**2024 NEW CLIENT TAX ORGANIZER WORKSHEET**

 **Date information submitted** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Clients -We Need a copy of Driver’s License for taxpayer and spouse.**

**Names**

|  |  |
| --- | --- |
| Taxpayer | Spouse |
| Filing Status: **🞏** Single **🞏** Head of Household **🞏** Married-Filing Jointly **🞏** Married-Filing Separately**🞏** Claimed as a dependent on another return.  |
| Social Security # | Social Security # |
| Birth Date | Birth Date |
| Occupation | Occupation |

 **Current Address that will be on your tax return**

|  |
| --- |
| Street Address City State Zip |
| Primary Contact Telephone | Secondary Contact Telephone |
| Email | Secondary Email |

**Dependents**

|  |  |  |
| --- | --- | --- |
| Full Name | Birth Date Relationship | Social Security # |
| Full Name | Birth Date Relationship | Social Security # |
| Full Name | Birth Date Relationship | Social Security # |
| Full Name | Birth Date Relationship | Social Security # |

**Yes/No Questions**Please check the appropriate box and include all the necessary details.

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** |  |
| 🞏 |  🞏 | **NEW CLIENT- Please include copy of Last Year’s Tax Return** |
|  |  |  |
|  |  | **Dependent Information** |
| 🞏 | 🞏 | Were there any changes in dependents from the prior year?If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | **Purchases, Sales, and Debt Information** |
|  |  |  |
| 🞏 | 🞏 | Did you start a new business this year? |
| 🞏 | 🞏 | Did you purchase rental property during the year? |
| 🞏 | 🞏 | Did you acquire a new or additional interest in a partnership or S Corporation? |
| 🞏 | 🞏 | Did you sell any real estate during the year? |
| 🞏 | 🞏 | Did you refinance any real estate during the year? |
| 🞏 | 🞏 | Did you purchase any real estate during the year? |
| 🞏 | 🞏 | Did you acquire or dispose of any stock during the year? |
|  🞏 | 🞏 | **In 2023, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any Virtual (Bit Coin) currency?** |
|  |  |  |
|  |  | **Income Information** |
| 🞏 | 🞏 | Did you make any withdrawals from a retirement account? |
| 🞏 | 🞏 | Did you make any withdrawals from an education savings/529 Plan account? |
|  |  | **Itemized Deduction Credits** |
|  |  |  |
| 🞏 | 🞏 | Did you make cash or non-cash charitable contributions? |
| 🞏 | 🞏 | Did you have any Tuition expenses during the year? |
| 🞏 | 🞏 | Did you have any student loan interest? |
| 🞏🞏 | 🞏🞏 | Any solar installed or purchase of alternative fuel vehicle?Any childcare expenses? |
|   |   | **Miscellaneous Information** |
| 🞏 | 🞏 | Do you or any of your dependents have healthcare.gov medical insurance. If yes, please have your 1095A ready. (Obamacare) |
| 🞏 | 🞏 | Do you have an HSA account? If yes amount of distribution \_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |  |
|  |  |  |

**Banking Information**

**FOR REFUNDS:**

ROUTING NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­

ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How do want to receive your copy of the tax return?**

**Electronic (email) \_\_\_\_\_\_ Paper Copy \_\_\_\_\_\_\_\_ USB \_\_\_\_\_\_\_\_\_\_\_\_**

**(Additional copies requested at a later date may incur a nominal charge)**

**Communication Preference:**

**Phone call \_\_\_\_\_\_\_\_    Text Message\_\_\_\_\_\_\_   Email\_\_\_\_\_\_\_\_\_\_**

\*\*By submitting your phone number, we may text and if you agree to receive SMS from Linda Rozet CPA. Carrier and Data rates may apply. We do not share, sell or lease any information from our clients.