ORGANIZER Page 1 2024 1040 US Tax Organizer Tax Return Appointment Steve S.Y. Im, CPA 1770 Post Street, Suite 235 Date: San Francisco CA 94115 Time: Telephone number: Location: Fax number: E-mail address: 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 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... In care of..... Street address.... Apartment number. Address 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....

	1040	US	Tax Organizer		
	C	jovernme	se enter all pertinent 2024 informant form for an item, check the box	ation. If you have attached and do not enter a 2024 and	mount.
	GES, SALAF loyer name:	RIES AND	TIPS	2024 Amount	2023 Amount
				Attach Forms W-2	
	EREST INCC r name:	OME			
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	ISIONS, IRA r name:	AND GA	MBLING INCOME	Attach Forms 1099-R & W-2G	
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ORGANIZER Tax Organizer US 2024 1040 MISCELLANEOUS INCOME Taxpayer: Alimony received Spouse: Alimony received Other: RETIREMENT PLAN CONTRIBUTIONS 2024 Amount 2023 Amount Taxpayer: Traditional IRA contributions (1=maximum) Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) Spouse: Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) OTHER GOVERNMENT FORMS - DEDUCTIONS Attach Forms 1098 Form 1098-T - Tuition and related expenses AFFORDABLE CARE ACT Attach Forms 1095 Form 1095-A - Health Insurance Marketplace Statement ADJUSTMENTS TO INCOME Taxpayer: 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 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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			Tax Organizer		
TAX	ES PAID (co	ontinued)		2024 Amount	2023 Amount
	•	-	3 state extension		
	income taxes -	•			
		•	years and/or to other states		
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-			h 2023 city/local extension		
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			pt autos and special items)		
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Real e	estate taxes - p	property held	for investment		
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			ate poid.		
П	mortgage inte	rest and poin	ns paid:		
<u> </u>				Attach Forms 1098	
Ш_			(6.1.1		
Home n	nortgage interest n	ot on Form 1098	(include name, SSN, & address of payee):		
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