## SCHNEIDER, LARCHE, HAAPALA & COMPANY, PLLC CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS 401 LUDINGTON STREET, ESCANABA, MICHIGAN 49829

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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

INDIVIDUAL TAX INFORMATION ORGANIZER FOR 2024 RETURN									
Personal Information - If you are a new client, please provide copies of last year's tax return.									
Taxpayer	Social Security Number				Identity Protection Pin				
First Name	Last Name			Birtho	late				
Address	Home Phone ( )			Occu	ation	1			
City, State Zip	Cell/Work ( )				Email Address				
Driver's License Number		State Issue Date				Expiration Date			
Are you Legally Blind? Yes No	Permanentl	/ disabled? Yes No							
	•		•						
Spouse		Social Security Number				Identity Protection Pin			
First Name		Last Name			Birtho	late			
Address		Home Phone ( )			Occu	ation	1		
City, State Zip		Cell/Work ( )			Email	Addr	ess		
Driver's License Number		State	Issue	Date		Expir	ation Date		
Are you Legally Blind? Yes No	Permanentl	y disabled? Yes No							
Filing status: Single Married filing	jointly Ma	arried filing separately	Widow(er)	Head o	of household	Re	egistered Do	mestic Par	tnership
Did/have you celebrate(d) marriage to a	same-sex sp	ouse in a state that legall	y recognize	d same-se	ex marriage?	Ye	s No		
Were you divorced or separated during	the year?	Yes No Were there a	ny deaths i	n the fam	nily? Yes	No			
					Months lived			Care	
Names of dependent childre	n	Date of					n home in	College	expenses
First and Last Name		Social Security #	birth	Re	elationship	-	2024	Student	paid
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			.1 . 1		.1 1.1.1			2 1/	
Is it anticipated that a different taxpaye Are any children disabled? Yes No									No No
Other dependents or people who live	d with you					Months		lived	
First and Last Name		Social Security #	Date of	birth	h Relationship		In home ir	2024	Income
Direct Deposit/Electronic Funds Withdrawal Information									
Bank Information: Use for Direct Depos	it of Refund/	Direct Debit of Balance D	ue						
Name of bank									
Checking Savings Routing tran	sit number			Acco	ount number				
Ask your tax preparer for information al	bout depositi	ng a refund into an IRA ac	count, or s	plitting the	e deposit int	o moi	re than one a	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									

Taxpayer SignatureDateSpouse SignatureDate

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.

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

			Questions — All Taxpayers  Yes refers to both taxpayer and spouse. Enter? if unsure.								
PERSONAL	Yes	No	Did your marital status change during the year? If yes, explain:								
PERS	Yes	No	Can you be claimed as a dependent by another taxpayer?								
<u> </u>	Yes	No	Do any of your dependents have unearned income in excess of \$2600? (Kiddie tax)								
<b>-</b>	Yes	No	Did you pay for child care while you worked or looked for work?								
DEPENDENT	Yes	No	Did you pay any expenses related to the adoption of a child during the year?								
PENDE	Voc	No	If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which								
DEF	Yes	No	establishes custodial responsibilities?								
	Yes	No	Did any births, adoptions, marriages, separations, divorces or deaths occur related to you, your spouse or any of your dependents in 2024?								
ES,	Yes	No	Did you start a new business, purchase rental property, or receive income from a sharing/gig activity during the year?								
PURCHASES, SALES, AND DEBT INFORMATION	Yes	No	Did you purchase or sell a principal residence during the year?								
CHASES, SA AND DEBT FORMATIC	Yes	No	Did you have any investments become worthless or were you a victim of investment theft in 2024??								
HAS AND FORI	Yes	No	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?								
URC INI	Yes	No	Did you sell an existing business, rental or other property this year?								
Δ.	Yes	No	Did you lend money with the understanding of repayment in this tax year and it became totally uncollectable?								
	Yes	No	Do you own a business or an interest in a partnership, corporation, LLC, or other venture?								
	Yes	No	Were you granted, or did you exercise, any employer stock options during 2024?								
NOIT	Yes	No	Did you pay or receive alimony in 2024? Recipient SSN# Date of divorce  Paid/received (circle one) \$								
INCOME INFORMATION	Yes	No	Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?								
NE	Yes	No	Did you receive any income from an installment sale?								
ME	Yes	No	Did you receive any disability income during the year?								
O C	Yes	No	Did you receive tip income not reported to your employer this year?								
=	Yes	No	Did any of your life insurance policies mature, or did you surrender any policies?								
	Yes	No	Did you receive any awards, prizes, hobby income, gambling or lottery winnings?								
	Yes	No	Do you expect a large fluctuation in income, deductions, or withholding next year, such as retirement?								
EDUCATION	Yes	No	Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the apcoming year?								
UC,	Yes	No	Did you make any withdrawals from an education savings or 529 Plan account? Please enclose forms.								
E IN	Yes	No	Did you cash any Series EE or I U.S. Savings bonds issued after 1989?								
HEALTHCARE	Yes	No	Did you enroll in Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.								
THC :MA:	Yes	No	Did you make any contributions before April 15, 2025, to a Health saving account (HSA) or Archer MSA for 2024?								
EAL	Yes	No	Did you receive any distributions from a Health savings account (HSA)? Include Forms 1099-SA and Form 5498-SA								
ΙZ	Yes	No	Did you pay long-term care premiums for yourself or your family?								
FO	Yes	No	Did you pay any interest on a loan for a boat or RV that has living quarters?								
ITEMIZED DEDUCTION INFO	Yes	No	Did you refinance a mortgage or take a home equity loan? If yes, provide the closing statement.								
ITEMIZED	Yes	No	Did you incur any business casualty or theft loss or any condemnation awards during the year?								
E DOC	Yes	No	Do you have written evidence to substantiate all of your charitable deductions?								
DE	Yes	No	Did you make any major purchases during the year (cars, boats, motorhomes, etc.)?								
7	Yes	No	Did you make any gifts of more than \$18,000 to any individual (increases to \$19,000 in 2025)?								
MISCELLANEOUS INFORMATION	Yes	No	Did you acquire, use, dispose of or hold any digital assets? (i.e., Bitcoin, Crypto, etc.)								
	Yes	No	Did you pay any individual for domestic services in your home?								
	Yes	No	Did you make any solar energy improvements to any property you own?								
	Yes	No	Did you make energy-efficient improvements or have a home energy audit done to your main home this year?								
	Yes	No	Did you purchase a new or used clean vehicle? (EVO, Hybrids, etc.)								
LLANI	Yes	No	Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?								
SCE	Yes	No	Did you have any foreign financial accounts, foreign financial assets, or hold an interest in a foreign entity?								
Σ	Yes	No	Did you receive correspondence from the State or the Internal Revenue Service?  If so, explain								

Yes	No	Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter.
Yes	No	Would you like the IRS and State to discuss your tax return with your tax preparer if any questions should arise?
Yes	No	Are you a member of the Military- active, reserve or veteran?
Yes	No	Has your will or trust been updated in the last three years?

State Information							
Full-year resident Part-year reside	nt Non-resid	lent					
States of residence during 2024:		Dates:					
School District:		Did you own or rent you	ur home? Own Rent				
Are you or your spouse a veteran with a servi	ce-connected disa	ability? Yes No	%	%			
Are you or your spouse a "resident tribal mer	nber" of a federall	ly recognized Indian Tribe	? Yes No If yes, what tribe?				
Do you live on designated Tribal land? Yes No							
Michigan deductible contributions made to: (max per child: 10,000/5,000)	Michigan Educat	tion Trust	Michigan Education Savings Plan (MESP) Including MI 529 Advisor Plan (MAP)				
Payments made in 2024	\$		\$				
Did you purchase tangible personal property	items that you did	l not pay Michigan sales t	ax on?	Yes No			
If yes, what was purchased and how much wo	as spent including :	shipping and handling?		\$			
			<u> </u>				

Quarterly Tax Estimates Paid – Federal and State							
	Federal		State				
	Date paid	Amount	Date paid	Amount			
1 <sup>st</sup> quarter 2024		\$		\$			
2 <sup>nd</sup> quarter 2024		\$		\$			
3 <sup>rd</sup> quarter 2024		\$		\$			
4 <sup>th</sup> quarter 2024		\$		\$			
Other:		\$		\$			
Other:		\$		\$			
TOTAL estimates paid for 2024		\$		\$			

## **Income Information**

Please bring in all supporting documentation such as W-2's, 1099's, 1095 from Marketplace healthcare, K-1's from employers, partnerships, S corporations, estates and trusts, brokerage houses, mutual funds, banks and credit unions, etc. for the following:

• Interest income • Unemployment compensation (Form 1099-G) • Tax-exempt interest income received (attach year-end statement) • Social Security (attach Social Security report Dividends Form SSA-1099) Stock sales • Railroad retirement Retirement income including pensions and IRA's \* • State income tax refund Debt Forgiveness Gambling winnings Please provide a total amount for (if applicable): Public assistance \$ Strike benefits \$ \$ Prizes/award Scholarships \$ \$ Tips/gratuities not reported on W-2 **Education grants** \$ \$ Veterans' disability Workers' compensation \$ Bartering Other \$ \$ Alimony received If any of the following apply, please attach detail of receipts and expenditures. (Contact us if you need additional help)

Business (Schedule C) Farm (Schedule F)

Rental (Schedule E) including type of property and full address

• Wages, salaries, and tips

Installment sale payments received on a previously reported transaction

Interest \$ Principal \$ Payor Social security #

## Provide information about sales of stock, real estate or other property, along with Forms 1099-B, 1099-S, or other supporting statements. 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? Yes No Did you make a retirement plan rollover to a traditional or Roth IRA in 2024? Yes If yes, amount: \$ No Do you or your spouse actively participate in an employer plan? Spouse: Yes Did you make contributions for a self-employed SEP, Simple and/or qualified plan? Yes No If yes, amount: \$ Some contributions for 2024 can be made in 2025 **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 – should agree to W-2 box 10 \$ **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. Paid by You: Tuition \$ Student loan interest \$ Books \$ Yes Were any children Year in attending college? college Paid by student: Tuition \$ Books \$ Student loan interest \$ Other expenses: Yes No 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 \$2,500 Maximum per year – Income Limits Apply Qualified Student Loan Interest Paid in 2024 for you, spouse or dependent Taxpayer Spouse Dependent Coverdell Education Savings Account (ESA) for child under 19 - maximum \$2,000 for 2024 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 gualified 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. ARMED FORCES ONLY Ask preparer Business expenses of reservists, performing artists, and fee-based government officials. Ask preparer

Sales and Exchange Worksheet – Please bring 1099's you received

		lte	emized Deductio	ns paic	duri	ing 2024					
Deductions m	ust generally exceed \$14	1,600 for single;	\$29,200 for MFJ; \$21,9	000 нон;	or \$14,	,600 MFS to be	a benefit.				
Medical – Mu	st exceed 7.5% of AGI										
Prescription medicines and drugs \$				Doctor, dentist, etc.				\$			
Medical insur	rance premiums paid \$				Hospitals/Nursing Home fees			\$			
Medicare insu	ırance paid (SSA-1099)	e paid (SSA-1099) \$			s/X ra	ys		\$			
Long-term car	re insurance premiums	Taxpayer \$	Taxpayer \$			Eyeglasses and contacts			\$		
		Spouse \$		Hearin	g aids			\$			
Ambulance		\$		Medica	l Supp	lies		\$			
Number of m	edical miles:	@ 21.0	cents per mile								
Lodging - limi	Lodging - limit of \$50 per day per person \$										
Total insurance	ce and HSA reimburseme	ent if not netted	in above figures		\$						
_											
-											
Taxes – Do no	ot include taxes paid for	full or partial bu	usiness or rental-use p	roperty.							
Real estate to	xes on personal residenc	ce:				Amount		Date pa	id		
Taxable value	of residence	To	wnship/City			\$					
2023 Winter						\$					
2024 Summer	•					\$					
2024 Winter						\$					
	ate taxes on land, camp,	, etc.:				\$					
Licenses fees	on vehicles					\$					
Yes No	Did you keep receipts	-		nount \$							
Yes No	Did you purchase a car	r, plane, boat, m									
-	Sales tax paid \$			Purchase	paid \$			Date			
Interest Expe	nse										
	lence and <u>one</u> vacation r				accon	nmodations)	1				
	age paid to financial insti		orm 1098 received fror	n lender)			\$				
	Home equity or home improvement loan \$										
House mortgage or contract paid to an individual: \$											
Name				Social :	Securit	y #					
Address											
	e or refinance?		For how many payme	nts?		Dat	e /	/			
Points Paid		<u> </u>									
	ced a mortgage or purch			closing p	apers			\$			
-	terest - i.e., on debt to c	arry stocks, bond	as or investments:					\$			
List:								, , , , , , , , , , , , , , , , , , ,			
Charitabla											
Charitable	h l - l ! !			<u> </u>							
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 \$											
				\$							
	les (14 cents per mile)	aution from an II	BA directly to a charita	blo organ	ization	ı? Yes No					
	ur spouse make a contrib Iaw requires taxpavers to							heck or any otl	her monetar	v aift·	
* 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 suffere	d any sudden, unexpecte	ed damage or los	ss of property or theft,	provide o	etails	to your prepare	er. (Federa	lly declared dis	aster area oi	ıly)	
Miscellaneou	s Deductions										
Attach detail	if annlicable: Were any	evnenses reimhi	irsed by your employe	r Vo	c N	n					

\$