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# PERSONAL INCOME TAX ORGANIZER - TAX YEAR 2024

Please fill out this organizer as completely as possible as it is designed to help you find all of the deductions you are entitled to on your tax return.

## GENERAL INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ County or City \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Can we text you with questions? \_\_\_\_\_

Phone Numbers Work \_\_\_\_\_ Home \_\_\_\_\_  
Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Can we text you with questions? \_\_\_\_\_

## FILING STATUS (check one)

Single  Married Filing Jointly  Surviving Widow(er) with dependent child  
 Unmarried Head of Household  Married Filing Separately (If MFS) List Spouse's Name & SSN  
Name \_\_\_\_\_ SSN \_\_\_\_\_

## DEPENDENTS (for tax purposes)

**Children** (all children must have a SSN; please indicate "B" for boy or "G" for girl)

Name & Relationship	Social Security #	(DOB) Date of Birth	Live With You? Yes or No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## FORM 1095-A: HEALTH INSURANCE MARKETPLACE

If you or your family received advance payments of the Premium Tax Credit through the Health Insurance Marketplace in 2024, please attach Form 1095-A (Health Insurance Marketplace Statement).

(We must have this form in order to prepare your taxes.)

**INCOME**

Number of attached W-2 forms for Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**DIGITAL ASSETS / VIRTUAL CURRENCY**

During 2024, did you receive, sell, exchange, gift or dispose of any digital assets? Yes No  
*(This is now a question on the income tax return and must be answered)*

**INTEREST RECEIVED (Attach 1099 Forms)**

Taxpayer (T) or Spouse (S) or Joint (J)	Payer	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DIVIDENDS RECEIVED (Attach 1099 Forms)**

Taxpayer (T) or Spouse (S) or Joint (J)	Payer	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SALE OF STOCKS OR OTHER PROPERTY (Attach 1099 Forms)**

Taxpayer (T) or Spouse (S) or Joint (J)	Description	*Date Purchased	*Cost	Date Sold	Sale Price
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*\*We need this information for each stock you sold. This should be on your brokerage statement.*

**RENTAL INCOME AND EXPENSES \***

**Rents Received** \_\_\_\_\_ **Property Address** \_\_\_\_\_

**Expenses**

Real Estate Taxes _____	Mortgage Interest _____	Utilities _____
Supplies _____	Repairs _____	Insurance _____
Auto Mileage _____	Other (describe) _____	
Improvements (describe) _____		

*Include your closing statement (HUD 1) if you purchased, sold or re-financed the property during 2024.*

*\*Please attach additional sheets for other rental properties.*

**SOCIAL SECURITY AND PENSIONS**

Please attach forms SSA 1099 for Social Security and forms 1099 R for pension or retirement benefits.

**STANDARD DEDUCTION AMOUNTS FOR 2024**

(You can automatically deduct these amounts if you cannot itemize)

Married Filing Jointly \$29,200  
Head of Household \$21,900  
Single \$14,600

**DEDUCTIONS AND CREDIT ITEMS**

**ESTIMATED TAXES PAID FOR TAX YEAR 2024 (not balance due from 2023)**

		Federal	State
Overpayment Applied from Prior Year		_____	_____
	Date Paid	Amount Paid	Amount Paid
1 <sup>st</sup> Qtr.	_____	_____	_____
2 <sup>nd</sup> Qtr.	_____	_____	_____
3 <sup>rd</sup> Qtr.	_____	_____	_____
4 <sup>th</sup> Qtr.	_____	_____	_____

**IRA OR SEP CONTRIBUTIONS**

Taxpayer Amount \_\_\_\_\_ Date \_\_\_\_\_ Type \_\_\_\_\_  
Spouse Amount \_\_\_\_\_ Date \_\_\_\_\_ Type \_\_\_\_\_

**MEDICAL EXPENSES (Amounts for which you were not reimbursed; if you can itemize)**

Insurance premiums \_\_\_\_\_ Prescriptions \_\_\_\_\_ Eyeglasses \_\_\_\_\_  
Doctors \_\_\_\_\_ Dentists \_\_\_\_\_ Hospitals \_\_\_\_\_ Other \_\_\_\_\_  
Medical mileage \_\_\_\_\_ Long Term Care Premiums \_\_\_\_\_

**TAXES PAID (if you can itemize)**

Real Estate taxes \_\_\_\_\_ Personal Property taxes \_\_\_\_\_  
State tax paid for last year's return \_\_\_\_\_  
Other taxes paid \_\_\_\_\_

**INTEREST EXPENSES (if you can itemize)**

Home mortgage – interest paid to Financial Institutions \_\_\_\_\_ Points paid \_\_\_\_\_  
Home mortgage – interest paid to Individual \_\_\_\_\_ Recipient's SSN \_\_\_\_\_  
Investment interest \_\_\_\_\_

