2024

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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	e Social Security #				
Address					
City, State, Zip	ty, State, ZipCounty or City				
Date of Rirth	eate of Birth Occupation				
Phone Numbers Home	Cell				
Email	Can we tex	Can we text you with questions?			
Phone Numbers Work	1	Home			
Cell		E-mail			
Spouse's NameAddress	Sc	ocial Security #			
City, State, Zip					
Date of Birth Occupation					
Phone Numbers Home		Cell			
Email	Can we tex	Can we text you with questions?			
	FILING STATUS (ch	eck one)			
	ointlySurviving Widow(er holdMarried Filing Sepa) with dependent child	oouse's Name & SSN		
	DEPENDENTS (for tax	purposes)			
Children (all children must h	nave a SSN; please indicate "	B" for boy or "G" for gir	1)		
		(DOB)	Live With You?		
Name & Relationship	Social Security #	Date of Birth	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 a	attached VV-2 form	s for Taxpayer		Spouse		
		DIGITAL ASSE	TS / VIRTUAL CU	RRENCY		
During :			e, gift or dispose of a ome tax return and must		Yes	No
	IN	ITEREST REC	EIVED (Attach 109	99 Forms)		
Taxpayer (T) or S	pouse (S) or Joint (J)	Payer 			Amount	
	<u> </u>					
	DI	VIDENDS REC	EIVED (Attach 10	99 Forms)		
Taxpayer (T) or S	pouse (S) or Joint (J)	Payer 			Amount	
	_ _					
	SALE OF ST	OCKS OR OT	HER PROPERTY ((Attach 1099 Fo	rms)	
Taxpayer (T) or Spouse (S) or Join			*Date Purchased ———	*Cost	Date Sold	Sale Price
*We need	d this information f	or each stock y	ou sold. This shou	ıld be on your br	okerage sta	tement.
		RENTAL INC	OME AND EXPEN	ISES *		
Rents Rece	eived	Property	Address			
Expenses	Supplies Auto Mileage	<u> </u>	Mortgage Interes Repairs Other (describe)		Insurance ₋	

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)

Overnavment	Applied from Prior Year	Federal	State
1 st Qtr. 2 nd Qtr. 3 rd Qtr. 4 th Qtr.	Date Paid ———————————————————————————————————	Amount Paid	Amount Paid
	IRA (OR SEP CONTRIBUTIONS	
Taxpayer Spouse	Amount	Date Date	Type Type
MEDICAL	EXPENSES (Amounts	for which you were not rei	mbursed; <u>if you can itemize</u>)
Insurance pre Doctors Medical milea	miums Dentists ge l	Prescriptions Hospitals Long Term Care Premiums	Eyeglasses Other
	TAXE	S PAID(<u>if you can itemize</u>)
State tax paid	for last year's return	Personal Property taxes	
	INTEREST	EXPENSES (if you can ite	e <mark>mize</mark>)
Home mortgag	ge – interest paid to Finar ge – interest paid to Indivi erest	dualRec	Points paid ipient's SSN

CONTRIBUTIONS (Only deductible if you can itemize)

Cash and check (for which you h				_
Description of donated property	for which you have	receipts _		
Donated to what organization? _		Addre	ess	
Original Cost of Donated Proper	ty		-	
Charitable Activity Mileage				
Other				
EDUCATION, TUITION (A	OTC & LIFETIME	LEARNIN	G) & STUDENT LO	OAN INTEREST
Expenses for qualified higher ed				(attach Form 1098-T)
Student's name	(please circle)	1 2 3	4 5+	
Student loan interest paid during	2024	0	(attach 1098-E Stat	ement)
•			_(,
	CHILD CARE	EXPENS	SES	
Name of provider	Address		Fed. ID#	Amount Paid
	ОТН	IER		
We recommend electronic filing deposit your refund directly into routing number (or attach a void	your checking acco			
Routing Number			Account Number	
	MISC.	INFO		
Any additional income for 2024?	If yes, please lis	st amount	and description:	
Do you need a paper copy of yo	ur return or can we	email you	ı a copy?	Yes or No
Questions or notes for preparer?				

Please remember to enclose W-2s, 1099's, mortgage interest statements, etc.

Please do NOT text pictures of tax documents to us; they are very difficult to read.

Thank you for your business. We look forward to working with you.

You do not need an appointment to drop off your taxes.

Please visit our website at www.StaffordTaxAdvisors.com