# 2024 Individual Taxpayer Organizer Rental Property

(See next page for Organizer)





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## **2024 Individual Taxpayer Organizer**

Taxpayer						Tax ID # *				
First Name	M.I.	Last	<sup>t</sup> Name	Ema	nil	-		IP PIN		
Occupation		Date	of birth			Are you ne	w to or	ır firm?	Yes	No
Address		City				State		Zip		
County		Prima	ary phone			Secondary	phone	1		
Driver's License No.				State	e Issue	Date	Еэ	cp. Date		
Spouse						Tax ID#*				
First Name	M.I.	Last	<sup>t</sup> Name	Ema	nil	'		IP PIN		
Occupation		Date	of birth			Are you ne	w to ou	ır firm?	Yes	No
Address (If different from Taxpayer)		City				State		Zip		
County		Prima	ary phone			Secondary	phone	•		
Driver's License No.				State	e Issue	Date	Еэ	cp. Date		
If you moved during 2024, enter your	previous address	5.				Date of mo	ve			
Marital status on 12/31/24: Single Were you divorced or separated durin <i>Note:</i> Individuals in registered domes	ng the year? Ye		0	We	ere there any	gistered Domes deaths in the fa red married for f	mily?	Yes N	lo ,	
Names of dependent children Child's full name	Tax ID #	<u> </u> *	IP PIN		Date of birt	Months lived home in 202		Relationship		College tudent?
Did any of the children have unearned Is it anticipated that a different taxpay					,	the children ha		sability? Yes N	Yes	No
Other dependents or people who liv	ed with you									
Name	Tax ID # *		IP PIN	D	Pate of birth	Months lived in home in 2024	Rela	tionship	In	соте
Bank information: Use for Direct d	eposit of refund	Dire	ct debit of balaı	nce di	ue <i>Name of</i>	bank	1			
Checking Savings Routing tra	nsit number				Account nu	mber				
Ask your tax preparer for information	n about depositing	g a refu	und into an IRA	acco	unt or splitti	ng the deposit i	nto moi	re than one	e acco	ount.
*A Tax ID # is a Social Security Number (SS	N), adoption taxpay	zer iden	ntification number	r (ATI	N), or an indiv	idual taxpaver id	entificat	ion numbei	· (ITI)	J).

"Yo	u" refei	s to b	1 1 1	ise—ask your preparer if	you are unsu	e about a question.						
	Yes	No	, ,	ur spouse legally blind?								
	Yes	No	Have you received a	ny notice from the IRS or s	state revenue	department within	the past year? If yes, provide a copy.					
	Yes	No	Did you pay or recei Paid Received		Recipien	's SSN	Date of divorce or separation					
	Yes	No	Did you purchase he	ealth insurance through a p	oublic exchan	ge/marketplace? (I	Provide Form 1095-A.)					
LIFESTYLE & TAXES	Yes	No	Will there be any sig	there be any significant changes in income or deductions next year, such as retirement?								
S S	Yes	No	Did you pay anyone	oay anyone for domestic services (e.g., nanny, housekeeper, cook, caretaker) in your home?								
STYLL	Yes	No	Did you purchase ar	u purchase an energy-efficient, hybrid, or electric vehicle?								
LIFE	Yes	No	Are you involved in	bankruptcy, foreclosure, re	epossession, o	or had any debt (inc	cluding credit cards) cancelled?					
	Yes	No	Are you a member o	f the military?		State of residency						
	Yes	No	Were you a citizen o	f or did you live in a foreig	n country?	Foreign country						
	Yes	No	Do you own or have	financial interest in a forei	ign bank or fi	nancial account? N	Maximum value in 2024 \$					
	Yes	No	Would you like to all Designee's name	low your tax preparer or a	nother persor Phone number	n to discuss your re	turn with the IRS?  PIN (any five digits)					
	Yes	No	Were any children bo	orn or adopted in 2024? (Pr	rovide stateme	nt for other expenses.	)					
	Yes	No	Were any children at	tending college? (Provide F	Form 1098-T a	nd Form 1098-E.)						
			Year in college	Paid by you: Tuition \$		Books \$	Student loan interest \$					
201				Paid by student: Tuition	\$	Books \$	Student loan interest \$					
CHILDREN & EDUCATION	Yes	No	Did you pay any tui	tion for a private school for	r a dependen	t or take classes you	urself?					
8			Student				Amount paid \$					
UNEN			Name and address of s	chool								
	Yes	No	Did you pay for chile	d or dependent care so you	ı could work	or go to school? (Pr	rovide statement if applicable)					
			Name of provider				EIN or SSN					
			Address				Amount paid \$					
	Yes	No	Did you make any co	ontributions to a 529 plan i	in 2024? If yes	, provide details.						
	Yes	No	Did you, or will you	, contribute any money to	an IRA for 20	24?	Traditional IRA Roth IRA					
	Yes	No	Did you roll over an	y amounts from a retireme	nt account in	2024?						
3	Yes	No	Did you sell or trans	fer any stock or sell rental	or investmen	t property?						
INVESTIMENTS	Yes	No	Did you receive any	income from an installmen	nt sale?							
NES	Yes	No	Did you have any in	vestments become worthle	ess or were yo	ou a victim of inves	tment theft in 2024?					
•	Yes	No	Were you granted, o	r did you exercise, any em	ployee stock	options during 2024	1?					
	Yes	No					or (b) sell, exchange, or otherwise dispos cryptocurrencies, NFTs, and stablecoins)					
2	Yes	No	Did you, or do you p	olan to, contribute money b	oy April 15, 20	025 to an HSA for 2	024? If yes, provide details.					
	Yes	No	Did you pay any inte	erest on a loan for a boat or	r RV that has	living quarters? If y	yes, provide details.					
DEDUCTIONS	Yes	No	Did you pay sales ta	xes on a major purchase in	2024, such as	s a vehicle, boat, or	home?					
7	Yes	No	Did you make any cl	naritable contributions in 2	2024? If yes, p	rovide details.						
99	Yes	No	Did you work from a	n home office or use your c	ar for your b	usiness?						
DUSINESS	Yes	No	Did you receive inco	me from a sharing/gig eco	onomy activit	y (e.g. Airbnb, Ube	r, etc.)?					
	Yes	No	Do you own a busin	ess or an interest in a partr	nership, corpo	oration, LLC, farmin	ng activities, or other venture?					
	Yes	No	Did you purchase or	sell a main home during th	he year? If ye	s, provide closing st	atement.					
	Yes	No	If you sold a home, o	lid you claim the First-Time	e Homebuyeı	Credit when it was	s purchased? If yes, provide details.					
HUME	Yes	No	Did you refinance a	mortgage or take a home e	quity loan? I	yes, provide closir	ng statement.					
`	Yes	No	-			-	or substantially improve your home?					
	Yes	No	, ,	ew energy-efficient improv		•						
Stat	e infor	matio			Nonreside							
			ce during 2024 and da				or own your home? Rent Own					
	-5 51 10					20 you rent	2. 2 jour nome. Rent Own					

Total rent paid \$

Includes heat?

Yes

No

### **Income Worksheet**

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, 1099-NEC, 1099-K, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicate	e "T" for taxpayer, "S" for spouse, "J" for j	Provide additional statements if more room is needed					eded		
Forms V	N-2—Wage and Tax Statement								
T/S	Employer name			T/S Employer name					
	1)				4)				
	2)				5)				
	3)				6)				
Forms 1	099-INT—Interest Income								
T/S/J	Name of issuer			T/S/J	Name of	issuer			
	1)				4)				
	2)				5)				
	3)				6)				
Forms 1	099-DIV—Dividends and Distributions								
T/S/J	Name of issuer			T/S/J	Name of issuer				
	1)				4)				
	2)				5)				
	3)				6)				
Forms 1	099-R—Distributions From Pensions, Ar	nnuities, Reti	rement	or Profit	-Sharing P	Plans, IRAs, Insurance	e Contrac	ts, Etc.	
T/S	Name of issuer			T/S	Name of issuer				
	1)				4)				
	2)				5)				
	3)				6)				
If the di	stribution is before age 59½, give a reason	to determine	e if an e	exception	to penalty	applies.			
Tax-Exe	mpt Interest (such as municipal bonds—	include state	ment)						
Payer		\$		Payer				\$	
Other I	ncome								
State tax	x refund		\$		Unreported tips \$				
Unempl	loyment compensation		\$	Other \$		\$	\$		

### **Sales and Exchanges Worksheet**

Social Security (taxpayer)—provide SSA-1099 or RRB-1099

Social Security (spouse)—provide SSA-1099 or RRB-1099

Business income (see Sole Proprietorship Tax Organizer)

Rental income (see Rental Property Tax Organizer)

Gambling income—provide Form W-2G

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

\$ \$

\$

\$

\$

\$

See "Sales and Exchanges Worksheet" below.

Stock sales

Sale of other property

Description of property	Purchase date	Cost/basis	Sale date	Sale price
		\$		\$
		\$		\$
		\$		\$

### Notes:

- When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.
- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

### **Itemized Deductions Worksheet**

Deductions must exceed \$14,600 Single, \$29,200 MFJ/QSS, \$21,900 HOH, or \$14,600 MFS to be a tax benefit.

include cost fo	or dependents—do	7.5% of income to be not include any expe with funds from an F	nses tha	at were		ide details of co	\$500 in noncash cha ntributions. Rules rec all contributions.			
Dentists	\$	Hospitals	\$		Monetary (cash, ch	eck, credit card)		\$		
Doctors	\$	Insurance	\$		Noncash contributi					
Equipment	\$	Prescriptions	\$		items must be in go	ood used conditi	on or better.	\$		
Eyeglasses	\$	Other	\$		Did you transfer fu		A directly to a	di di		
Medical miles	·	@ 21¢			<u> </u>	No	@ 14 +	\$		
		paid for full or partia		ess or	Charitable mileage  Casualty and The		@ 14¢			
State withhold		siness use of the non-		ed on W-2			ected damage or loss	of property, or		
	d taxes—paid in 20	24	\$	CH UII VV-Z		y-declared disas No	ter area, provide deta	ils to your tax		
Real estate tax	-	<del>-</del> -	\$		1 1					
Real estate tax			\$		Miscellaneous Itemized Deductions. Miscellaneous itemized deductions subject to the 2% AGI limitation are not deductible on the					
Personal prop			\$ \$ ( )		federal return. However, these expenses may be deductible on your stat return. For use of home, auto mileage, or other job-related expenses, provide information on a separate sheet. Were any expenses reimbursed					
1 1	efund—received in	2024								
Foreign tax pa			\$		by your employer? Yes No					
Other			\$		Dues	\$	Subscriptions	\$		
Other			\$		Investment	\$	Supplies	\$		
Other			\$		expenses					
Balance paid i	n 2024 from prior y	ear state returns			Job education	\$	Tax prep fees	\$		
	e interest or penalti		\$		Job seeking	\$	Tools	\$		
		x paid during 2024?	Yes	No	Legal fees	\$	Uniforms	\$		
		at, or home in 2024?  vaid \$ Date	Yes	No	Licenses	\$	Union dues	\$		
Sales tax paid S		•		<u>.</u>	Safety equipment	\$	Other	\$		
use or rental-u	se property, includ	erest paid for full or p ing business use of th ion and ID numbers.			Other Deductions AGI limitation.	. The following	deductions are not s	ubject to the 2%		
Main home		Equity loan	\$		Gambling losses	\$	Federal estate tax on IRD	\$		
Second home	\$	Equity loan	\$		Impairment-	\$	Other	\$		
Points	\$	Investment interest	\$		related expenses					

move pursuant to a military order and incident to a permanent change of station.

Business expenses of reservists, performing artists, and fee-based government officials.

**Adjustments Worksheet** 

Other adjustments. Include description.

- Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
- Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$300 each.	\$
Health savings account (HSA). Contributions for 2024 may be made through April 15, 2025. (Only include contributions you made out-of-pocket).	\$
Self-employed SEP, SIMPLE, and qualified plans. Contributions for 2024 may be made through April 15, 2025.	\$
Self-employed health insurance. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.	\$
Penalty on early withdrawal of savings.	\$
IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Contributions for 2024 may be made through April 15, 2025.	\$
Student loan interest. Paid for taxpayers and dependents.	\$
Moving expenses. Available only to members of the Armed Forces (or their spouses or dependents) on active duty that	

Ask preparer

Ask preparer

Estimated Tax Payments — Tax Year 2024									
Installment	Date paid	Federal	Date paid	State					
First		\$		\$					
Second		\$		\$					
Third		\$		\$					
Fourth		\$		\$					
Amount applied from 2023 overpayment		\$		\$					
Total		\$		\$					

### **Tax Preparation Checklist**

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange/marketplace), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought, sold, or refinanced real estate.

Mileage amounts for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.

Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2024.

### **Taxpayer Responsibilities**

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the returns carefully before signing to make sure the information is correct.
- Fees must be paid before your tax returns are delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer may be required for preparation of returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a duplicate copy in the future.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer Spouse Date

### **Privacy Policy**

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your express written permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

### **Rental Property Tax Organizer**

### **Rental Income and Expenses**

Indicate type of property as 1-Single Family Residence, 2-Multi-Family Residence, 3-Vacation/Short-Term Rental, 4-Commercial, 5-Land, 6-Self-Rental, or 7-Other (describe).

	Prope	erty A	Prope	erty B	Property C		
	Address o	f property:	Address o	f property:	Address of property:		
	Туре		Туре		Туре		
	Any personal us	se? Yes No	Any personal use? Yes No		Any personal use? Yes No		
	Fair Rental Days	Personal Use Days	Fair Rental Days	Personal Use Days	Fair Rental Days	Personal Use Days	
Date placed in service							
Rents received	\$		\$		\$		

**Security deposits.** A security deposit is not included in rental income if you plan to return it to the tenant at the end of the lease. If any amount is forfeited by the renter during the year, include that amount as rental income.

Expenses		
Advertising	\$ \$	\$
Auto and travel	\$ \$	\$
Cleaning and maintenance	\$ \$	\$
Commissions	\$ \$	\$
Insurance	\$ \$	\$
Legal and professional fees	\$ \$	\$
Management fees	\$ \$	\$
Mortgage interest paid to banks	\$ \$	\$
Other interest	\$ \$	\$
Repairs	\$ \$	\$
Supplies	\$ \$	\$
Taxes	\$ \$	\$
Utilities	\$ \$	\$
Other (list)	\$ \$	\$
	\$ \$	\$
	\$ \$	\$

### **Property Information**

If this is your first year with our firm, please provide a depreciation schedule for all property placed in service before 2024.

**Property Purchased.** Treat the cost of improvements made to real property as the purchase of a new asset.

Asset	Date purchased	Cost	Date placed in service
		\$	
		\$	
		\$	
		\$	
		\$	

Property Sold or	Taken Out of Service
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Asset	Date sold or taken out of service	Selling price	Trade in?
		\$	
		\$	
		\$	
		\$	
		\$	