

**JB BOOKKEEPING CARDINAL & LARSON TAXES LLC**

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2024 Individual Tax Organizer

Please Note: All returning clients do not need to fill out the spouse/dependent information unless you are making additions or any changes this tax season.

Please include required tax forms that you have received for the 2024 tax season. Contact the office if you are needing additional worksheets (schedule c filers).

Personal Information

You

Full Name: _____ Social Security Number: _____

Date of Birth: _____ Occupation: _____

Phone Number: _____ Email Address: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Legally separated ☐ Widowed

Spouse:

Full Name: _____ Social Security Number: _____

Date of Birth: _____ Occupation: _____

Phone Number: _____ Email Address: _____

Mailing Address:

Address: _____

City: _____ State: _____ ZIP code: _____

Did your address change during the year? ☐ Yes ☐ No

Dependents

Dependent 1:

Dependent's Name: _____ Social Security Number: _____

Date of Birth: _____ Relationship: _____

Income (if over \$4,200): _____ Number of Months Resided in Home: _____

Dependent 2:

Dependent's Name: _____ Social Security Number: _____

Date of Birth: _____ Relationship: _____

Income (if over \$4,200): _____ Number of Months Resided in Home: _____

Dependent 3:

Dependent's Name: _____ Social Security Number: _____

Date of Birth: _____ Relationship: _____

Income (if over \$4,200): _____ Number of Months Resided in Home: _____

Dependent 4:

Dependent's Name: _____ Social Security Number: _____

Date of Birth: _____ Relationship: _____

Income (if over \$4,200): _____ Number of Months Resided in Home: _____

Income Sources**Work Income**

- ☐ **W2**
- ☐ **Self-Employed** (Please attach your p&l/income/expenses or contact our office for assistance)

Interest and Dividends

- ☐ **Interest** ☐ **Dividends** ☐ **Received 1099-OID**

Investment Income

- ☐ **Sold Stocks, Bonds, or Crypto** ☐ **Exercised Incentive Stock Options**
- ☐ **Rental Properties** ☐ **Sold Real Estate**
- ☐ **Undistributed Capital Gains**

Retirement Plans and Social Security

- ☐ **IRA, 401k, Pension Plan Withdrawals**
Amount transferred to charity (QCD) _____
- ☐ **Social Security Benefits**

Other Income

- ☐ **Unemployment & Government Payments** ☐ **Received Schedule K-1**
- ☐ **Received Schedule Q** ☐ **HSA/MSA Withdrawal** ☐ **Gambling Winnings**
- Amount not reported on W-2G: _____
- ☐ **Received Alimony**
Amount of Alimony: _____ Date of Divorce or Separation: _____
- ☐ **Jury Duty**
Amount Received: _____ Amount Repaid to Employer: _____

☐ **Sold Main Home**

Date Purchased: _____ Purchase Amount: _____ Other Expenses: _____

☐ **Home Foreclosure or Debt Cancellation**

☐ **529 Plan or Coverdell ESA Withdrawal**

☐ **Royalties**

Type of Royalty: ☐ Natural resources ☐ Copyrighted works ☐ Patents ☐ Other

☐ **Foreign Accounts**

☐ **Other**

Deductions and Credits

Home

☐ **Home Loan Interest**

☐ **Property Taxes**

Main Home: _____ Additional Homes: _____

Family

☐ **Child Care Credit**

1. Child's Name: _____ Daycare Name: _____

Daycare Provider SSN/EIN: _____ Daycare Address: _____

Total Amount Paid: _____

2. Child's Name: _____ Daycare Name: _____

Daycare Provider SSN/EIN: _____ Daycare Address: _____

Total Amount Paid: _____

3. Child's Name: _____ Daycare Name: _____

Daycare Provider SSN/EIN: _____ Daycare Address: _____

Total Amount Paid: _____

☐ **Adoption Credit**

Child's Name: _____ Birth Year: _____

SSN, ATIN, or ITIN: _____ Adoption Expenses: _____

Does child have special needs? ☐ Yes ☐ No Is child a U.S. citizen? ☐ Yes ☐ No

☐ **Paid Alimony**

Recipient's Name: _____ Recipient's SSN: _____

Alimony Amount: _____ Date of Divorce/Separation: _____

Charitable Donations

☐ Cash/Check Donations

Total Amount Donated: _____

☐ Non-Cash Donations

1. Organization Name: _____ Organization Address: _____

Description: _____ Date of Contribution: _____

Donation Value: _____ Cost Basis: _____ Date Acquired: _____

2. Organization Name: _____ Organization Address: _____

Description: _____ Date of Contribution: _____

Donation Value: _____ Cost Basis: _____ Date Acquired: _____

Retirement

☐ Retirement Contributions

Traditional IRA: _____ Amount converted to Roth IRA: _____

Roth IRA: _____ SEP: _____

Solo 401(k): _____

Education and Work

☐ College Tuition & Expenses

Cost Books/Supplies (purchased at school): _____

Cost Books/Supplies (purchased elsewhere): _____

Did you receive financial aid not reported on a 1098-T? ☐ Yes ☐ No

☐ Student Loan Interest

☐ Educator Expenses

Amount Spent: _____

Vehicles & Personal Property

☐ Major Purchases

1. Description: _____ Sales Tax Paid: _____

2. Description: _____ Sales Tax Paid: _____

☐ Car Registration Fees

1. Make: _____ Model: _____ Amount: _____

2. Make: _____ Model: _____ Amount: _____

☐ Casualties and Thefts

Description of Event: _____ Date: _____

Property Lost or Damaged: _____ Cost: _____

Energy Efficiency Credits

☐ Home Energy Credits

Exterior Doors: _____ Exterior Windows: _____

Metal/Asphalt Roof: _____ Insulation: _____

Building Property: _____ Furnace Fan: _____

Furnace/Water Boiler: _____ Solar Heating: _____

Wind Energy Property: _____ Heat Pump: _____

Fuel Cell Property: _____ Fuel Cell Capacity: _____

☐ Energy Efficient Vehicles

Make: _____ Model: _____ Year: _____

VIN: _____ Date Purchased: _____ Credit Amount: _____

☐ Energy Efficient Charging Station

Cost: _____

Medical

☐ Contributions to HSA/MSA

Amount: _____

☐ Medical & Dental Expenses

Medical Professionals: _____ Prescription Drugs: _____

Labs and X-rays: _____ Medical Facilities: _____

Medical Supplies: _____ Glasses and Contacts: _____

Medical & Dental Ins.: _____ LTC Ins. (You): _____

LTC Ins. (Spouse): _____ Travel Expenses: _____

No. of Miles Traveled: _____ Other: _____

☐ Affordable Care Act

Self-Employment & Rental Income

Do you have business income? Did you receive 1099-NEC, 1099-MISC or 1099-K? If so, please fill out the Small Business Worksheet and send copies of 1099s and business profit and loss if any.

Do you have rental properties? If so, please fill out the Rental Worksheet or send the profit and loss if any.

Foreign Accounts Worksheet

Account #1:

Name of Foreign Bank: _____ Address: _____
Account Type: _____ Account Number: _____
Date Account Opened (if in 2024): _____ Date Account Closed (if in 2024): _____
Maximum Value (Include Currency): _____ End Year Balance (Include _____
Is the account owned jointly? ☐ Yes ☐ No Currency):

Account #2:

Name of Foreign Bank: _____
Account Type: _____ Address: _____
Date Account Opened (if in 2024): _____ Account Number: _____
Maximum Value (Include Currency): _____ Date Account Closed (if in 2024): _____
Is the account owned jointly? ☐ Yes ☐ No End Year Balance (Include
Currency):

Account #3:

Name of Foreign Bank: _____
Account Type: _____
Date Account Opened (if in 2024): _____ Address: _____
Maximum Value (Include Currency): _____ Account Number: _____
Is the account owned jointly? ☐ Yes ☐ No Date Account Closed (if in 2024): _____
End Year Balance (Include
Currency):

Account #4:

Name of Foreign Bank: _____
Account Type: _____
Date Account Opened (if in 2024): _____
Maximum Value (Include Currency): _____ Address: _____
Is the account owned jointly? ☐ Yes ☐ No Account Number: _____
Date Account Closed (if in 2024): _____
End Year Balance (Include
Currency):

Account #5:

Name of Foreign Bank: _____
Account Type: _____
Date Account Opened (if in 2024): _____
Maximum Value (Include Currency): _____
Is the account owned jointly? ☐ Yes ☐ No Address: _____
Account Number: _____
Date Account Closed (if in 2024): _____
End Year Balance (Include
Currency):

Additional Questions

General Questions:

- Can you be claimed as a dependent on another individual's return? ☐ Yes ☐ No
- Did you make any gifts in excess of \$16,000 to any one individual? ☐ Yes ☐ No
- Have you received an Identity Protection PIN (IP PIN) or been a victim of identity theft? ☐ Yes ☐ No
- Did you receive any notices from the IRS or State, such as a refund adjustment? ☐ Yes ☐ No
- Do you expect a large fluctuation in income for the upcoming tax year? ☐ Yes ☐ No
- Would you like to contribute \$3 to the presidential election campaign fund? ☐ Yes ☐ No

Estimated Taxes Paid:

	Federal Taxes	State Taxes	Local Taxes
1st Quarter (Apr 2024)			
2nd Quarter (Jun 2024)			
3rd Quarter (Sep 2024)			
3rd Quarter (Jan 2025)			

Direct Deposit:

If you're entitled to a refund, would you like to receive it as a direct deposit? ☐ Yes ☐ No

Bank Name: _____ Account Type: _____

Routing Number: _____ Account Number: _____

Notes:

Signature: _____

Date: _____

Name: _____