

IAS TAX INSTITUTE

Tax Organizer

- For preparation of 2024 taxes -

IAS Tax Institute
Complimentary Tax Organizer

Complete this Tax Organizer to organize your income tax documentation and information, which will enable us to complete your tax return accurately utilizing our proven tax-saving strategies.

Completed tax organizers received by April 1, 2025 will be processed and completed by the April 15, 2025 filing deadline date. Past this date, we may need to file an extension.

Please choose a payment option below and return this Tax Organizer to:

IAS Tax Institute
PO Box 915109
Longwood, FL 32791

Choose Payment Option:

Credit Card

Card: MasterCard Visa Discover American Express

Credit Card Number: _____

Expiration Date: __ / __

Signature: _____

Check

If paying by check, you will be billed upon completion of tax return(s).

The Process:

Your credit card will not be charged until your tax returns have been prepared and completed.

Active IAS members will receive a \$50 discount from the total preparation fee.

You will be notified of the final preparation fee and any balance due after your returns are prepared, along with the results of your tax returns. Please note that our tax preparation fees are located on the last page of this organizer. Upon payment, we will E-File your return(s) and send you copies of your completed tax return(s) to keep for your records.

Our Guarantee:

If the information you provide is accurate and complete, the IAS Tax Institute will pay any interest and penalties levied by the IRS in the rare event that any errors are made during preparation.

A fully completed Tax Organizer is essential to ensuring an accurate tax return! Call the IAS Tax Institute at 800-654-6023 if you need any help completing this organizer.

1. Personal Information

Name		Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Home Phone
Email Address					

	<u>Taxpayer</u>		<u>Spouse</u>		<u>Marital Status</u>		
Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Married	Will file jointly <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single		
Pres. Campaign Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Widow(er), Date of Spouse's Death _____		

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN

Please send us the following information

- Last year's tax return (new clients only)

- All statements (W-2s, 1098s, 1099s, etc)

Please answer the following questions to determine maximum deductions

- | | | | |
|---|--|--|--|
| 1. Are you self-employed or do you receive hobby income? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did you receive income from raising animals or crops? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Did you give a gift of more than \$19,000 to one or more people? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Did you receive rent from real estate or other property? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Did you have any debts cancelled, forgiven, or refinanced? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Did you go through bankruptcy proceedings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Did you withdraw or write checks from a mutual fund? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. (a) If you paid rent, how much did you pay? _____ | |
| 6. Do you have a foreign bank account, trust, or business? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (b) Was heat included? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you provide a home for or help support anyone not listed in Section 2 above? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Did you receive any correspondence from the IRS or State Department of Taxation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 16. Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Schedule A - Itemized Deductions

Medical and Dental Expenses

Health insurance premiums (paid by you, not through work)
Amount above that is for Medicare premiums
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Out of pocket medical & dental expenses
Doctor, dental, etc
Prescription medicines
Glasses & contacts
Hearing aids
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other
Other

Taxes Paid

State and local income taxes
General sales tax (vehicle, boat, home, etc.)
Real estate taxes
Personal property taxes
Auto registration taxes not deductible for state
Other taxes (list)

Interest Paid

Home mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home.
Home mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Points not reported on Form 1098
Investment interest

Charitable Contributions

Donations to charity
Cash Noncash Amount
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument
Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Union dues
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other
Home equity interest

Other Information

Mortgage Interest Provide all copies of Form 1098

TSJ	Lender's Name	Mortgage Interest Received	Mortgage Insurance Premiums	Real Estate Taxes Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employee Business Expenses

TS _____

Select if you are:

- A qualified performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed Forces reservist
- You are a member of the clergy

Select if you:

- Used your personal vehicle for your job during 2024

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation	_____	_____
Meals	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____
Other business expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Casualties and Thefts

TSJ _____ FEMA code _____	TSJ _____ FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Fair market value before incident _____	Fair market value before incident _____
Fair market value after incident _____	Fair market value after incident _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Health Savings Account

TS _____

The taxpayer's coverage is under a high-deductible health plan for:

Taxpayer only Family

2024

HSA contributions made for 2024 _____

Total distributions from all HSAs during 2024 _____

Distributions included above that were rolled over into another account _____

Qualified medical expenses paid using HSA distributions _____

Education Expenses Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of Expense	Amount	Type of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____ Student name _____

Type of Expense	Amount	Type of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job-related Moving Expenses

TSJ _____

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2024

Number of miles from old home to old workplace _____

Number of miles from old home to new workplace _____

Expenses to transport and store household goods and personal effects _____

Travel and lodging expenses while traveling to your new home _____

Schedule C - Profit or Loss from Business

General Business Information

TS Professional product or service Employer ID number

Business name

Business address, city, state, ZIP

Accounting Method: Cash Accrual Other (specify)

This business started or was acquired during 2024. This business was disposed of during 2024.

Select if this business is for:

Professional gambler Newspaper delivery and you are under 18 years of age
Exempt Notary income A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
If "Yes," did you file Forms 1099 for the individuals?
Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
If "Yes," was any portion of the loan forgiven in 2024?

Income

Table with 2 columns for 2024 and 2024. Rows include Gross receipts or sales, Returns & allowances, and Other income.

Expenses

Table with 2 columns for 2024 and 2024. Rows include Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, Employee benefit programs, Insurance (other than health), Interest - mortgage, Interest - other, Legal & professional services, Office expenses, Pension & profit-sharing plans, Rent or lease (vehicles, machinery, & equipment), Rent (other business property), Repairs & maintenance, Supplies, Taxes & licenses, Travel, Total meals, Utilities, Wages, Family health coverage payments for taxpayer, spouse or dependents, and Other expenses (list).

Cost of Goods Sold

Table with 2 columns for 2024 and 2024. Rows include Inventory at beginning of year, Purchases, Cost of personal use items, Cost of labor, Materials & supplies, Other costs, and Inventory at end of year. Includes checkbox: There was a change in inventory method.

Expenses Related to Business

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | |
|--|---|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Was this vehicle available for use during off-duty hours?</p> <p><input type="checkbox"/> <input type="checkbox"/> Was another vehicle available for personal use?</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Do you have evidence to support your deduction?</p> <p><input type="checkbox"/> <input type="checkbox"/> If "Yes," is the evidence written?</p> |
|--|---|

Mileage

Number of miles the vehicle was driven during 2024

Business _____	Other _____
Commuting _____	

Expenses

Garage rent _____	Repairs _____
Gas _____	Tires _____
Insurance _____	Tolls _____
Licenses _____	Lease addback _____
Oil _____	Other expenses _____
Parking fees _____	_____
Rental fees _____	_____
Interest _____	_____
Property tax _____	_____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest _____	_____	_____
Real estate taxes _____	_____	_____
Excess mortgage interest _____	_____	_____
Excess real estate taxes _____	_____	_____
Insurance _____	_____	_____
Rent _____	_____	_____
Repairs & maintenance _____	_____	_____
Utilities _____	_____	_____
Other expenses _____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Household Employment

TSJ _____ Employer Identification Number _____

Yes **No**

- Did you pay any one household employee cash wages of \$2,700 or more in 2024?
- Did you withhold federal income tax during 2024 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2024 by April 15, 2025?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2024

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax. _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

TSJ _____ Employer Identification Number _____

Yes **No**

- Did you pay any one household employee cash wages of \$2,600 or more in 2024?
- Did you withhold federal income tax during 2024 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2024 by April 15, 2025?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2024

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax. _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

SCHEDULE E – RENTAL INCOME & EXPENSES

PROPERTY INFO	Property #1	Property #2	Property #3	Property #4
Street:				
City/State/Zip Code:				
Owner (T, S, Joint):				
Ownership %:				
Days You Personally Used:				
Date First Avail. to Rent:				
Original Purchase Price:				
Original Land Value:				
EXPENSES				
Advertising:				
Auto Mileage:				
Travel (airfare, lodging):				
Cleaning & Maintenance:				
Commissions:				
Insurance:				
Legal & Professional Fees:				
Management Fees:				
Mortgage Interest:				
Other Interest:				
Repairs (fix items):				
Supplies:				
Taxes (real estate):				
Utilities:				
Improvements Made:				
Other:				
Other:				
Other:				

Additional Notes:

Schedule F - Profit or Loss from Farming

General Information

TS _____ Principal product _____ Employer ID number _____

Accounting method, if not cash: Accrual

This farm was disposed of during 2024.

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

If "Yes," did you file Forms 1099 for the individuals?

Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?

If "Yes," was any portion of the loan forgiven in 2024?

Income

	2024	2024
Sale of livestock / other items	_____	_____
Cost of items bought for resale	_____	_____
Sale of products you raised	_____	_____
Total cooperative distributions (Provide 1099-PATR)	_____	_____
Total agricultural payments	_____	_____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported	_____	_____
CCC loans forfeited	_____	_____
Crop insurance proceeds:		
Amount received in 2024	_____	_____
<input type="checkbox"/> You elect to defer to 2025		
Amount deferred from 2023	_____	_____
Custom hire income	_____	_____
Beginning inventory for accrual	_____	_____
Ending inventory for accrual	_____	_____
		<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.
Other income	_____	_____

Expenses

	2024	2024
Car & truck expenses	_____	_____
Chemicals	_____	_____
Conservation expenses	_____	_____
Custom hire (machine work)	_____	_____
Employee benefit programs	_____	_____
Feed purchased	_____	_____
Fertilizers & lime	_____	_____
Freight & trucking	_____	_____
Gasoline, fuel, & oil	_____	_____
Insurance (other than health)	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____
Interest - other	_____	_____
Non-W-2 labor hired	_____	_____
W-2 wages paid	_____	_____
Pension & profit-sharing plans	_____	_____
Rent - vehicles, machinery, & equipment	_____	_____
Rent - other (land, animals, etc.)	_____	_____
Repairs & maintenance	_____	_____
Seeds & plants purchased	_____	_____
Storage & warehousing	_____	_____
Supplies purchased	_____	_____
Taxes	_____	_____
Utilities	_____	_____
Veterinary, breeding, & medicine	_____	_____
Family health coverage payments for taxpayer, spouse or dependents	_____	_____
Other expenses	_____	_____

Form 4835 - Farm Rental Income and Expenses

General Information

TSJ _____ Employer ID Number _____

Description _____

This farm was disposed of during 2024

Income

	2024		2024
Income from production of livestock, produce, grains, & other crops	_____	Crop insurance proceeds:	
Total cooperative distributions	_____	Amount received in 2024	_____
Total agricultural payments	_____	<input type="checkbox"/> You elect to defer to 2025	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2023	_____
CCC loans reported	_____	Other income	_____
CCC loans forfeited	_____		_____

Expenses

	2024		2024
Car & truck expenses	_____	Seeds & plants purchased	_____
Chemicals	_____	Storage & warehousing	_____
Conservation expenses	_____	Supplies purchased	_____
Custom hire (machine work)	_____	Taxes	_____
Employee benefit programs	_____	Utilities	_____
Feed purchased	_____	Veterinary, breeding, & medicine	_____
Fertilizers & lime	_____	Other expenses (list)	
Freight & trucking	_____		_____
Gasoline, fuel, & oil	_____		_____
Insurance (other than health)	_____		_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other	_____		_____
Labor hired (less jobs credit)	_____		_____
Pension & profit-sharing plans	_____		_____
Rent - vehicles, machinery & equipment	_____		_____
Rent - other (land, animals, etc.)	_____		_____
Repairs & maintenance	_____		_____

23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

24. Other Deductions

Alimony Paid to _____
Social Security No. _____ \$ _____
Student Interest Paid \$ _____
Health Savings Account Contributions \$ _____
Archer Medical Savings Acct. Contributions \$ _____

25. Questions, Comments, & Other Information

Residence:
Town _____ County _____
Village _____ School District _____
City _____

26. Direct Deposit of Refund

Would you like to have your refund(s) directly deposited into your account? Yes No

ACCOUNT 1

Owner of account Taxpayer Spouse Joint

Type of account Checking Traditional Savings Traditional IRA Roth IRA
 Treasury Direct Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____