent Care	Expense Statement
	Charitable Donations	Giving Statement
	Claiming Dependents	Proof of Residency
	Claiming Dependents <i>(parents are separated or divorced)</i>	Divorce decree/Separation Agreement
	Gambling losses	Gambling Log