

New Client Tax Organizer for 2024

Preparer use only EIC: Y/N TP is dependent: Y/N Prior/New Filing Status: S MFJ MFS HH QW

This organizer is meant to help you gather the information used to prepare your personal income tax return. Please fill in as completely as possible and if you have any questions, please call or email.

Taxpayer: _____
Full Name as shown on SS Card SS# Birth Date Occupation

Spouse: _____
Full Name as shown on SS Card SS# Birth Date Occupation

Address: _____
Mailing Address Apt. # City State Zip Code

Home #: _____ Work #: _____ Email: _____

Dependent Information

First Name – Last Name (Exactly as shown on SS Card)	Social Security Number	Date of Birth	Relationship to you	# of months lived in home in 2024	\$ paid for child care for each child in 2024	Higher Education expenses paid in 2024	Disabled or blind?

Filing Information

Please check "Yes" or "No" to ALL of the following questions for 2024 only.	YES	NO
Do you wish to donate \$3 to the Presidential Election Campaign Fund?		
Do you have income from another state?		
Do you want Rawlings Tax Services to prepare your out-of-state refund?		
Did you receive federal retirement income during the year?		
Are you a dependent of another person?		
Are you or your dependents blind or disabled?		
Are you self-employed or work as an independent contractor? If yes, please also fill out the Self Employment Income & LLC Organizer.		
Did you receive active duty military pay?		
Did you and/or your dependents live in the United States for more than half the year?		
Did you make non-cash contributions? If yes, please also fill out the Non-Cash Contribution Organizer.		

Earned Income Tax Credit Information

Please check "Yes" or "No" to ALL of the following questions for 2024 only. Provide details where applicable. Bring a valid SS Card for all dependents on the return. Also needed is documentation that states the address of the dependent on the return. Examples: school, medical, or childcare records.	YES	NO	DETAILS
Did your child(ren) or grandchild(ren) live with you more than ½ yr?			
Did your brother/sister/nephew/niece live with you more than ½ yr?			
Did a foster child (placed by agency) live with you more than ½ yr?			
Did another person live with you during 2024 and were they related?			
Did you and your child(ren) live in the United States more than a ½ yr?			

Filing Status Information

Please check "Yes" or "No" to ALL of the following questions for 2024 only. Provide details where applicable.	YES	NO	DETAILS
Are you married? If yes, did your spouse live with you during the last 6 months of the year?			
Did anyone help support you or your household?			
Did you pay over ½ of the support of anyone not listed under Dependent on front page?			
Are you a surviving widow(er)? If yes, what was your spouse's year of death?			
Did you pay to keep up a home for a related person? If yes, list the name and relationship to the person you provided a home for.			

Childcare Provider Information

<ul style="list-style-type: none"> You must prove your expenses in the form of cancelled checks/invoices and receipts and bring them to your tax appointment. You may claim costs for sending your child to after school programs/summer camps if these programs/camps serve as child care to allow you to work, go to school or look for work. You may claim costs paid for the care if your child is under age 13 and or is a disabled dependent of any age. You may be eligible to claim the childcare credits on both your federal and state returns. 			
Provider Name	SSN/EIN	Childcare Provider Address	\$ Paid

Estimated Tax Payments — fill in only if you made estimated payments

Amt applied to 2024 from 2023 refund	1 st Qtr payment due April 15, 2024	2 nd Qtr payment due July 15, 2024	3 rd Qtr payment due Oct 15, 2024	4 th Qtr payment due Jan 15, 2025
Federal \$	\$	\$	\$	\$
State \$	\$	\$	\$	\$

Income Information

Please check "Yes" or "No" to ALL of the following questions for 2024 only. Provide details where applicable and bring W-2, 1099's, K-1, etc to your tax appointment.			
Types of Income	Yes	No	Details (# of forms or statements for each type)
W-2 forms from employer			
Interest Income (Refer to page 5 for Interest Worksheet)			
Dividend Income (Refer to page 5 for Dividend Worksheet)			
Unemployment Income (on Form 1099-G)			
IRA/Pension/Annuity Income (on Form 1099-R)			
Social Security or Railroad Retirement Income			
Self Employment Income/ LLC (Please fill out Self Employment Organizer)			
Tip Income (Detail source, i.e.: restaurant/salons, etc.)			
Childcare/Daycare Income (Please fill out Daycare Income Organizer)			
Alimony (Include full name and social security number of payee)			
K-1 (Detail if Partnership, S-Corp, Trust or Estate)			
Rental Property Income (Please fill out Rental Property Organizer)			
Sale of Stock (Please fill out Sale of Stock Organizer)			
Gambling or Lotto Winnings (1099-G)			
Cancelled Debt (1099-C for credit cards, foreclosure, etc.)			
Any other forms of income not listed above			
For Property Tax Return, please include SSI, Disability, Child Support, Food Stamps, Welfare, Housing Assistance and other nontaxable income			

Deductions and Credits

Please check "Yes" or "No" to ALL of the following questions for 2024 only. Provide details where applicable and bring statements/receipts, etc to your tax appointment.			
Types of Deductions	Yes	No	Details and \$ Amounts
Are you a K-12 teacher/Educator? (If yes, how much did you spend on school supplies?)			
Are you are you in the Military? (If yes, did you incur expenses traveling? If so, please complete the Employee Expense Organizer)			
Did you Move more than 50 miles for the Military? (If yes, refer to page 5 for Moving Expenses Worksheet)			
Did you contribute to a HSA (Health Savings Account)? (If so, please provide statement/receipts of what you contributed and how much is remaining in your HSA at the end of the year.)			
Have you or will you contribute money to a SEP or Simple IRA plan by April 15?			
Did you pay Health Insurance Premiums if you are self-employed? (If so, please provide proof of payments)			

Types of Deductions	Yes	No	Details and \$ Amounts
Did you pay a Penalty for Early Withdrawal from a deposit at your bank or credit union?			
Did you pay Alimony during the year? Include full name and social security number of recipient and date started.			
Have you or will you contribute money to a Traditional IRA plan by April 15?			
Did you, your spouse or dependents attend College during the year? If so, please provide tuition, fees, books, supplies, etc paid by cash, loans, etc. (Bring Form 1098-T for each student)			
Did you Adopt a child or incur expenses for adoption?			
Did you make any energy efficiency improvements to your home or buy any energy efficient appliances ?			
Did you pay for unreimbursed medical expenses ? (If so, please fill out the Medical Expense Worksheet on page 5.)			
Did you pay property taxes on your main home (If yes, please bring your tax statement.)			
Did you pay mortgage interest on your home? (If so, please bring your Form 1098 for all loans.)			
Did you buy or sell a home during the year? (If so, please fill out the Home Buyer or Sale of Home Organizer worksheet.)			
Did you donate money or non-cash donations to a charity? (If so, please fill out the Non-Cash Contribution worksheet.)			
Did you lose property of value due to a casualty or theft ? (If yes, please provide paperwork and details of the incident/s.)			
Did you incur any non-reimbursed job-related expenses while working as an employee? (If so, please complete the Employee Expense Organizer worksheet.) This is if you work or live in MN only!			
Did you incur any investment related expenses such as: safety deposit box, brokerage fees, etc.?			
Did you pay for tax preparation fees, tax consulting or tax software ?			
Did you have any gambling losses ? (If yes, please provide documentation for the losses such as: cancelled checks, print out of activity from casino, etc.)			
Did you make any political contributions ? (If so, please provide documentation /name of recipient.)			
Are you a construction worker that commuted 50 miles or more for work? (If so, please provide written documentation of days and miles for the day.) This is if you work or live in MN only!			

Interest and Dividend Income Worksheet

<ul style="list-style-type: none"> Please provide all copies of 1099-DIV and 1099-INT Please enter total payments for each payer of interest or dividends If you are receiving interest payments under a seller financed mortgage, we need the name, address, SSN of the person making payments to you and documentation of agreement 				
			Yes	No
Do you have money in or ownership of a bank account in a foreign country?				
Do/did you have \$10,000 or more in foreign financial accounts at any time in 2024?				
Name of bank or payer	Interest Received	Name of corporation or other payer		Dividends Received
	\$			\$
	\$			\$
	\$			\$

Moving Expense Worksheet for Military Members Only

<p>You may deduct unreimbursed costs of moving to a new work location for Military Only. Your move must be more than 50 miles from previous home to new work location and you must work at least 39 weeks at your new job in order to receive deduction.</p>	
Miles from old home to old job	miles
Miles from old home to new job	miles
Truck or trailer rental	\$
Cost of packing/transporting household goods	\$
Cost of travel and lodging (does not include meals)	\$
Other expenses (please list)	\$
Employer reimbursements (bring document/proof to appointment)	\$

Medical Expense Worksheet

<ul style="list-style-type: none"> You may deduct unreimbursed medical expense if they exceed 7.5% of your AGI. If you withdrew money from your health savings account (HSA), you must use that money to pay qualified medical expenses. Include those expenses here and have proof of expenses. You cannot deduct medical expenses paid by insurance or others. 			
Prescription medications	\$	Fees for hospitals, clinics, etc	\$
Health Insurance Premiums from Form 1099-R	\$	Fees for labs and x-rays	\$
Medical care, other than self-employed health insurance	\$	Expenses for qualified long-term care	\$
Medicare Premiums	\$	Eyeglasses and contact lenses	\$
Long-term care premiums	\$	Medical Equipment and supplies	\$
Fees for doctors	\$	Medical miles driven	Miles
Fees for dentists	\$	Other transport i.e.: ambulance fees	\$
Fees for chiropractors, massage therapists, etc.	\$	Medical improvements to home	
Lodging for medical purposes (up to \$50 per person per night)		Other costs	