

# 2024 Tax Organizer

Thank you for choosing Dream Lake Financial for your 2023 taxes! This organizer will assist you in gathering information necessary to complete your return. Please review the entire document and upload it along with all supporting documentation to your [secure client portal](#).

Taxpayer Information			
Taxpayer name		Spouse name	
SSN		SSN	
Date of birth		Date of birth	
Phone		Phone	
Email address		Email address	
Occupation		Occupation	
Street address			
City		State	Zip
Filing status	Single      Married filing jointly      Married filing separately Head of household      Qualified widow(er)		

Dependent Information					
Name	SSN	Relationship	Date of birth	Disabled	Full-time student

2024 Tax Questionnaire	
Yes	No
	Did your marital status change during the year?
	Did you buy, sell, or refinance any substantial property (home, auto, boat, etc)?
	Have you been issued an identity protection PIN from the IRS? If yes, provide IP PIN and/or Notice CP01A:
	Have you had any changes in dependents during the year?
	Did any of your children or dependents have investment income?
	Did you pay tuition or educational expenses for any member of your household?
	Did you buy, sell, exchange, or acquire any virtual currencies (e.g. Bitcoin)?
	Did you pay wages to any household employees (babysitter, housekeeper, etc)?
	Did you make gifts to any one person of more than \$15,000?
	Did you own or have signature authority over any foreign financial assets?
	Did you obtain health insurance coverage through the federal or state healthcare exchange?

## Estimated Tax Payments Made

	Federal		State		Local	
	Date	Amount	Date	Amount	Date	Amount
Overpayment applied from 2022						
Quarter 1						
Quarter 2						
Quarter 3						
Quarter 4						
Additional Payments						

## Account information for tax payments/refunds

Use last year's account information (leave below blank if checked):

Bank name	Routing number	Account number	Account type		Use for	
			Checking	Savings	Deposits	Withdrawals

## Photo ID information

Type of ID	Taxpayer		Spouse	
	Driver's License	State ID	Driver's license	State ID
ID#				
Issuing state				
Issue date				
Expiration date				

## Healthcare Information

Household member	Coverage type (employer, exchange, Medicare, etc.)	# of months covered

<b>Child/Dependent Care</b>			
	<b>Dependent 1</b>	<b>Dependent 2</b>	<b>Dependent 3</b>
<b>Child/dependent name</b>			
<b>Care provider 1</b>	<b>Name</b>		
	<b>Address</b>		
	<b>SSN/EIN</b>		
	<b>Amount paid</b>		
<b>Care provider 2</b>	<b>Name</b>		
	<b>Address</b>		
	<b>SSN/EIN</b>		
	<b>Amount paid</b>		

<b>Itemized Deductions</b>	
Out-of-pocket medical & dental expenses	
Miles driven for medical purposes	
State and local income taxes paid	
Real estate taxes	
Personal property taxes (incl. auto registration fees)	
Mortgage/home equity loan interest paid	
Mortgage premiums	
Investment interest paid	
Cash/check charitable donations	
Noncash charitable donations	
Tax preparer fees	
Others (explain):	

# 2024 Document Checklist

Income	
Yes	N/A
	Copy of Drivers License
	1095-A (Health Insurance Marketplace Statement)
	W-2s
	1099-G (Unemployment, state/local tax refunds, etc.)
	1099-R (distributions and rollovers from IRAs/401ks/other retirement accounts)
	1099-SA (Distributions from Health Savings Account)
	1099-INT (Interest income) and/or 1099-DIV (Dividend and Capital Gain income)
	1099-B (Sales of stocks/funds) – include cost basis information if not reported
	1099-MISC/1099-NEC (Self-employment income)
	1099-K (from online merchants, credit card payment processors, etc.)
	1099-A/1099-C (Cancellation of debt or property foreclosures)
	K1 (Income from partnership, estate, trust, or S corporation) – include basis schedule
	SSA-1099 (Social Security income)
	Alimony/Spousal maintenance received
	Amount received: _____ Date of decree: _____
	Business Income and Expenses worksheet plus bookkeeping records
	Rental Property worksheet plus bookkeeping records
	Auto, Home Office, and Equipment worksheets if applicable
	Foreign asset account statements (e.g. bank or investment accounts)
	Did you receive gifts or inheritance from foreign persons/entities during the year? If yes, please provide information in Notes section.
	Did you have any other sources of income (gambling, hobbies, property sales, etc.) during the year? If yes, please provide information in Notes section.
	Did you receive, sell, send, exchange, or otherwise acquire cryptocurrency during the year?

Deductions/Credits	
Yes	N/A
	Childcare - Provide statement from childcare provider and/or payroll reports for nanny or babysitter including name, address, and amount paid
	1098-T (Tuition statement for college education)
	1098-E (Student loan interest paid)
	1098 (Mortgage interest paid)
	Charitable donations: Provide receipts plus itemized list of non-cash items/values
	Proof that children live with you – provide school, day care, or health records, or other documents for ALL children or dependents
	1095-A (Health insurance obtained through Healthcare Exchange)
	Retirement contributions:
	Traditional IRA: _____ Roth IRA: _____ SEP: _____ Solo 401(k): _____
	Health Savings Account contributions:
	Employer: _____ Employee (via paycheck): _____ Individual: _____
	529 Plan contributions: _____ State plan: _____

Misc	
Yes	N/A
	Copy of state-issued photo ID – <b>required for all taxpayers</b>
	Signed tax preparation agreement
	Copy of 2022 tax return (new clients only)
	State, informational, or other tax documents:
	Describe: _____

## Notes/Questions