## Form 1040 2024 Tax Organizer

With Schedules  $\underline{\mathbf{A}}$  (itemize),  $\underline{\mathbf{B}}$  (interest-Dividends) &  $\underline{\mathbf{D}}$  (Capital Gains)

ame					
el #			_(Cell) DOB_	/	/
oouse					
			_(Cell) <b>DOB</b> _	/	/
mail(s)					
Donandonto					
<u>Dependents</u> First & last name	Social-security	Date	of Birth	Ralat	ionship
1 HSt & last Harrie	Oocial-Scourity	Date	OI DIIII	ItClat	ionsnip
Income (1 copy needed	of below forms – mai	led, scanned or	faxed is ok but fo	rm must	be legible
	1099-MISC 10				9-DIV
	dule K-1 for S-Co				-
33.13		peramen (	o o , a a	.o.op (	,
Alimony Received		Likely report	ted with your S	SN by	payer
·			•		
Adjusted Gross Income	ρ				
Tujustu Gross Incom	<u> </u>				
Educator Expenses		this deduction	on is for teache	ers only	
IRA Reg□Roth□	IRA (spouse) Reg□Roth□				
SEP, SIMPLE IRA		(1 /			
Student Loan Interes	st	Tuition & Fe	es		
Education Expenses		indicate for	whom		
Alimony <b>Paid</b>		Recipient's	SSN		
Health Savings Act. Health Insurance Pa		(from Form	8889) (above i	recipient's	name)
Health Insurance Pa	id,	(self-employ	ed only)		
In 2024 anyone who has					
receive a 1095-A. Please ı					
This too will delay your tax r					a copy
your account at <u>www.health</u>	<u>care.gov</u> or <u>www.</u>	coverme.gov	<u>z</u> if you live in N	Maine.	
Interest (1 copy needed of					
	look interest paid to			lue tax r	efunds]
Interest \$	_	FSJ	Bank		
Interest \$	<u> </u>	FSJ	Bank		

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<b>Itemized (Schedule A)</b>				
Prescriptions \$	Doctors, Dentists \$			
Healthcare/Hospitals \$	Mileage (medical)			
Health Insurance Paid \$	<u>.</u>			
Real estate tax (home) \$	Real estate (other) \$			
Property (Excise) Tax \$	Sales Tax (big items) \$			
Home Mortgage* Interest \$	*requires copy of form 1098 from bank			
Home Mortgage* Interest \$				
Home Mortgage Points \$	_ Home Equity Interest* \$			
Contributions (Cash) \$	(Any one donation on 1 day of \$250 or more requires letter			
Contributions (property) \$	(Any donation over \$250 or over \$500 requires documents)			
	Mileage (charity)			
Casualty & Theft \$	List losses (requires Form 4684)			
Capital Gains & Losses (Schedule D Include your form 1099-B. This w sold, sales price &, purchase price.  Tax Credits	ill have <b>the</b> description, date purchased, date			
Child & Dependent Care \$	Name of Child			
Name of Provider	& Address  &Town, State, Zip  , from Form 8863			
Provider SSN / EIN	&Town, State, Zip			
Education Credits	, from Form 8863			
Payments	•			
Estimated payments made for this tax Estimated payments made for this tax Payment made with extension (Feder Payment made with extension (State Carried over from preceding year (Federal Extension) Carried over from preceding year (State Carried o	x year (State*) \$ ral) \$ * specify) \$ ederal) \$ ate * specify) \$ me bank account)			

Mail to Taxing Situations, Inc., 515 Cobbs Bridge Road, New Gloucester, ME 04260, FAX to (207) 657-8145 or attach as an e-mail to <a href="mailto:Shannon@Taxingsituations.com">Shannon@Taxingsituations.com</a>