ORGANIZER Page 1 2024 1040 US Tax Organizer Tax Return Appointment Patricia A Beckwith CPA 4630 Soquel Drive Date: Soquel CA 95073 Time: Telephone number: (831) 475-1544 Location: Fax number: E-mail address: trish@santacruzcpa.com This tax organizer will assist you in gathering information necessary for the preparation of your 2024 tax return. Please enter all pertinent 2024 information. NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement. NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement. **CLIENT INFORMATION** Taxpayer First name and initial.... Last name..... Title/suffix..... Social security number... Occupation..... Date of birth (m/d/y).... Date of death (m/d/y).... 1=blind..... Home phone..... Work phone..... Work extension.... Cell phone..... E-mail address... In care of..... Street address.... Apartment number. Address City. State..... ZIP code..... **DEPENDENTS** Dependent No. Dependent No. First name....... Last name..... Title/suffix..... Date of birth (m/d/y).... Date of death (m/d/y) Date of adoption (m/d/y) Social security number... Relationship..... Months lived at home... Dependent No. Dependent No. First name..... Last name..... Title/suffix..... Date of birth (m/d/y).... Date of death (m/d/y) Date of adoption (m/d/y) .

Social security number...

Relationship.....

Months lived at home....

	1040	US	Tax Organizer		
	C	jovernme	se enter all pertinent 2024 informant form for an item, check the box	ation. If you have attached and do not enter a 2024 and	mount.
	GES, SALAF oyer name:	RIES AND	TIPS	2024 Amount	2023 Amount
				Attach Forms W-2	
	EREST INCC r name:	OME			
				Attach Forms 1099-INT	
	DEND INCC r name:	ME			
				Attach Forms 1099-DIV	
	ISIONS, IRA r name:	AND GAI	MBLING INCOME	- Attach Forms - 1099-R & W-2G	
	r name:	eported on \	MBLING INCOME N-2G	- 1099-R & W-2G -	
Paye	Winnings not r Total gambling Form 1099-B- Form 1099-MIS Form 1099-K-	eported on \ losses NMENT F Sales of sto SC - Miscella Merchant c	ORMS - INCOME ock (also include transaction history)	- 1099-R & W-2G	rms 1099
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ORGANIZER Tax Organizer US 2024 1040 MISCELLANEOUS INCOME Taxpayer: Alimony received Spouse: Alimony received Other: RETIREMENT PLAN CONTRIBUTIONS 2024 Amount 2023 Amount Taxpayer: Traditional IRA contributions (1=maximum) Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) Spouse: Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) OTHER GOVERNMENT FORMS - DEDUCTIONS Attach Forms 1098 Form 1098-T - Tuition and related expenses AFFORDABLE CARE ACT Attach Forms 1095 Form 1095-A - Health Insurance Marketplace Statement ADJUSTMENTS TO INCOME Taxpayer: Other adjustments to income: Alimony paid - Recipient name & SSN Spouse: Self-employed health insurance premiums Educator expenses Other adjustments to income: Alimony paid - Recipient name & SSN MEDICAL AND DENTAL EXPENSES Prescription medicines and drugs Doctors, dentists and nurses..... Hospitals and nursing homes Insurance premiums Insurance reimbursement Out-of-pocket lodging and transportation expenses Number of medical miles..... Other: **TAXES PAID**

State income taxes - 1/24 payment on 2023 state estimate

ORGANIZER Page 4

			Tax Organizer		
TAX	ES PAID (c	ontinued)		2024 Amount	2023 Amount
	-		3 state extension		
	income taxes -	•			
		•	years and/or to other states		
			nent on 2023 city/local estimate		
-			h 2023 city/local extension		
-					
-			h 2023 city/local return		
			pt autos and special items)		
	•	-	es		
			ırn		
			above		
			ft, and other special items		
			dence		
Real e	estate taxes - _I	property held	for investment		
Foreig	ın income taxe	es			
_	ersonal proper		uding automobile fees in some states)	Attach Tax Notice	
	mortgage inte	_	nts paid:		
				Attach Forms 1098	
				Attacii i Oillis 1076	
Home m	nortgage interest r	ot on Form 1098	(include name, SSN, & address of payee):		_
_				-	
Points	not reported	on Form 1098	3;		
	, opoou				
Invest	ment interest	(interest on n	nargin accounte).		
_		(iargin accounts).		
	ve interest				
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NOTE	H CONTRIE : No deduction from the don	BUTIONS is allowed for ee, showing to	or cash or check contributions unless the do		
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2024	1040	US	Client Information			1
			with CPA	Tax Return A	ppointment	
		oquel Drive CA 95073		Date:		
	•		er: (831) 475-1544	Time:		
	Fax nur			Location:		
	E-mail a	address:	trish@santacruzcpa.com			
CLIE	This of y NT INFOR		zer will assist you in gathering ax return. Please add, change	information necessary for , or delete information as a	the preparation opropriate.	
Filing	Filing statu	ıs (table)				
Status		0 1	e and lived with spouse			
			lifying surviving spouse (2022 or 2023)		Filing :	Status
		and initial				
	Last name				1 = Single 2 = Married fil	ina ioint
	T'11 - / CC'				3 = Married fil	ing joint

4 = Head of household 5 = Qualifying surviving spouse (QSS)

	Year spouse died, if qualifying surviving spouse (2022 or 2023)
	First name and initial
	Last name
	Title/suffix
Taxpayer	Social security number
. anpayor	Occupation
	Date of birth (m/d/y)
	Date of death (m/d/y)
	1=blind
	First name and initial
	Last name
	Title/suffix
Spouse	Social security number
Орошоо	Occupation
	Date of birth (m/d/y)
	Date of death (m/d/y)
	1=blind
	In care of
	Street address
Address	Apartment number
	City
	State
	ZIP code
Foreign	Region
Address	Postal code
	Country

ORGANIZER				Page 6
2024	1040	US	Client Information (continued)	1 _{p2}
			Please add, change or delete information for 2024.	
CLIEN	IT INFOF	RMATION		
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		e		Dhono
Taxpaver		sion	Dayunc	
Taxpayer Contact Information	Daytime ph	one (table)	1 = W 2 = Hc	
IIIIOIIIIatioii		ne	3 = Mo	
		r		
		ress		
		ne e		
Spouse Contact Information		sion		
		one (table)		
		ne		
	Fax numbe	r		
		ress		
		ense no		
Taxpayer		ense state (m/d/y)		
Authentication		date (m/d/y)		
		ction PIN		
		ense no		
Spouse		ense state		
Authentication		(m/d/y)		
		date (m/d/y)		
	Theft prote	ction PIN		

2024 1040 US Dependents

Please add, change or delete information for 2024.

DEPENDENTS

1	Dependent	Dependent	
First name			
Last name			Type of Dependent
Title/suffix			4 01 11 11 11
Date of birth (m/d/y)			1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child
Date of death			3 = Dependent other than child
Date of adoption			4 = Head of household or qualifying surviving
Social security number			spouse (QSS) only.
Relationship			not a dependent 5 = Earned income credit only,
Months lived at home			not a dependent
Type of dependent (see table)			
Earned income credit (see table)			Earned Income Credit
Claimed by: 1=taxpayer, 2=spouse			
IRS theft protection PIN			1 = When applicable (default) 2 = Student age 19 to 23
1	Dependent	Dependent	3 = Disabled
First name			4 = Force 5 = Suppress
Last name			С Сарргозз
Title/suffix			
Date of birth (m/d/y)			NOTE IS
Date of death			NOTE: If you claim the earned income credit, please provide
Date of adoption			proof that your child is a res-
Social security number			ident of the U.S. This proof is typically in the form of:
Relationship			1. School records or statement
Months lived at home			2. Landlord or property man-
Type of dependent (see table)			agement statement
Earned income credit (see table)			3. Health care provider statement
Claimed by: 1=taxpayer, 2=spouse			4. Medical records
IRS theft protection PIN			5. Child care provider records6. Placement agency statement
	Dependent	Dependent	7. Social service records or statement
First name			8. Place of worship statement
Last name			9. Indian tribe office statement 10. Employer statement
Title/suffix			10. Employer statement
Date of birth (m/d/y)			
Date of death			NOTE If you are ability to all a shaded
Date of adoption			NOTE: If your child is disabled, please provide one of the fol-
Social security number			lowing forms of proof of disa-
Relationship			bility:
Months lived at home			1. Doctor statement 2. Other health care provider
Type of dependent (see table)			statement
=			3. Social services agency or program statement
Earned income credit (see table)			program statement
Claimed by: 1=taxpayer, 2=spouse			

2

2

ORGANIZER Page 8 **Miscellaneous Questions** US 2024 1040 If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary. PERSONAL INFORMATION YES NO Did your marital status change during the year? Did your address change during the year? Could you be claimed as a dependent on another person's tax return for \${Y+00}? **DEPENDENTS** Were there any changes in dependents? Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2024? Did you have any children under age 19 or full-time students under age 24 at the end of 2024, with interest and dividend income in excess of \$1,300, or total investment income in excess of \$2,600? **HEALTH CARE COVERAGE** Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach. INCOME Did you receive unreported tip income of \$20 or more in any month? Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in \${Y+00}? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven? Does anyone owe you money which has become uncollectible?

2024 1040 US Miscellaneous Questions (continued) If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary. YES NO RETIREMENT PLANS Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?	
YES NO RETIREMENT PLANS	
Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?	
Did you transfer or rollover any amount from one retirement plan to another retirement plan?	
EDUCATION Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, vocational school?	or
ITEMIZED DEDUCTIONS Did you incur a loss because of damaged or stolen property?	
Did you work out of town for part of the year?	
Did you use your car on the job (other than to and from work)?	
ESTIMATED TAXES Did you apply an overpayment of 2023 taxes to your 2024 estimated tax (instead of being refunded)? If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax (instead of refunded)?	of being
Do you expect your 2025 taxable income and withholdings to be different from 2024?	
MISCELLANEOUS Do you want to allocate \$3 to the Presidential Election Campaign Fund?	
Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?	
May the IRS discuss your tax return with your preparer?	
Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a account, securities account, or other financial account?	ı bank

ORGANIZER Page 10 **Miscellaneous Questions (continued)** US 2024 1040 If any of the following items pertain to you or your spouse for 2024, please check the appropriate box and provide additional information if necessary. MISCELLANEOUS (continued) YES NO Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Was your home rented out or used for business? Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station? Did you engage the services of any household employees? Were you notified or audited by either the Internal Revenue Service or the State taxing agency? Did you or your spouse make any gifts to an individual that total more than \$18,000, or any gifts to a trust? Did your bank account information change within the last twelve months? At any time during 2024, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

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24	1040	US	Dire	ct Depo	sit & Estim	nates ((Form 10)40 ES)		3,
					all pertinent 2	024 infoi	rmation.			
DIRE	CT DEPO	SIT / ELI	ECTRO	NIC PAY	MENT (3)					
=direct	deposit of fed	deral tax refu	nd into bar	nk account						
	. ,									
=electr	onic payment	of estimated	tax							
3ANk	< INFORM	NOITAN								
Name of Bank			Percent to Deposit (xx.xx) Routing Number		er	Account Number		Type of Account (Table 1)	Type of Invest. (Table 2)	
2024	ESTIMAT	ED TAX /	1040-E	S (6)					2024	
Federa			ı	Amo	unt Paid	l	Date Paid	TS	Voucher Am	ount
	ment applied									
	ter payment									
	rter payment.									
	ter payment.									
ııı quai	ter payment									
	Additional Es Tax Paym									
Paid wit	h extension									
Former s	spouse SSN if j	joint estimates	s							
State				Amo	unt Paid	ı	Date Paid	TS	2024 Voucher Am	ount
Overpayı	ment applied fr	rom 2023								
st quart	ter payment									
nd quar	ter payment .									
ord quart	ter payment									
th quart	ter payment									
	Additional Es Tax Paym									
	rax rayır	ICITIS								
'aid with	n extension									
	1	Type of Acc	count		2	Type	of Investment			
		1 = Savings		Type of Investment 1 = Checking or savings (default) 6 = Coverdell savings account (ESA)						
		2 = Checking	g		2 = Taxpayer's IRA (r 3 = Spouse's IRA (ne	next year limits ext year limits)	s) 7 = Other 8 = Taxpa	ayer's IRA (currer	it year limits)	
					4 = Health savings ac	ccount (H3A)	9 = 3pou:	se's IRA (current	year mins)	
					4 = Health savings at 5 = Archer MSA		9 = 3pou:	se's IRA (current	year minis)	
					4 = Health savings ac 5 = Archer MSA	CCOUNT (NSA)	9 = 3pou:	se's IRA (current	year mints)	
					4 = Health savings ac 5 = Archer MSA	ccount (113A)	y = 3μου:	se's IRA (current	year mints)	

ORGANIZER Page 12 Direct Deposit & Estimates (Form 1040 ES) (cont.) US 1040 7.1 2024 Please enter all pertinent 2024 information. **APPLICATION OF 2024 OVERPAYMENT (7.1)** If you have an overpayment of 2024 taxes, do you want the excess refunded? or applied to 2025 estimate? Other (please explain): 2025 ESTIMATED TAX INFORMATION Do you expect your 2025 taxable income to be different from 2024? If "yes" explain any differences in income, deductions, dependents, etc.: Do you expect your 2025 withholding to be different from 2024? If "yes" explain any differences: