

**SCHNEIDER, LARCHE, HAAPALA & COMPANY, PLLC**  
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**Please complete this organizer and call our office for an appointment or send us your information.**  
 You can also call our office to request a customized electronic organizer.

**INDIVIDUAL TAX INFORMATION ORGANIZER FOR 2024 RETURN**

**Personal Information** - *If you are a new client, please provide copies of last year's tax return.*

<b>Taxpayer</b>		Social Security Number	Identity Protection Pin
First Name	Last Name		Birthdate
Address	Home Phone (    )		Occupation
City, State Zip	Cell/Work (    )		Email Address
Driver's License Number	State	Issue Date	Expiration Date
Are you Legally Blind? <b>Yes No</b>	Permanently disabled? <b>Yes No</b>		

<b>Spouse</b>		Social Security Number	Identity Protection Pin
First Name	Last Name		Birthdate
Address	Home Phone (    )		Occupation
City, State Zip	Cell/Work (    )		Email Address
Driver's License Number	State	Issue Date	Expiration Date
Are you Legally Blind? <b>Yes No</b>	Permanently disabled? <b>Yes No</b>		

**Filing status:** **Single** **Married filing jointly** **Married filing separately** **Widow(er)** **Head of household** **Registered Domestic Partnership**

Did/have you celebrate(d) marriage to a same-sex spouse in a state that legally recognized same-sex marriage? **Yes No**

Were you divorced or separated during the year? **Yes No** Were there any deaths in the family? **Yes No**

Names of dependent children <i>First and Last Name</i>	Social Security #	Date of birth	Relationship	Months lived in home in 2024	College Student	Care expenses paid
	- -					
	- -					
	- -					
	- -					
	- -					
	- -					

Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent or the child will claim themselves? **Yes No**

Are any children disabled? **Yes No** Did any children have unearned income above \$1,300 for the year for filing requirements? **Yes No**

Other dependents or people who lived with you <i>First and Last Name</i>	Social Security #	Date of birth	Relationship	Months lived In home in 2024	Income
	- -				
	- -				
	- -				

**Direct Deposit/Electronic Funds Withdrawal Information**

**Bank Information:** Use for Direct Deposit of Refund/ Direct Debit of Balance Due

Name of bank

<b>Checking</b> <b>Savings</b>	Routing transit number	Account number
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Ask your tax preparer for information about depositing a refund into an IRA account, or splitting the deposit into more than one account.

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information for the preparation of this year's income tax returns for which I have adequate records. Please provide a copy of your (and your spouses, if applicable) driver's license (front and back). This information may be needed to electronically file your tax return.

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>

\*\*\*List any questions or concerns to be discussed with your preparer on the back of your tax organizer.





## Sales and Exchange Worksheet – Please bring 1099’s you received

Provide information about sales of stock, real estate or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description	Purchase date	Cost	Selling date	Sale price
		\$		\$
		\$		\$

*We need exact purchase and sale dates and cost including reinvestments, if applicable, to determine the capital gain rate which applies. Electronic spreadsheets can be imported into our tax package. Your statements from your broker (Form 1099-B) sometimes provide the cost/basis information necessary to compute gain or loss. **If the statement does not contain this information, you must provide it.***

## Other Adjustment/Credits Retirement Plans

IRA Maximum \$7,000 for 2024 (additional \$1,000 if 50 years or older)

Traditional or Roth IRA (indicate which):	Date made	Amount
Taxpayer		\$
Spouse		\$
If amount listed is not the maximum, do you want to contribute the maximum? <b>Yes</b> <b>No</b>		
Did you make a retirement plan rollover to a traditional or Roth IRA in 2024? <b>Yes</b> <b>No</b> If yes, amount: \$		
Do you or your spouse actively participate in an employer plan?    Self: <b>Yes</b> <b>No</b> Spouse: <b>Yes</b> <b>No</b>		
Did you make contributions for a self-employed SEP, Simple and/or qualified plan? <b>Yes</b> <b>No</b> If yes, amount: \$		
<i>Some contributions for 2024 can be made in 2025</i>		

## Child Care Credit

*Child care expenses paid to allow parent to work or go to school (please estimate for each child):*

The following information is needed for each provider in order to claim the credit/totals should agree to dependent totals:

Provider name	Provider name
Address	Address
Social security or ID number	Social security or ID number
TOTAL PAID PER CHILD \$	TOTAL PAID PER CHILD \$
Amount you elected to defer through your payroll to a cafeteria or flex plan for child care in 2024 – <i>should agree to W-2 box 10</i> \$	

## Higher Education Deductions and/or Credits

Qualified tuition and course fees paid for student attending eligible education institutions post high school. Please attach your **tuition settlement statements and 1098T's**. We need the institutions EIN, name and address.

Yes	No	Were any children attending college?	Year in college	Paid by You: Tuition \$	Student loan interest \$	Books \$
				Paid by student: Tuition \$	Student loan interest \$	Books \$
<i>Other expenses:</i>						
<b>Yes</b>	<b>No</b>	Did you pay any tuition for a private school for a dependent child or take classes yourself?				
		Student				Amount paid \$
Name and address of school						
Qualified Student Loan Interest Paid in 2024 for you, spouse or dependent				\$2,500 Maximum per year – Income Limits Apply		
Name		Amount \$		Taxpayer    Spouse    Dependent		
Coverdell Education Savings Account (ESA) for child under 19 - <i>maximum \$2,000 for 2024</i>						
Contributions made in 2024		\$	Distributions in 2024 from any Education Savings Account		\$	

## Adjustments Worksheet

Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$300 each (\$600 joint)	\$
Are you covered by a Health Savings Account (HSA)? Amount of deductible contributions	\$
Self-employed SEP, Simple, and qualified plans. Some contributions for 2024 may be made in 2025.	\$
Self-employed health insurance deduction. (Sole proprietors)	\$
Moving expenses. Job-related move and at least a 50-mile increase in commuting distance. <b>ARMED FORCES ONLY</b>	Ask preparer
Business expenses of reservists, performing artists, and fee-based government officials.	Ask preparer

## Itemized Deductions paid during 2024

Deductions must generally exceed \$14,600 for single; \$29,200 for MFI; \$21,900 HOH; or \$14,600 MFS to be a benefit.

### Medical – Must exceed 7.5% of AGI

Prescription medicines and drugs	\$	Doctor, dentist, etc.	\$
Medical insurance premiums paid	\$	Hospitals/Nursing Home fees	\$
Medicare insurance paid (SSA-1099)	\$	Lab fees/X rays	\$
Long-term care insurance premiums	Taxpayer \$	Eyeglasses and contacts	\$
	Spouse \$	Hearing aids	\$
Ambulance	\$	Medical Supplies	\$
Number of medical miles: @ 21.0 cents per mile			
Lodging - limit of \$50 per day per person	\$		
Total insurance and HSA reimbursement if not netted in above figures		\$	

### Taxes – Do not include taxes paid for full or partial business or rental-use property.

Real estate taxes on personal residence:		Amount	Date paid
Taxable value of residence	Township/City	\$	
2023 Winter		\$	
2024 Summer		\$	
2024 Winter		\$	
Other real estate taxes on land, camp, etc.:		\$	
Licenses fees on vehicles		\$	
<b>Yes</b>	<b>No</b>	Did you keep receipts for sales tax paid during 2024? Amount \$	
<b>Yes</b>	<b>No</b>	Did you purchase a car, plane, boat, motorcycle or home in 2024?	
Sales tax paid \$		Purchase paid \$	Date / /

### Interest Expense

Principal residence and <u>one</u> vacation residence (boat or recreational vehicle with living accommodations)			
House mortgage paid to financial institution (attach Form 1098 received from lender)		\$	
Home equity or home improvement loan		\$	
House mortgage or contract paid to an individual:		\$	
Name	Social Security #		
Address			
New mortgage or refinance?	For how many payments?	Date	/ /
<b>Points Paid</b>			
If you refinanced a mortgage or purchased a new residence – please bring in closing papers			\$
<b>Investment Interest</b> - i.e., on debt to carry stocks, bonds or investments:			
List:		\$	

### Charitable

Cash to church and charities *		\$	
Noncash contribution - Fair market value of items given		\$	
If over \$500, provide details of contributions. Items must be in good used condition or better			
Out-of-pocket expenses for charities		\$	
Charitable miles (14 cents per mile)			
Did you or your spouse make a contribution from an IRA directly to a charitable organization? <b>Yes No</b>			
* Current tax law requires taxpayers to have the following for all tax deductions to a charitable contribution of cash, check, or any other monetary gift: (1) a bank record or (2) a written communication from the charity that adequately documents the donation. If the donation is \$250 or more, you must have the appropriate written communications from the charity.			

### Casualty and Theft Loss

If you suffered any sudden, unexpected damage or loss of property or theft, provide details to your preparer. (Federally declared disaster area only)

### Miscellaneous Deductions

Attach detail if applicable: Were any expenses reimbursed by your employer <b>Yes No</b>			
Gambling losses (Deductible only up to the amount of gambling winning reported. A log must be kept to verify losses.)		\$	

