



# NEW CLIENT TAX ORGANIZER

Please gather the following documents that apply and submit them with your completed packet. We look forward to working with you! Thank you.

Documents to submit:

- 1) W2(s)
- 2) 1095, 1098, 1099(s) - Misc., DIV, INT, NEC, R, K, B
- 3) Schedule K-1(s)
- 4) Real Estate tax bill(s), Closing statements for refinance & real estate transactions

## TAXPAYER INFORMATION

Name (First Middle Last)

Partner Full Name (if joint return)

\_\_\_\_\_

\_\_\_\_\_

Mailing Address to be used on your return:

\_\_\_\_\_

Permanent home address, if different from your mailing address:

\_\_\_\_\_

## FILING STATUS - *please check one*

Single:  Married Filing Jointly:  Married Filing Separately:  Head of Household:

If married,

- Did you live separately from your spouse at any time during 2024? Yes  No
- Are you eligible to claim your spouse's exemption? Yes  No
- Does your spouse itemize deductions? Yes  No

If Head of Household,

- and the qualifying person is a child but not your dependent, enter the child's

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Did your marital status change in 2024?

Yes  No

If yes, please provide reason: \_\_\_\_\_

Did you *pay* alimony in 2024? Yes  No   
If yes, SS# of recipient: \_\_\_\_\_ Alimony card #: \_\_\_\_\_

Did you/spouse *receive* alimony in 2024? Yes  No   
If yes, SS# of recipient: \_\_\_\_\_ Alimony card #: \_\_\_\_\_

- In 2024, were you or your spouse -
- Permanently or totally disabled. Yes  No
  - A member of the U.S. Armed Forces? Yes  No
  - Work for the U.S. Government? Yes  No

**DEPENDENT INFORMATION** - *person for whom you provide more than 50% support*

**DEPENDENT #1**

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relationship: \_\_\_\_\_ U.S. Citizen or Resident? Yes  No   
Lives with you? Yes  No  Months lived with taxpayer in U.S. \_\_\_\_\_

Childcare expenses: \$ \_\_\_\_\_  
• Does not live with you due to divorce but is a person who qualifies you for the earned income credit and/or credit for child and dependent care expenses: Yes  No

**DEPENDENT #2**

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relationship: \_\_\_\_\_ U.S. Citizen or Resident? Yes  No   
Lives with you? Yes  No  Months lived with taxpayer in U.S. \_\_\_\_\_

*\* If more dependents, please add onto last page*

**Did you or your spouse?**

- Provide over half of the support for any other person? Yes  No
- Have dependents that must file a U.S. tax return? Yes  No 
  - If yes, do you need us to prepare? Yes  No
- Have children who are under age 18 or are full time student(s) under age 23 WITH investment income greater than \$2,200? Yes  No 
  - If yes, do you include this income on your return? Yes  No
- Incur adoption expenses during 2024? Yes  No
- Pay for any childcare or dependent care services or participate in The FSAFEDS or other or other flexible spending account for dependent care in 2024? Yes  No

# CHILDCARE EXPENSE DETAIL

## PROVIDER # 1

Name: \_\_\_\_\_ SS# or Federal ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Was the provider an individual or a corporation? Individual  Corporation

If individual, was a 1099 issued? Yes  No

Notes: \_\_\_\_\_

## PROVIDER # 2

Name: \_\_\_\_\_ SS# or Federal ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Was the provider an individual or a corporation? Individual  Corporation

If individual, was a 1099 issued? Yes  No

Notes: \_\_\_\_\_

## REAL ESTATE - Rental Property

Rents/royalties received in 2024 \$ \_\_\_\_\_

Did you use this property personally for 2024? Yes  No

How many days as rental? \_\_\_\_\_ How many days as personal? \_\_\_\_\_

Does this rental have multiple living units, and you occupy one? Yes  No

Did you actively participate in managing this property? Yes  No

Rental Property Deductions - \$ totals for 2024			
Advertising	\$	Landscaping	\$
Bank charges	\$	Repairs	\$
Commissions/Prop. Management	\$	Improvements	\$
Dues/Subscriptions	\$	Utilities (gas, elec., phone, etc.)	\$
Education	\$	Professional services (legal, etc.)	\$
Insurance (other than health)	\$	Security	\$
Interest - Mortgage	\$	Supplies	\$
Janitorial	\$	Property Taxes	\$
Laundry/Cleaning	\$	Travel	\$
Maintenance	\$	HOA	\$
Misc.	\$	Misc.	\$
Misc.	\$	Misc.	\$

Notes : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SELF-EMPLOYED

Did you work as an independent contractor/sole proprietor in 2024? Yes  No

Are you a remote employee getting paid by a California Corporation Yes  No

Did you receive a 1099 from any job in 2024? Yes  No

TOTAL REVENUE/INCOME received in 2024 \$ \_\_\_\_\_

Self-Employed Business Deductions - \$ totals for 2024			
Advertising	\$	Postage	\$
Bank charges	\$	Printing	\$
Commissions	\$	Rent (vehicles, equipment)	\$
Contract Labor	\$	Rent (office space)	\$
Delivery/Freight	\$	Repairs	\$
Dues/Subscriptions	\$	Security	\$
Education	\$	Software Services	\$
Employee benefit programs	\$	Supplies	\$
Insurance (other than health)	\$	Taxes - real estate	\$
Owner Medical Insurance	\$	Taxes - sales	\$
Non-owner Medical Insurance	\$	Taxes - other (not entered elsewhere)	\$
Interest - Mortgage	\$	Taxes - payroll	\$
Interest (not entered elsewhere)	\$	Cell phone	\$
Janitorial	\$	Tools	\$
Laundry/Cleaning	\$	Travel	\$
Legal & Professional	\$	Meals in full	\$
Licenses & Permits	\$	Entertainment	\$
Miscellaneous	\$	Uniforms	\$
Office	\$	Utilities	\$
Outside Services	\$	Other	\$
Other	\$	Other	\$

Did your business pay an individual \$600 or more? Yes  No

*If yes, a 1099 needs to be generated (due January 31<sup>st</sup>)*

Do you need our assistance with this filing? Yes  No

## HOME OFFICE EXPENSES

Did you work from home in 2024? Yes  No

If yes, square feet of home \_\_\_\_\_ and square feet of home office \_\_\_\_\_

Home Office Expenses	@100%	Notes
Utilities - landline, internet, electric, gas, water, garbage	\$	
Homeowners, renter's insurance	\$	
HOA Fees	\$	
Repairs & Maintenance - garden, cleaning, security, etc.	\$	
Mortgage Interest	\$	
Property Tax	\$	
Rent	\$	
Other	\$	
Car Used For Business Deductions	Car #1	Car # 2

Business Mileage		
Personal mileage		
Commute Mileage		
Parking & Tolls	\$	\$
DMV fees	\$	\$
Insurance, gas, repairs, washes, etc.	\$	\$
Lease payments for the year Lease date _____	\$	\$
New car purchase price Purchase date _____	\$	\$
Auto Loan Interest	\$	\$

Did you take part in the Catastrophic Leave Program (CAT) Yes  No

## FOREIGN FINANCIAL ACCOUNTS AND FOREIGN ASSETS

*Please provide a list of ALL foreign financial assets or accounts that you or your spouse had at any time with any balances including bank or brokerage accounts, mutual funds, pension funds, other retirement accounts, etc. Include non-U.S. accounts for which you held a beneficial interest or had signature authority at any time.*

Asset Type	Financial Institution	Country	Account #	Ownership (Joint, Beneficiary, Signatory)	Max value during year	Balance on 12/31/2024	Source currency

Were you the grantor of, or transferor to, a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? Yes  No

If a FinCen 114 (FBAR) is required for 2024, would you like us to file? Yes  No

*If you plan to prepare and file, please provide us with a complete copy. FBAR filing is due April 15, 2024*

## ITEMIZED DEDUCTIONS

### ITEMIZED - CHARITABLE DONATIONS *Provide receipts for all donations - cash and non-cash*

What is the highest amount you donated to any one person or organization in 2024?

You  Spouse  Amount \$ \_\_\_\_\_

Did you or your spouse -

- Make gifts of over \$16,000 to an individual, institution, or charity, including 529 plan account? You  Spouse  Amount \$ \_\_\_\_\_
- Make a gift to a trust? (Special-Needs Trust, QPRT, QLAC) You  Spouse  Amount \$ \_\_\_\_\_
- Pledge a Legacy gift? You  Spouse  Amount \$ \_\_\_\_\_
- Donate an IRA? You  Spouse  Amount \$ \_\_\_\_\_
- Donate an Annuity? You  Spouse  Amount \$ \_\_\_\_\_
- Donate a vehicle? You  Spouse  Value \$ \_\_\_\_\_

*Please provide 1098C from receiver*

- Donate hours or drive miles? Hours \_\_\_\_\_ Miles \_\_\_\_\_
- Make any contributions to U.S. Tax-exempt charities? Yes  No

## ITEMIZED - MEDICAL EXPENSES

Prescription meds	\$	Health insurance premium	\$
Long-term care premium	\$	Spouse long-term care	\$
Taxpayer's gross long-term care	\$	Spouse gross long-term care	\$
Dependent's gross long-term care	\$	Self-employed health insurance	\$
Insurance reimbursement	\$	Doctors, Dentist, etc.	\$
Hospitals, clinics, etc.	\$	Lab & X-ray fees	\$
Eyeglasses, contact lenses	\$	Medical equipment, supplies	\$
Miles driven for medical		Ambulance fees	\$
Lodging	\$	Misc.	\$
Misc.	\$	Misc.	\$

## ITEMIZED - HEALTH INSURANCE

For *California, New Jersey, Washington DC, Massachusetts, Vermont, Rhode Island* Residents:

- Did you or your spouse participate in a health insurance plan that meets the Affordable Care Act (ACA) insurance guidelines for the entire calendar year? You  Spouse
- How did you obtain Health Insurance?  
Employer \_\_\_\_ Open Exchange \_\_\_\_ Medicare \_\_\_\_ Other \_\_\_\_

If you did not have minimum health insurance coverage at any time or only during part of the year, detail why you did not have coverage that met the ACA guidelines so that we may determine if you qualify for an ACA exception:

- Did you receive a 1095? Yes  No

Are/did you or your spouse -

- Self-employed? You  Spouse
- Pay for self-employed health insurance? You  Spouse
- Eligible to participate in a health plan at another job? You  Spouse
- Participate in a FSAFEDS health care account? You  Spouse

## ITEMIZED - AUTO REGISTRATION

- Did you purchase a new vehicle? Yes  No   
Amount of expenses \$ \_\_\_\_\_ Registration for 2024 \$ \_\_\_\_\_
- Mileage recorded? Yes  No  If yes, how many miles? \_\_\_\_\_

## ITEMIZED - MORTGAGE, PROPERTY TAX

Property taxes (principal residence) \$ \_\_\_\_\_ Additional homes or land \$ \_\_\_\_\_

Lender's Name: _____	Amount \$: _____
Lender's Name: _____	Amount \$: _____
Lender's Name: _____	Amount \$: _____
Lender's Name: _____	Amount \$: _____
Lender's Name: _____	Amount \$: _____

## ITEMIZED - SALES & USE TAX

Did you pay any other significant sales and/or use tax?      You       Spouse

Date	Amount	City	State	Sales Tax Rate

## ITEMIZED - IRA & PENSION

*Please check Yes or No*

Type	Contribute	Receive Distribution
Traditional IRA	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Roth	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
SEP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Solo K	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
529 Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- Did you roll over an IRA/Pension?      Yes  No
- Did you convert a Roth IRA?      Yes  No

## ITEMIZED - BUYS & SELLS

- Did you borrow from invested assets?      Yes  No
- Did you surrender any U.S. savings bonds?      Yes  No
- Did you exchange any securities for other securities or property held as an investment?      Yes  No

## ITEMIZED - INVESTMENTS DIGITAL ASSET/CRYPTOCURRENCY *Provide documentation*

In 2024, did you or your spouse engage in any Digital Asset activity?      Yes  No

Did you or your spouse

- Exchange Digital Asset(s)?      You       Spouse       Amount \$ \_\_\_\_\_
  - Did your digital asset liquidate?      Yes       No
- Mine Digital Asset(s)?      You       Spouse       Amount \$ \_\_\_\_\_
  - *Please specify currency*
- Purchase Digital Asset(s)?      You       Spouse       Amount \$ \_\_\_\_\_
  - *Please specify currency*
- Sell Digital Asset(s)?      You       Spouse       Amount \$ \_\_\_\_\_
  - *Please specify currency*
- Did any of your digital assets fork?      You       Spouse       Amount \$ \_\_\_\_\_
- Did anyone in your family participate in GameFi? If yes, provide transaction spreadsheet

Provide any additional notes on digital assets/cryptocurrency:

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### ITEMIZED - INVESTMENTS - BANK/BROKERAGE

Did you receive form 1099 INT? Yes  No

Did you receive form 1099 DIV? Yes  No

*If NCFG manages your assets, we already have this information, so no need to send.*

Did you receive any Interest, Dividend or Royalty income?

You  Spouse  Amount \$ \_\_\_\_\_

Do you have any collateralized loans? Yes  No

Did you pay any interest? Yes  No

Have any loans secured against your investments? Yes  No

Please detail any 'bad' investments here - uncollectable loans, Ponzi schemes, etc.

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### ITEMIZED - ENERGY CREDITS

Did you or your spouse

- Make solar energy-saving improvements to your home? Yes  No 
  - Make solar energy-savings improvements to your business? Yes  No
- Make wind energy-saving improvements to your home? Yes  No 
  - Make wind energy-savings improvements to your business? Yes  No
- Make energy efficient home improvements (windows, etc.) Yes  No
- Purchase a qualified cell motor vehicle? Yes  No

- Purchase a Tesla battery? You  Spouse  Amount \$ \_\_\_\_\_  
Yes  No  Size \_\_\_\_\_ kWh \_\_\_\_\_

### ITEMIZED - STUDENT LOAN

Did you pay interest on a student loan for you, spouse, dependents?

*Please attach 1098E*

You  Spouse  Amount \$ \_\_\_\_\_

IS ANYONE IN YOUR FAMILY ATTENDING COLLEGE? Yes  No



## DID YOU PAY ANY ESTIMATED TAX PAYMENTS -

*Please attach your cancelled checks/electronic receipts*

Date	Federal	State
	\$	\$
	\$	\$
	\$	\$
	\$	\$

## HOUSEHOLD EMPLOYEE

Did you hire a household employee? Yes  No

If yes,

○ Was this employee a personal assistant? Yes  No

○ Was this employee a nanny? Yes  No

Did you pay this employee more than \$600? Yes  No

If yes,

○ Did you have them complete a W-9? Yes  No

○ Was a 1099 issued? Yes  No

○ Does a 1099 need to be issued? Yes  No

○ Was the household employee put onto payroll? Yes  No

Pay an individual for any non-childcare household employment services? *Maid, gardener, etc.* Yes  No

## ADDITIONAL INCOME

Did you or your spouse

- Receive any unemployment compensation?

You  Spouse  Amount \$ \_\_\_\_\_

- Did you have any Federal taxes withheld on your unemployment?

You  Spouse  Amount \$ \_\_\_\_\_

- Receive any disability payments? You  Spouse  Amount \$ \_\_\_\_\_

- Receive any Tip income? You  Spouse  Amount \$ \_\_\_\_\_

- Have any gambling winnings or losses? You  Spouse  Amount \$ \_\_\_\_\_

- Receive any insurance or legal settlement proceeds?

*Life, long term care, disability, property & casualty, claim - auto, loan*

You  Spouse  Amount \$ \_\_\_\_\_

## MISC. INCOME

Payor's Name: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Payor's Name: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Payor's Name: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Payor's Name: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Payor's Name: \_\_\_\_\_

Amount \$: \_\_\_\_\_

## MISC. EXPENSES

Payee's Name: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Payee's Name: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Payee's Name: \_\_\_\_\_

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Payee's Name: \_\_\_\_\_

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Payee's Name: \_\_\_\_\_

Amount \$: \_\_\_\_\_

## MISC. DEDUCTIONS

Payee's Name: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Payee's Name: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Payee's Name: \_\_\_\_\_

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Payee's Name: \_\_\_\_\_

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Payee's Name: \_\_\_\_\_

Amount \$: \_\_\_\_\_

**ADDITIONAL NOTES FOR US:** \_\_\_\_\_

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