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2024
TAX ORGANIZER

Taxpayer Information		Spouse Information	
Last name	_____	Last name.....	_____
First name	_____	First name	_____
Middle Initial.....	_____	Middle Initial.....	_____
Suffix.....	_____	Suffix.....	_____
Social security number	***-**-6789	Social security number	_____
Occupation	_____	Occupation.....	_____
Work phone	_____	Work phone.....	_____
Ext ...	_____	Ext ...	_____
Cell phone	_____	Cell phone	_____
E-mail address.....	_____	E-mail address	_____
Date of birth	_____	Date of birth	_____
Address	_____	Apartment number	_____
City	_____	State.....	_____
ZIP Code.....	_____	Home phone.....	_____
Fax number	_____		_____

Dependent Information

First name	MI	Social Security Number	Date	Months Lived	Child Care
Last name	Suffix	Relationship	of Birth	with Taxpayer	Expense
.....
.....
.....
.....

Child and Dependent Care Provider Expenses

Name	Address	ID Number	Amount Paid
.....
.....
.....
.....

Education Tuition and Fees

Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid

Enter total 2024 qualified student loan interest.....

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation**Employer Name****2023 Amount**

3 PEAKS

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc**1099-R Payer Name****2023 Amount****Attach Form(s) SSA-1099 – Social Security/Railroad Benefits****Taxpayer****Spouse**

Social Security Benefits from Form SSA-1099

Railroad Retirement Benefits from Form RRB-1099

Medicare B premiums withheld.....

Medicare C premiums withheld.....

Medicare D premiums withheld.....

Attach Form(s) 1099-MISC – Miscellaneous Income, 1099-NEC, and 1099-K**1099-MISC, 1099-NEC, and 1099-K Payer Name****Attach Form(s) 1099-INT – Interest Income****1099-INT Payer Name****2023 Amount****Attach Form(s) 1099-DIV – Dividend Income****1099-DIV Payer Name****2023 Amount****Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions**Taxpayer****Spouse**

Traditional IRA contributions made for 2024

Roth IRA contributions made for 2024

SEP, Keogh, Individual 401(k) or SIMPLE Contributions

2024 Deductions

Medical and Dental Expenses	2024 Amount	2023 Amount
Prescription medications.....		
Health insurance premiums		
Doctors, dentists, etc		
Hospitals, clinics, etc		
Eyeglasses and contact lenses		
Miles driven for medical purposes.....		
Other medical and dental expenses:		

Taxes	2024 Amount	2023 Amount
Real estate taxes paid on principal residence		
Real estate taxes paid on additional homes or land		
Auto license registration fees based on the value of the vehicle		
Other personal property taxes		

Interest Expenses	2024 Amount	2023 Amount
Home mortgage interest paid — Attach Form(s) 1098.		
Lender's Name		

Points paid on loan to buy, build or improve main home		
Lender's Name		

Cash/Check/Credit Contributions	2024 Amount	2023 Amount

Noncash Charitable Contributions
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

Miscellaneous Deductions	2024 Amount	2023 Amount
Union and professional dues		
Professional subscriptions, books, supplies		
Uniforms and protective clothing (including cleaning)		
Job search costs		
Taxpayer educator expenses.....		
Spouse educator expenses.....		
Tax return preparation fees		
Safe deposit box rental		
Gambling losses (to the extent of gambling income)		
Other expenses (list):		

	Yes	No
1 Did a lender cancel any of your debt in 2024? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024? If yes , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach documentation showing sales tax paid.		
4 Did you purchase a hybrid or electric vehicle in 2024? If yes , enter year, make, model, and date purchased:	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2024? If yes , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2024 ? % State ID		
7 Did your marital status change during 2024?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain:		
8 Were you or your spouse permanently and totally disabled in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have dependents who must file?.....	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,600?...	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2024?	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2024?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive any disability payments in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2024? If yes , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you incur any casualty or theft losses during 2024?	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you pay any individual for domestic services in 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you take a retirement account distribution related to a natural disaster?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you buy or sell any stocks or bonds in 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you incur any moving expenses? If yes , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
24 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach information.		
25 Do you expect your income and deductions in 2025 to be the same as 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
If no , attach explanation of changes expected.		
26 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>
27 At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?.....	<input type="checkbox"/>	<input type="checkbox"/>
28 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
29 Enter your state of residence.....	Taxpayer	Spouse
30 a Do you want to change the language with which the IRS communicates with you?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, which language?.....		

Electronic Filing and Direct Deposit of Refund

	Yes	No
If your tax return is eligible for Electronic Filing, would you like to file electronically?.....	<input type="checkbox"/>	<input type="checkbox"/>
The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.		
If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please provide a voided check (not a deposit slip) if your bank account information has changed.		
What type of account is this?.....	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

Health Insurance Coverage

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Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:												
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

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