

**2024**

## Asset Listing for 2024

Name:

SSN:

**Assets for:**[illegible]

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

TSJ      Employer ID number

Description

☐ This farm was disposed of during 2024

Income

	2024	2023		2024	2023
Income from production of livestock, produce, grains, and 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	2023		2024	2023
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 . . . . .					



Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All

YES

NO

☐

☐

Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

☐

☐

Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

☐ Employer

☐ Medicare

☐ Medicaid

☐ Marketplace (Exchange)

☐ Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

☐

☐

Was your previous insurance policy canceled in 2024?

☐

☐

Was coverage offered by your employer or your spouse's employer?

☐

☐

Are you a member of a federally recognized Indian tribe?

☐

☐

Are you eligible for services through an Indian healthcare provider?

☐

☐

Are you a member of a healthcare sharing ministry?

☐

☐

Did you live in the United States the entire year?

☐

☐

Are you enrolled in TRICARE?

☐

☐

Did you apply for CHIP coverage?

☐

☐

Do any of the following apply to you? Do NOT indicate which one.

Became homeless

Evicted in the past six months, or facing eviction or foreclosure

Received a shut-off notice from a utility company

Recently experienced domestic violence

Recently experienced the death of a close family member

Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property

Filed for bankruptcy in the last six months

Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt

Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

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**Healthcare Coverage Questionnaire for Taxpayer and Spouse  
(for preparer use)**

**PRIMARY TAXPAYER**

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Employer offered health coverage which was declined?													
If Yes, what would be the cost for SELF coverage?													
If Yes, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

**SPOUSE**

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number													
Employer offered health coverage which was declined?													
If Yes, what would be the cost for SELF coverage?													
If Yes, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

**Healthcare Coverage Questionnaire for Dependents  
(for preparer use)**

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A.													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return?    Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A													
Had health care coverage from another source?													
Was exempt from health care mandate. Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return?    Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? MUST provide 1095-A													
Had health care coverage from another source?													
Was exempt from health care mandate? Has Exemption Certificate Number? If Yes, provide number.													
Required to file a return?    Yes <input type="checkbox"/> No <input type="checkbox"/>	AGI of that return? _____												

Schedule C - Profit or Loss from Business

Name: SSN:

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

	2024	2023		2024	2023
Gross receipts or sales			Other income		
Returns & allowances					

Expenses

	2024	2023		2024	2023
Advertising			Repairs & maintenance		
Car & truck expenses			Supplies		
Commissions & fees			Taxes & licenses		
Contract labor			Travel		
Depletion			Total meals		
Employee benefit programs			Utilities		
Insurance (other than health)			Wages		
Interest - mortgage			Family health coverage payments for taxpayer, spouse or dependents		
Interest - other			Other expenses (list)		
Legal & professional services					
Office expenses					
Pension & profit-sharing plans					
Rent or lease (vehicles, machinery, & equipment)					
Rent (other business property)					

Cost of Goods Sold

	2024	2024
Inventory at beginning of year		
Purchases		
Cost of personal use items		
Cost of labor		
Materials & supplies		
Other costs		
Inventory at end of year		
There was a change in inventory method.		

**2024**

## Detail Worksheet

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

SSN:

[illegible]





**2024**

### Income or Loss from Investments in Partnerships, S Corporations, and Fiduciaries

Name:

SSN:

## Schedule K-1 from Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]

Expenses Related to Business

Name:

SSN:

Auto Expense

Name of business vehicle is used for

Description of vehicle

Date vehicle was placed in service

YesNo

Was this vehicle available for use during off-duty hours?

Was another vehicle available for personal use?

YesNo

Do you have evidence to support your deduction?

If "Yes," is the evidence written?

Number of miles the vehicle was driven during 2024

20242023

Business

Commuting

Other

Total number of miles the vehicle was driven in prior years

20242023

Business

Total

Expenses

20242023

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Rental fees

Interest

Property tax

20242023

Repairs

Tires

Tolls

Lease addback

Other expenses

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

20242023

Home Expenses

20242023

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.

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Schedule F - Profit or Loss from Farming

Name: SSN:

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, 2022?

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

Income

	2024	2023		2024	2023
Sale of livestock / other items . . . . .			Custom hire income . . . . .		
Cost of items bought for resale . . . . .			Beginning inventory for accrual . . . . .		
Sale of products you raised . . . . .			Ending inventory for accrual . . . . .		
Total cooperative distributions . . . . .			<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.		
(Provide 1099-PATR)					
Total agricultural payments . . . . .			Other income . . . . .		
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 . . . . .					

Expenses

	2024	2023		2024	2023
Car & truck expenses . . . . .			Rent - other (land, animals, etc.) . . . . .		
Chemicals . . . . .			Repairs & maintenance . . . . .		
Conservation expenses . . . . .			Seeds & plants purchased . . . . .		
Custom hire (machine work) . . . . .			Storage & warehousing . . . . .		
Employee benefit programs . . . . .			Supplies purchased . . . . .		
Feed purchased . . . . .			Taxes . . . . .		
Fertilizers & lime . . . . .			Utilities . . . . .		
Freight & trucking . . . . .			Veterinary, breeding, & medicine . . . . .		
Gasoline, fuel, & oil . . . . .			Family health coverage payments for taxpayer, spouse or dependents . . . . .		
Insurance (other than health) . . . . .			Other expenses (list) . . . . .		
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 . . . . .					

Household Employment

Name:

SSN:

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

2023

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 \$2,700 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

2023

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

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

TS	Employer Name	2024 Federal Wages	2023 Federal Wages

Retirement

Provide all copies of Form 1099-R

TS	Payer Name	2024 Distribution	2023 Distribution

☐ Yes

☐ No

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes

☐ No

Did you use any of the distributions for disaster relief?



## Sale of Capital Assets

Name:

SSN:

### Sale of Capital Assets (including items not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

### Installment Sale Income

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired	Date sold	2024	Prior Years
---------------	-----------	------	-------------

Selling price . . . . . \_\_\_\_\_

Mortgages assumed . . . . .	
-----------------------------	--

Cost of property sold . . . . .	
---------------------------------	--

Depreciation allowed . . . . .

Commissions and expense of sale . . . . .	
---	--

Gross profit percentage . . . . .

Interest received . . . . .

Principal payments received . . . . .

Property was sold to a related party ☐



## Other Income and Adjustments

Name:

SSN:

## Other Income

	2024 Taxpayer	2023 Taxpayer	2024 Spouse	2023 Spouse
Social Security Benefits (attach Forms 1099-SSA) . . . . .				
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .				
State income tax refund (attach Forms 1099-G) . . . . .				
Alimony received				
Divorce or separation date _____ Amount _____				
Unemployment compensation (attach Forms 1099-G) . . . . .				
Unemployment compensation repaid in 2024 . . . . .				
Gambling winnings (attach Forms W2-G) . . . . .				
Alaska Permanent Fund . . . . .				
Jury duty pay . . . . .				
ABLE distributions . . . . .				
Scholarships or grants not reported on Form W-2 . . . . .				
Other income: _____				
_____				
_____				

## Adjustments

	2024 Taxpayer	2023 Taxpayer	2024 Spouse	2023 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .				
Contributions made to a Health Savings Account (HSA) . . . . .				
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .				
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____				
Name _____				
SSN _____ Divorce or separation date _____				
Contributions made to a Self-Employed Pension plan (SEP) SIMPLE or Solo 401K . . . . .				
Contributions made to an Individual Retirement Account (IRA) . . . . .				
Contributions made to a Roth IRA . . . . .				
Interest paid on a student loan . . . . .				
Other adjustments: _____				

Income

Name:SSN:

Form 1099-Misc Income

Provide all copies of Form 1099-MISC

TS	Payer Name	2024 Amount	2023 Amount

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

TS	Payer Name	2024 Amount	2023 Amount

Other Information

Name:

SSN:

Mortgage Interest

Provide all copies of Form 1098

Lender's Name	2024 Mortgage Interest Received	2023 Mortgage Interest Received	2024 Mortgage Insurance Premiums	2023 Mortgage Insurance Premiums	2024 Real Estate Taxes Paid	2023 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

☐ A member of the clergy

Select if you:

☐ Used your personal vehicle for your job during 2024

	NOT reimbursed by your employer 2024	2023	Reimbursed by your employer not included in box 1 of your W-2 2024	2023
Parking fees, tolls, local transportation . . . . .				
Meals . . . . .				
Overnight business travel expenses (Do not include meals & entertainment) . . . . .				
Other business expenses . . . . .				

Casualties and Thefts

TSJ

FEMA code

Property description

Property location

Date property was acquired

Date property was damaged or stolen

Cost of property damaged or stolen

Fair market value before incident

Fair market value after incident

Insurance reimbursement

TSJ

FEMA code

Property description

Property location

Date property was acquired

Date property was damaged or stolen

Cost of property damaged or stolen

Fair market value before incident

Fair market value after incident

Insurance reimbursement

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Other Information

Name:

SSN:

Health Savings Account

TS

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

☐ Taxpayer only

☐ Family

HSA contributions made for 2024

2024

2023

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

2023

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 expense while traveling to your new home

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## 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 services) 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 \_\_\_\_\_

Dependent and Other Information

Name:

SSN:

Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2023						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						