MICHAEL S. PATINELLA, P.L.L.C.

CERTIFIED PUBLIC ACCOUNTANTS

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ORGANIZER

For Your Income Tax Return Information For Tax Year 2024

Taxpayer Information

First name	Initial Last na	ame Soci	Taxpayer Spouse
S	treet Address		Apt. Number
City	State Zip C	Code County	Foreign Country/Province
	turn mailed to a different a	ddress. (Provide details	Fax (
Indicate X for marital star Single	elynmarried and providing moried child)of 2022 or later, who main	ore than half the cost of tained a home as the properties of the cost of the c	<u> </u>
	qualifying child who is not		
Disabilities	Blind Deaf	Other	Spouse //
Information for Direct I Routing number Account number	Deposit of Refund (attach a v	oided check) _ (should be 9 digits). Note if accoun	you would like to direct your refund into more than on t (3 max), provide information on continuation sheet. or savings account deposit mark
Driver's License Num Issuance Date	ber		Spouse

Dependent Information

Dependents

In general, individuals may not be claimed as a dependent, unless:

1) they were a U.S. citizen or a U.S. legal resident, and

A= Indicate: T=Taxpayer, S=Spouse, J-Joint

B= Dependency relationship (child, grandchild, etc.)

- 2) you provided over half of their total support in 2024, and
- 3) they had gross income of less than $$5,0\overline{5}0$ and was your qualifying relative, **or**, the individual was your child **and**

C= No. of months lived in your home in 2024, or B=born, D=died

D= Child care expenses incurred & paid in 2024 (prior to age 13)

- a. Your child was under age 19 at the end of 2024, or
- b. Your child was under age 24 at the end of 2024 and was a student for any 5 months.

Α	First Name	Last Name	Soc Sec No.	Date of Birth	В	C	D
	Miscellaneous Information Indicate: X if child can be claimed as a dependent on another's return						
Cor	Computation of Tax for Children and/or Dependents						
Attach any W2s reporting wages earned by your children and/or dependents.							
Attach any 1099s received by your children and/or dependents.							
Mak	e a note of any tax	cable income receiv	ed by your childre	en and/or depen	dents where 1099	9s were	not issued.

If your children and/or dependents filed a 2023 tax return, please provide a copy (if not already provided).

	INCOME Attach the following forms and information as applicable
1	W-2s
2	1099s for Dividends, Interest, and Sales Note: If any sales are reported, we will need dates purchased and cost basis
3	1099s for Social Security, Retirement Distributions, State Refunds, Misc. Income, Gambling Winnings, Distributions from Qualified Education Programs, etc. Please also make note of any taxable income where 1099s were not received, such as alimony.
4	Business income and expenses (attach summary)
5	Rental income and expenses (attach summary)
6	Schedule K-1s from partnerships, estates and trusts, or S corporations
7	Copy of 2023 Federal and State Income Tax Returns (if not already provided)
8	Return signed Engagement Letter
	ADJUSTMENTS TO INCOME
9	Traditional IRA Contributions for 2024 (must be made by April 15, 2025):
	Check if you want us Actual Amount to calculate maximum allowable you contributed
	Taxpayer:
	Spouse:
10	Roth IRA Contributions for 2024 (must be made by April 15, 2025):
	Check if you want us Actual Amount to calculate maximum allowable you contributed
	Taxpayer:
	Spouse:
11	SEP/Simple, Etc., Plan Contributions (must be made by extended due date of Tax Return): Check if you want us to calculate maximum allowable you contributed

	ADJUSTMENTS TO INCOME (continued)
12	Tuition for College Education (attach Form 1098-T):
	For Whom: Amount:
	For Whom: Amount:
13	Alimony paid/received: \$ Recipient's Soc. Security No.:
	(Alimony taxable/deductible only for pre-2019 divorce settlements, i.e. prior to the repeal of alimony rules.)
14	Student Loan Interest Paid: \$(attach Form 1098-E)
15	Penalty for Early Withdrawal of Saving: \$
16	Teacher's Unreimbursed Classroom Expenses (max. \$300 per spouse/teacher): \$

ITEMIZED DEDUCTIONS / CREDITS

MEDICAL &	& DENTA	Ĺ	AMC	UNT
Medicines and Prescrip	tion Drugs			
Doctors, Dentists, Nurs	ses, Hospita	ıls		
Eyeglasses/Contact Lei	ises			
Hearing Aids/Batteries				
Other Medical Expense	es			
Other Medical Expense	es			
Medical Insurance Pres	niums			
Long Term Care Ins. P.	remium-Ta	xpayer		
Long Term Care Ins. P.	remium-Sp	ouse		
Miles Driven to Dr/Der	ntist/Hospi	tal/Rx/Etc		mi.
TAXES YO	OU PAID		AMC	UNT
Real Estate Taxes on H	ome *			
Taxes on Unimproved	R.E. (land)			
Personal Property Taxe	es (boat, RV	/, etc)		
Auto License(s); # of a	utos	; TOTAL		
Estimated Taxes Paid	:			
1 st	Qtr 2 nd	Qtr 3 rd	Qtr -	4 th Qtr
Fed: Amount: \$	\$	\$	\$	
Date Pd:				
State: Amount: \$	\$	\$	\$	
Date Pd:	•			

CHARITABLE CONTRIBUTIONS	
Cash or Check Contributions:	AMOUNT
Church/Temple	
United Way	
Red Cross	
Cancer/Heart Fund	
Boy/Girl Scouts	
Other	
Other	
Other	
Other Than Cash: clothing, furniture, etc	VALUE
Goodwill	
Salvation Army	
Other	
Other	
Other	
Charitable Travel:	mi.
AZ School Tax Credit – public school	
attach receipts	
AZ School Tax Credit – private school	
attach receipts	
AZ Charitable &/or Foster Care Credits	
attach receipts	

INTEREST YOU PAID	AMOUNT
Home Mortgage 1st Loan *	
Home Mortgage 2 nd Loan *	
Home Mortgage 3 rd Loan *	
* Attach Form 1098-mortgage statement	
Home Mortgage Points Paid:	
(A) For purchase or improvements	
(B) For refinance	
	vrs
(1) length of loan (loan term) Attach closing escrow statement for purch refinance	
Attach closing escrow statement for purch	
Attach closing escrow statement for purch refinance	
Attach closing escrow statement for purch refinance Investment Interest (margin interest)	ase, sales, or
Attach closing escrow statement for purch refinance Investment Interest (margin interest) CHILD CARE CREDITS	AMOUNT
Attach closing escrow statement for purch refinance Investment Interest (margin interest) CHILD CARE CREDITS Total child care expenses paid Child Care Organization's/Person's Informat (A) Name:	AMOUNT
Attach closing escrow statement for purch refinance Investment Interest (margin interest) CHILD CARE CREDITS Total child care expenses paid Child Care Organization's/Person's Informat	AMOUNT

Unreimbursed Employee Business Expense: Attach detail Union and Professional Dues Automobile (if used in business): Auto Mileage TOTAL Auto Mileage Business Auto Mileage Commuting Auto Expenses (gas, oil, insurance, etc.) Auto Loan Interest Auto Lease Payments Cost of Auto Date Purchased Job Seeking Costs Tax Return Preparation Fees paid in 2024 Investment Expense, Management Fees, etc. (only if paid with funds outside of retirement accounts) Safe Deposit Box Gambling Losses-only to extent of winnings Other Other ** NOTE MISCELLANEOUS DEDUCTIONS ARE NO LONGER DEDUCTIBLE FOR YOUR FEDERAL TAX RETURN. HOWEVER, THEY MAY BE DEDUCTIBLE FOR CERTAIN STATE BETURNS (Not A.7)	MISCELLANEOUS DEDUCTIONS**	AMOUNT
Auto Mileage TOTAL mi. Auto Mileage Business mi. Auto Mileage Commuting mi. Auto Expenses (gas, oil, insurance, etc.) Auto Loan Interest Auto Lease Payments Cost of Auto Date Purchased Job Seeking Costs Tax Return Preparation Fees paid in 2024 Investment Expense, Management Fees, etc. (only if paid with funds outside of retirement accounts) Safe Deposit Box Gambling Losses-only to extent of winnings Other Other *** NOTE MISCELLANEOUS DEDUCTIONS ARE NO LONGER DEDUCTIBLE FOR YOUR FEDERAL TAX RETURN. HOWEVER, THEY MAY BE DEDUCTIBLE FOR	Unreimbursed Employee Business Expense:	Attach detail
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Miscellaneous Questions
If we do not have copies of your Federal and State income tax returns for 2023 please include them with this Organizer.

Indicate X if:

1.	You would like to have any overpayment of federal/state tax applied to your 2025 estimated tax
2.	During 2024, you received any notices or settled any examinations concerning your prior years' Federal, State, Local, or Foreign tax returns. If so, attach copies of notices
3.	You or your spouse made any gifts (not charitable contributions) in excess of \$18,000 to any one donee during the year. If so, provide details on a continuation sheet
4.	You or your spouse made any gifts in trust for any amount
5.	You received grants of stock options from your employer or disposed of any stock acquired under a qualified employee stock purchase plan
6.	You exercised any stock options during 2024. If so, provide details on a continuation sheet
7.	You disposed of any corporate bonds for which you paid other than the principal amount (i.e., discount or premium). If so, provide details on a continuation sheet
8.	You loaned money for an interest rate less than the market rate of interest
9.	You received any payments from a pension or profit-sharing plan this year or expect to receive next year
10.	You received a Form 1099-DIV that includes dividends you received as a nominee; that is, in your name, but the dividends actually belong to someone else. If so, please provide details
11.	You had income from rental property that is not listed elsewhere in this organizer If so, please provide details of income, expenses, and the acquisition dates and cost of the property and any equipment, furniture, fixtures, and appliances.
12.	In 2024, you purchased a new alternative-powered vehicle (e.g. hybrid-fuel, electric) that was not intended for resale. If so, please provide details and manufacturer's certification
13.	You had a foreign bank account, securities account or signature authority over such an account at any time during 2024. If so, provide details on a continuation sheet
14.	You paid household employee wages of \$2,700 or more or withheld federal income tax in 2024. If so, provide details on the continuation sheet

Miscellaneous Questions (continued)

15.	You sold your primary and/or secondary residence in 2024. If so, please attach copies of closing statements from the original purchase and from the sale
16.	You purchased a primary and/or secondary residence in 2024. If so, please attach copies of closing statements from the purchase
17.	You refinanced a mortgage during 2024. If so, please attach copies of the closing statement and terms of the new mortgage
18.	You made energy efficiency improvements to a home. If so, please provide details
19.	You incurred any non-business bad debts If so, provide the following details on a continuation sheet: • A description of the debt, including the amount and the date it became due, • The name of the debtor, and any business or family relationship between you and the debtor, • The efforts you made to collect the debt, and • Why you decided the debt was worthless
20.	You have written substantiation for all business expenses. You should keep the following in a safe place: • Date, place, and amount of expense • Actual receipts for expenses in excess of \$75 • Name and business affiliation of persons involved • Business purpose of expense • Documentation of the business discussed • Receipts for hotel, airline, and other travel expense
21.	You paid mortgage interest on a loan where the proceeds were not used to buy, build or improve your new home
22.	You received a corrective distribution from a deferred compensation plan such as a 401(k) plan. If so, please provide related documents and details
23.	If you received compensation (either in the form of wages, payment for services, or from 'mining') in the form of Virtual/Crypto Currency during 2024 provide detail on continuation sheet
24.	If you sold or exchanged Virtual/Crypto Currency during 2024, provide detail of fair market value and basis information of Virtual/Crypto Currency on continuation sheet
25.	During 2024, did you make payments or pay wages using Virtual/Crypto Currency to an independent contractor, employee or other service provider? If yes, provide details on continuation sheet

CONTINUATION SHEET

Page Reference	Notes