



www.ats1040.net

We have created this organizer in order to make it easier for you to gather your income tax information. Please complete and bring the following information to your tax appointment. **Do not attach receipts unless specifically requested to do so. Keep receipts for your records.**

- 1) If this is your first year with our firm, please bring a copy of your prior year tax return with you to your tax appointment.
- 2) Any correspondence received from the IRS or the state concerning your taxes.
- 3) W-2 forms from your employer or 1099-NEC forms if you are self employed.
- 4) Forms 1099 concerning your interest income, dividend income, investment sales, real estate sales, IRA/pension income, rental income, unemployment compensation, social security payments, etc.
- 5) Schedule K-1 from partnerships, S corporations, estates and/or trusts.
- 6) Forms 1098 concerning mortgage interest, student loan interest, and tuition payments.
- 7) Statement from child care provider showing provider name, address, social security/tax ID number and amounts paid.
- 8) Form 1095-A relating to healthcare coverage purchased through a health insurance marketplace.
- 9) If you have a business, are a daycare provider, have rental property, or have a farm operation, and don't already have the applicable organizer, please download the organizer from our website or call our office and request the organizer be mailed to you.
- 10) The following personal information if this is your first year with our firm. Otherwise, simply fill in any changes from last year: ____ Check here if no changes from previous year.

<u>Taxpayer</u>		<u>Spouse</u>	
Name	_____	Name	_____
Social Security #	_____	Social Security #	_____
Date of Birth	_____	Date of Birth	_____
Occupation	_____	Occupation	_____
Phone Number	_____	Phone Number	_____
Primary Email Address	_____	Preferred Contact Method	_____
Address	_____		
City	_____	State	_____ Zip _____
Referred By	_____		

Dependents:		Date of Birth	Income	# of Months Child Lived With You During 2024
<u>Name</u>	<u>Social Security #</u>	<u>Birth</u>	<u>Income</u>	<u>With You During 2024</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

By signing below you acknowledge that, to the best of your knowledge and belief the information contained in this tax organizer is both accurate and complete and fairly represents your income and deductions for the 2024 tax year.

Signature

Signature

Date

Date

Yes No

General Information

- ____ Were there any changes to your filing status or number of dependents during 2024? If yes, provide details.
- ____ Did you receive any notices from the IRS or other state taxing agency during 2024? If yes, provide details.
- ____ Do you want to allow your preparer to be able to discuss your return with the IRS or MN Revenue should the need arise?
- ____ If you receive a refund would you like direct deposit? If yes, provide a voided check if not already on file.
- ____ Would you like a PDF copy of your return instead of a paper copy? If yes, bring your ATS flash drive from prior years and you will receive \$5 off your 2024 tax preparation.
- ____ Did you receive an Identity Protection Personal Identification Number (IP PIN) from the IRS? If yes, provide the six-digit code: Taxpayer: _____ Spouse: _____
- ____ Did you or your spouse have a financial interest in or signature or other authority over a foreign bank or securities account? If yes, did the account value exceed \$10,000 at any time during the year?
- ____ Did you make estimated tax payments for the 2024 tax year? If yes, complete the following:
- | | | | | |
|----------|------------|------------|------------|------------|
| Federal: | 4-15 _____ | 6-17 _____ | 9-16 _____ | 1-15 _____ |
| State: | 4-15 _____ | 6-17 _____ | 9-16 _____ | 1-15 _____ |
- ____ Did you purchase health insurance for yourself or a family member through the Health Insurance Marketplace (MNsure). If yes, attach Form 1095-A, Health Insurance Marketplace Statement.
- ____ Do you have an ownership interest in a Corporation, Partnership, LLC or other business entity?

Income

- ____ Did you receive gambling winnings during 2024? If yes, attach Forms W-2G and provide the following:
- | | | | |
|-----------------|----------|-----------------|----------|
| Gambling Income | \$ _____ | Gambling Losses | \$ _____ |
|-----------------|----------|-----------------|----------|
- ____ Did you receive any alimony, unemployment benefits, jury duty pay, or any other items of miscellaneous income during 2024? If yes, provide details.
- ____ At any time during 2024, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? If yes, provide details.
- ____ Did you sell your principal residence in 2024? If yes, did you own it and use it as your principal residence for at least 2 out of 5 years from the date of sale? Yes ____ No ____ (If no attach settlement statement)
- ____ Did you have any debt cancelled during 2024? If yes, provide details and Form 1099-C.

Deductions

- ____ Are you a full-time K-12 teacher, counselor, or other school official who incurred at least \$300 of out of pocket expense for books, supplies, or professional development courses?
- ____ If you are subject to Required Minimum Distributions (RMD) did you direct all or part of your RMD to be paid directly to a qualified charity? Amount \$ _____ IRA Custodian _____
- ____ Are you a National Guard member or Reservist who traveled more than 100 miles away from home and stayed overnight to fulfill your training and service commitments? If yes, provide the following:
- | | | | |
|----------------------|-------|---------------|-------|
| Miles Driven | _____ | Hotel/Lodging | _____ |
| Meals or Nights Away | _____ | Parking/Tolls | _____ |
- ____ Did you make a non-payroll related Health Savings Account contribution for the 2024 tax year? \$ _____
- ____ If you are self-employed, did you make a contribution to a SEP or SIMPLE IRA for the 2024 tax year? If yes, please provide the amount and type of plan. \$ _____ Plan Type _____
- ____ Are you self-employed and paid unsubsidized non-employer health insurance premiums? If yes, provide the amount paid during 2024. Health Insurance \$ _____ Long-Term Care Insurance \$ _____
- ____ Did you pay alimony in 2024? Amount \$ _____ Recipient's Social Security # _____
- ____ Did you make any Traditional or Roth IRA contributions for the 2024 tax year? (Not related to employer plans)
- | | | | |
|----------------------------|-------|---------------------|-------|
| Traditional IRA - Taxpayer | _____ | Roth IRA - Taxpayer | _____ |
| Traditional IRA - Spouse | _____ | Roth IRA - Spouse | _____ |
- ____ Did you pay any student loan interest during 2024? If yes, attach Form 1098-E. \$ _____
- ____ Do you own any securities or hold any debts that became worthless during 2024? If yes, provide details.

Yes No

Tax Credits

Did you pay child care costs for a dependent child under the age of 13 so you could work, attend school, or look for a job? If yes, please provide statement from daycare or complete the following:

Name of Provider Address of Provider Provider SocSec/Tax ID # Amount Paid*

Blank lines for provider information.

*Child must have lived with you for greater than 6 months / Includes nursery or pre-school expense

Did you pay any qualified tuition in 2024? If yes, please attach Form 1098-T and answer the following:

Student's Name & Grade or Year in College Tuition & Fees Paid During 2024 Required Course Materials Purchased in 2024* Degree Candidate & At Least 1/2 Student Yes No

*Includes amounts spent on books, supplies, and equipment needed for a course of study.

Did you make any energy-efficient home improvements to your principal residence during 2024?

Insulation or Air Sealing Material Furnace or Hot Water Boiler Exterior Doors Home Energy Audit Exterior Windows and Skylights Heat Pumps, Biomass Stoves and Boilers Central Air Conditioner Solar, Wind, Geothermal Heat Pump Water Heater Qualified Battery Storage or Fuel Cell

Did you purchase a plug-in electric vehicle? If yes, attach invoice or provide the following information:

Year / Make / Model Date / Amount Paid / VIN#

Did you pay any of the following adoption related expenses in 2024 for an adoption finalized in 2024?

Adoption Fees Attorney Fees / Other

MN Tax Items

Did you reside in more than one state during 2024? If yes, please provide the following:

State Date Residency Began Date Residency Ended State Date Residency Began Date Residency Ended

Were you in the military during 2024 and did you receive federally taxable pay for federal active duty, state active service, or other compensation relating to National Guard/Reservists training?

Did you receive a military pension or other military retirement pay during 2024?

Did you receive certain pension income based on public service for which you also did not earn credit toward Social Security benefits? (PERA, Police/Fire, Correctional, TRA, Legislators, Law Enforcement)

Did you make contributions to a Sec 529 College Savings Plan during 2024? If yes, provide the following:

Amount Paid \$ Account Number Financial Institution

Did you make any student loan payments during 2024? Attach 1098-E and complete all of the following:

Total Payments (Taxpayer) Total Payments (Spouse)

Would you like to give to the MN Nongame Wildlife Fund? Amount? \$

Did you pay any education related expenses relating to your qualifying child/children in grades K-12?*

Dependent Name and Grade in School

Table with 4 columns: Expense Description, Amount, Amount, Amount. Rows include Private school tuition, Tutoring expense, Fees for educational after school enrichment programs, Tuition for primarily academic summer camps, Fees for all day kindergarten, Music lesson expense, Drivers education expense, School supplies, Purchase or rental of musical instruments, Transportation costs, Home computer hardware, and Other K-12 educational expense.

*Costs associated with school lunches, school uniforms, dance costumes, sports activities, college testing fees do not qualify

Itemized Deductions

Medical & Dental (Not reimbursed by insurance and not pretax)

Medical and dental insurance premiums _____
Long-term care insurance premiums - Taxpayer _____
- Spouse _____
Miles driven for medical or dental _____
Doctors, dentists, clinics, chiropractors _____
Prescription drugs and insulin _____
Glasses, contacts, and eye exams _____
Hospitals and ambulance _____
Nursing home or long-term care expense _____
Medicare premiums withheld from Social Security _____
Lodging (Limited to \$50 per night, per person) _____
Hearing aids, hearing aid repairs, and batteries _____
Medical equipment _____
Other transportation costs _____
Parking fees _____
Other: _____

Miscellaneous Itemized Deductions (For MN purposes only)

Union and other professional dues _____
Professional books and subscriptions _____
Safety deposit box rent _____
Tax preparation fee _____
Uniforms and protective clothing and upkeep _____
Work tools, equipment, and supplies _____
Professional insurance _____
Professional license _____
Seminars and meeting fees _____
Professional education _____
Job hunting expense in current line of work _____
Investment expense and fees _____
Other: _____

Taxes

Real estate taxes - Primary Residence _____
- Other _____
Personal truck or car license tabs: _____

Sales tax paid on major purchases* _____
*Vehicle, motorcycle, boat, home materials, etc.

Employee Business Expense - Taxpayer (For MN purposes only)

Parking fees & tolls _____
Car rental, taxi, or other local transportation _____
Airfare _____
Hotel _____
Number of nights away from home overnight _____
Business related meals & entertainment _____
Expenses listed above that were reimbursed by your employer:
Non-Meal Reimbursement _____
Meal Reimbursement _____

Interest (Attach Form 1098's)

Primary residence mortgage interest _____
Home equity/line of credit mortgage interest _____
Were the above home equity/line of credit loan proceeds used
to buy, build, or improve your home? Yes No _____
If not, what % of the home equity/line of credit loan proceeds
were used to buy, build, or improve your home? _____ %
Mortgage interest paid to individual: (Provide details) _____
Mortgage points paid relating to: (Attach settlement statement)
Purchase or improvement of main home _____
Refinancing of main home _____
Life of loan (Number of years) _____
Investment interest expense _____

Work Related Mileage - Taxpayer (For MN purposes only)

Date vehicle was first used for business _____
Business miles driven during 2024 (Non-commuting) _____
Total miles vehicle was driven during 2024 _____
Amount reimbursed by employer, if applicable _____

Employee Business Expense - Spouse (For MN purposes only)

Parking fees & tolls _____
Car rental, taxi, or other local transportation _____
Airfare _____
Hotel _____
Number of nights away from home overnight _____
Business related meals & entertainment _____
Expenses listed above that were reimbursed by your employer:
Non-Meal Reimbursement _____
Meal Reimbursement _____

Charitable Contributions (Complete even if taking the standard deduction)

Cash, Check, Credit Card, or Payroll _____
Non-Cash _____
Vehicle donation (Must attach 1098-C) _____
Charitable mileage _____
Please provide the following if non-cash items exceed \$500:
Name of organization _____
Address _____
Description of items given _____

Work Related Mileage - Spouse (For MN purposes only)

Date vehicle was first used for business _____
Business miles driven during 2024 (Non-commuting) _____
Total miles vehicle was driven during 2024 _____
Amount reimbursed by employer, if applicable _____