

2024 Tax Organizer  
Personal Information

Personal Information

Name		SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
Occupation		Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2024

☐ Single    ☐ Married    ☐ Widowed - If widowed and your spouse died after December 31, 2022, enter the date of death \_\_\_\_\_

☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2024? \_\_\_\_\_

Yes    No

- ☐ Are you or your spouse blind?
- ☐ Are you or your spouse disabled?
- ☐ Are you or your spouse a full-time student?
- ☐ Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?
- ☐ At any time during 2024 did you:  
(a) receive (as a reward, award, or payment for property or service) a digital asset?  
(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID

☐ Driver's license    ☐ State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

Spouse's type of photo ID

☐ Driver's license    ☐ State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2024 appointment is scheduled for \_\_\_\_\_

## Questionnaire

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Questionnaire

#### Dependent Information

**Yes No**

☐ ☐ Did you have any changes in dependents during tax year 2024?

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Please indicate how you would like to receive your tax return copy (charges are donated to National Multiple Sclerosis Society): Portal (default option) \_\_\_\_\_ Paper (\$ 5.00) \_\_\_\_\_ On a memory stick supplied by you \_\_\_\_\_

If you are a Delaware resident, are you and/or your spouse an ACTIVE member of a volunteer fire company? Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ Company # \_\_\_\_\_

If you are a Delaware resident, did you and/or your spouse pay union dues in 2024?

If "Yes," - Amounts: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

Please note: Request for copies of tax returns for 3rd party use will be posted to the portal for you to download and provide to the 3rd party - we will no longer provide your information directly to a 3rd party.

**Yes No**

☐ ☐ Do you give Davis-Smith permission to send invoices & statements via email?

☐ ☐ Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?

If "Yes," provide Notice CP01A from the IRS.

☐ ☐ Did you have a foreign bank account or have an interest in a foreign trust? NOTE: Penalties for failure to report foreign source income or ownership of a foreign account start at \$ 10,000 per violation.

#### IF YOU OPERATE A BUSINESS:

**Yes No**

☐ ☐ Did you make any payments for services (\$600.00 or more) during the year that would require you to file form(s) 1099?

☐ ☐ Did you, or will you, file ALL required forms(1099)?

☐ ☐ Did you have employees?

**Yes No**

☐ ☐ Did the business provide health insurance to the employees?

☐ ☐ Did you offer ANY type of benefits to your employees (health/dental/vision,life)

☐ ☐ Did you receive Employee Retention Credits?

If yes, amount of credit: \_\_\_\_\_

Please provide copies of all paper work related to the credit.

☐ ☐ Did you keep a mileage log?

If "Yes," Overall Mileage for 2024 \_\_\_\_\_ Business Mileage for 2024 \_\_\_\_\_

☐ ☐ Did you receive income or incur expenses associated with car sharing (e.g., Uber, Airbnb, DoorDash, Facebook Marketplace)?

**If "Yes," provide documentation (e.g. Profit & Loss, Form 1099-MISC, Form 1099-NEC, or Form 1099-K).**

#### IF YOU OWN RENTAL PROPERTY:

**Yes No**

☐ ☐ On a regular basis (at least bi-weekly) & continuous throughout the year, do you consult with property managers or personally visit the property?

☐ ☐ Do you spend several hours regularly , or bi-weekly, dealing with the advisors, managers or personally with tenants, repair or maintenance companies or on-site issues?

☐ ☐ Do you maintain written calendar time records to prove the regular, substantial, continuous activity?

☐ ☐ Is the activity conducted with a profit motive?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_