Gray & Associates, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

TAX YEAR 2024

INCOME TAX GUIDE AND ORGANIZER

This worksheet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include your last year's return (if you are a new client) and all W-2, 1099, and K-1 forms, if any.

Upon completing the Tax Organizer, please read and sign below.

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign) ______________________________ Date ____________________

Access Client Portal: https://login.atomanager.com/ATOM_GAC/WebInfo.aspx Website: www.gray.cpa

PERSONAL DATA

TAXPAYER (OR SINGLE)		SPOUSE	
Last Name		Last Name	
First Name & Initial		First Name & Initial	
Occupation		Occupation	
Phone (Home)		Phone (Home)	
Phone (Work or Cell)		Phone (Work or Cell)	
Soc. Sec. # (full)	Date of Birth	Soc. Sec. # (full)	Date of Birth
Email address		Email address	

DEPENDENTS					
NAME (First, Initial & Last)	DOB	X if post-secondary student	Soc. Sec. No.	Relationship	# mos. lived in your home

*** Social Security numbers are required for all dependents. ***

One or more of my dependents is/are NOT a U.S. resident or citizen: Yes ___ No ___

If filing Head of Household and qualifying person is your child but not your dependent above, enter child's/children's name(s) here:

ID Verification (for anti-fraud, anti-ID theft)			
DL or State ID #		DL or State ID #	
Issue Date	Expiration Date	Issue Date	Expiration Date

Mailing Address		
City	State	Zip

If filing Head of Household and qualifying person is your child but not your dependent above:

1. Did your name, address, or marital status change during the year?	Yes		No	
2. Are you being claimed as a dependent on another tax return?	Yes		No	
3. Are you (or your spouse) blind or permanently disabled?	Yes		No	
4. Did you claim children above that don't live with you?	Yes		No	
5. Did you carry forward or incur any adoption expenses during the year?	Yes		No	

GENERAL QUESTIONNAIRE

Did you have a financial interest in or authority over a foreign bank account or trust (bank account, securities, trust, fund, etc.)?	Yes		No	
Did you own, receive, sell, send, exchange, or otherwise aquire any financial interest in any virtual currency?	Yes		No	
Did you use bartering to exchange any goods or services (including with digital/virtual assets)?	Yes		No	
Did you purchase health insurance from the HHS Marketplace?	Yes		No	
Did you receive any premium health insurance credits during the year?	Yes		No	
Did you have any worthless stocks, uncollectible bad debts, or were a victim of a Ponzi scheme?	Yes		No	
Did you receive any distribution from an IRA, profit sharing or pension plan?	Yes		No	
Have you reached the age of 70½?	Yes		No	
If yes, have you begun your madatory retirement saving withdrawals?	Yes		No	
If yes, did you make a direct contribution to a charity from an IRA?	Yes		No	
Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits?	Yes		No	
Did you or your dependents take a distribution from a Qualified Tuition Program (QTP) or 529 program during the year?	Yes		No	
Did you start a new business during the year?	Yes		No	
Do you expect to start a new business this coming year?	Yes		No	

Did you pay anyone (over 18) $2,100 or more to work at your home during the calendar year?	Yes		No	
Did you have children under age 19 with investment income (age 24 if dependent student)?	Yes		No	
Did you or your spouse have qualified military combat pay?	Yes		No	
Did you receive any source of income that is not listed in this tax organizer?	Yes		No	
Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year?	Yes		No	
Did you have any foreign income?	Yes		No	
Did you have living expenses in a foreign country as a result of income earned abroad?	Yes		No	
Did you become disabled during the year?	Yes		No	
Were you a handicapped employee?	Yes		No	
Did you have a Medical or Health Savings Account (MSA or HSA)?	Yes		No	
Did you pay long term healthcare insurance premiums or receive benefits during the year?	Yes		No	
Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction?	Yes		No	
Did you receive employer-provided educational assistance or transportation benefits?	Yes		No	
Did you make any gifts of over $18,000 to any individual (do not include tuition or medical expenses, or gifts to your spouse)?	Yes		No	
Did you donate a partial interest in any goods to charitable organizations?	Yes		No	
Did you sell your principal home during the year? *Please provide closing statements for **both** the **purchase** and **sale** of this property.*	Yes		No	
Did you purcahse a new home during the year? *Please provide closing statement for purchase.*	Yes		No	
Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)?	Yes		No	
Did you make any major purchases during the year requiring payment of sales tax (including any new vehicle, boat, etc.)?	Yes		No	
Did you revise a prior year divorce decree that includes alimony?	Yes		No	
Were you notified by the IRS or STATE of a change to any prior year tax return?	Yes		No	
If you would like your refund deposited directly into your bank account, please attach a voided check or deposit slip (up to 3 accounts).	Yes		No	
Would you like to purchase savings bonds with your refund, if any?	Yes		No	
Are you a school teacher who paid out of pocket for classroom materials without reimbursement?	Yes		No	
Please provide a list of expenses for potential deduction.				
I need to report business income. *Please ask for and use our Worksheet C.*	Yes		No	
I need to report rental property income. *Please ask for and use our Worksheet E.*	Yes		No	
I need to report farm income. *Please ask for and use our Worksheet F.*	Yes		No	
I have made estimated payments to the IRS (in addition to any withholding from my pay). *Please provide payment **date(s)** and **amount(s)**.*	Yes		No	
I need to file a tax return in another state: *State(s)* ________________________________	Yes		No	
Type of return (personal, franchise tax, other business, other) ____				

INCOME

T/S/J Code: T -- Taxpayer   S -- Spouse   J -- Joint   Use these codes if married filing jointly

W-2 FORMS

T/S	Name of Employer	Taxable Wages	Withheld Fed. Tax	Oher Taxes Withheld			
				Soc. Sec.	Medicare	State	Local
		$	$	Please Attach W-2s			
		$	$				
		$	$				
		$	$				
		$	$				
		$	$				

SOCIAL SECURITY

		Benefits (from box 5)	Federal Tax Withheld
IMPORTANT: Attach Forms(s) SSA-1099	Taxpayer	$	$
	Spouse	$	$

MISCELLANEOUS INCOME

Please Attach Relevant Forms (Show Losses in Brackets)

T/S/J	Source of Income			Amount
	Alimony *Received* under *Pre-2019* Agreement (List Alimony *paid* in Misc. Deductions)			$
	Jury Duty (or other public service)			$
	Tips / Gratuities (not reported on W-2)			$
	Contest / Awards / Gambling Winnings	*Please attach Form(s) 1099-MISC, W2G, or explain*		$
	Commissions / Bonuses (not reported on W-2)	*Please attach Form(s) 1099 NEC*		$
	Pensions / Annuities	*Please attach Form(s) 1099-R*		$
	IRA / Keogh	*Please attach Form(s) 1099-R*		$
	Profit Sharing Distributions	*Please attach Form(s) 1099-R*		$
	Unemployment Compensation	*Please attach Form(s) 1099-G*		$
	Partnerships / Estates / Trusts *Attach Form(s) K-1*	Place X in the box if you did NOT actively or materially participate in earning the income (or loss) listed		$
	Small Business Corporations / Sub Chapter S *Attach Form(s) K-1*			$
	Business / Self-Employed *(attach Schedule C or details)*			$
	Farm *(attach Worksheet F or details)*			$
	Rental *(attach Worksheet E or details)*			$
	Forgiven Debt	*Please attach Form(s) 1099-A or C*		$
	Other (explain):			$

INTEREST INCOME

Use payer name listed on 1099-INT and attach

T/S/J	Name of Payer	Interest Amount	Exempt	Code
		Please Attach 1099-INTs		

DIVIDEND INCOME

Please attach all 1099-DIV forms

T/S/J	Name of Payer	Total Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Non Taxable	X
			Please Attach 1099-DIVs			

CAPITAL GAINS AND LOSSES

Stocks, Bonds and Mutual Funds (Attach Form 1099-B)
Sale of Property and Real Estate (Attach Form 1099-S)

T/S/J	Description (e.g., # shares, name or stock symbol)	Date Acquired mm/dd/yyyy	Date Sold mm/dd/yyyy	Sale Price	Cost or Basis	Code
		Please Attach Brokerage Statement, Form(s) 1099-B or 1099-S				

SALE OF PERSONAL RESIDENCE

Date Old Residence Aquired		Cost or Basis	$
Improvements (additions, landscaping, driveway, new roof, etc.)			$
Date Old Residence Sold		Selling Price	$
Expenses of Sale (commissions, legal fees, points, stamps, etc.)			$
1. Was any part of residence rented or used for business?	Yes		No
2. Did you own and use the home as your principal residence for at least two			
of the last five years?	Yes		No
3. Have you rolled over a gain from the sale of a prior residence into the home sold?	Yes		No
If so, please provide Form 2119 from the tax return for the year prior to when the home sold.			
4. Was sale required due to job transfer, medical or unforeseen circumstance?	Yes		No
Date New Residence Acqired (or construction began)			
Date of Occupancy		Cost of New Residence	$
If married, do you and your spouse have the same proportionate interest			
in the new residence as in the old?	Yes		No

Please attach copy of real estate closing papers for both the *purchase and sale* of your *old* home *and* the *purchase* of your *new* home.

NON-TAXABLE INCOME

Important to list even if not taxable

	Child Support / Payments / Assistance (not alimony)	$
	Veterans Benefits / Disability Income	$
	Workmen's Compensation / Loss of Time Payments	$
	Other (Explain):	$

INCOME TAXES PAID OR REFUNDED

If someone else prepared your taxes last year, please provide a copy.	FEDERAL	STATE	LOCAL
Balance paid on last year's return (or prior years)	$	$	$
Refunds received from last year's return (or prior years)	$	$	$

ESTIMATED TAXES PAID		FEDERAL	STATE	LOCAL
If not paid by due dates, list actual dates paid.	1st Quarter 4/15	$	$	$
	2nd Quarter 6/15	$	$	$
	3rd Quarter 9/15	$	$	$
	4th Quarter 1/15	$	$	$

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar. Please **CIRCLE** any deduction that is a disproportionate amount for only you or only your spouse (it may be to your advantage to file separately).

MEDICAL

Only the amount of un-reimbursed medical expenses that exceeds 10% of Adjusted Gross Income is allowed.

Description of Medical Expenses		Amount
Doctors, Dentists, Clinics, Hospitals, Nurses, etc.	Please DO NOT provide/attach doctor bills, statement, etc. Only provide total dollar amounts.	$
Prescriptions & Drugs (doctor prescribed only)		$
Insulin (general drugs not allowed)		$
Eye Glasses / Contact Lenses		$
Hearing Aids, Supplies, & Other Medical Aids		$
X-Ray / Lab Fees		$
Ambulance, Paramedic		$
Nurses (board & room)		$
Equipment (prescribed & rented)		$
Nursing Home Medical Care		$
Medicar Part B Service Payments		$
Smoking Cessation Program		$
Other:		$
Other:		$
Other:		$
Medical Insurance		
Important: Provide proof of health insurance (Form 1095 or equivalent)		
Insurance - paid by **<u>you, not paycheck deduction</u>:** Pre-Tax = P After Tax = A Unsure = U		
Group Health Plans		$
Medicare Premiums		$
Other Insurance (long term healthcare, MSA, other)		$
Summary Total (optional)		$
Lodging (while away from home)		$
Transportation (total miles driven for medical reasons or actual cost		$

TAXES PAID

Description of Taxes Paid	State	Amount
Real Estate Taxes, Home (include whether you itemize or not)		$
Real Estate Taxes, Other (not included on Rental Schedule)		$
Property Tax Rebates (if any)		$
Personal Property Taxes (if any)		$
Property Taxes (if any)		$
Auto Licenses / Number of Vehicles		$
State and Local Income Taxes (if not listed elsewhere)		$
Sales Tax: Automobile or Boat		$

If you paid any special assessments or substantial sales tax, please attach supporting documents.

CASUALTY/THEFT LOSSES

Only the TOTAL NET RESULT that exceeds 10% of Adjusted Gross Income is allowed.

Fire, Storm, Theft, and Auto Damage - If more than one, provide similar detail for each.			Place X here if loss occurred in a Federally declared disaster area.
Date Aquired	Date Acquired	Cost or Basis	$
		Insurance Paid	$
Describe How or What Happened	Date of Loss	Market Value Before	$
		Market Value After	$

CHARITABLE CONTRIBUTIONS

Please attach receipt(s).

Receipts / canceled checks are now required for all cash donations.

Cash Contributions to Eligible Organizations (must have receipts or bank records for all donations)		**Amount**
Church / Temple Name:		$
Cancer / Heart / Easter / Christmas Seals, etc. (attach list if more than one)		$
Veteran's Organization Name:		$
Schools (name and describe, attach list if more than one)		$
Other:		$
Summary Total Optional - A summary total for cash/check contributions may be used. Political contributions are not deductible. Deduct value of gift received for any contributions.		$
Non-Cash Contributions - Property, Clothing, Furniture, Food, etc. - Attach explanation listing name & address of donee organization, items donated, date of donation, and fair market value. - If total value of a single donation exceeds $500 explain method used to arrive at value (items over $5,000 require an appraisal). - If you donated a vehicle, please attach your charity's form 1098-C.		$
Volunteer Work - Mileage & Parking Attach explanation listing date, name & address of donee organization, activity performed, miles driven, and parking fees.		$

INTEREST

Accounts, names, and Social Security numbers must match Form 1098 issued by financial institutions.

MORTGAGE INTEREST ON PRINCIPAL RESIDENCE

Paid to **Financial Institution** (from Form 1098) Name:		
Paid to **Individual** (List name, address, Social Security number below)		
Name	Address	Social Security Number
Paid to **Financial Institution** (from Form 1098) Name:		
Paid to **Individual** (List name, address, Social Security number below)		
Name	Address	Social Security Number

Did you aquire a new mortgage or borrow on an existing mortgage during the year?	Yes	No
If yes, what is your combined mortgage debt?	$	
Points paid to acquire new mortgage (if not included above)	$	
Home Equity Loan Interest (used to buy, build, or substantially improve a qualified residence)	$	
Student Loan Interest (attach Form 1098-E and details: who for, loan date, loan purpose)	$	
Other:	$	
Other:	$	
Deductible Investment Interest	$	

Note: Personal interest from credit cards, department stores, autos, bank loans, etc., is NOT deductible.

CHILD AND DEPENDENT CARE

X if you have employer provided dependent care benefits

If required to be gainfully employed (or a full-time student), and if service performed in your home (Nanny), X here.

Name/Address of Provider	**Soc. Sec. or ID #**	**Paid**
		$
		$
		$
		$
Federal ID No. if required to file IRS wages reports	Total Paid During the Year $	$
	Number of Children Under Age 13 #	

Use Form W-10 for provider details. Allocate expenses by dependent. Attach details if more space is needed.

RETIREMENT CONTRIBUTIONS

X if covered by a retirement plan at work		Date	Traditional IRA	SEP / SIMPLE	Roth IRA
	Taxpayer or Single		$	$	$
	Spouse		$	$	$

If you want the maximum allowable deduction, write MAX in the money column(s). You will be informed of amount to depost.	List total value of ALL IRAs on 12/31	
	Single or Taxpayer	$
	Spouse	$

HIGHER EDUCATION EXPENSES

Note: Many of your higher education expenses qualify for special tac credits and deductdions. Other may qualify as exclusions from imcome for tax-free an/or penalty-free withdrawals from your tax deferred savings accounts. Please provide information individually for each student and include all Forms 1099-Q.

	1st Student	2nd Student	3rd Student
Note: Place X if student is attending less than 1/2 time			
Code (T = Taxpayer; S = Spouse; D1 = Dependent 1; D2 = Dependent 2			
	Amount	Amount	Amount
Tuition	$	$	$
Fees, Books, Supplies	$	$	$
Other:	$	$	$
Other:	$	$	$

Other Expenses (Enter amount as these expenses may qualify for tax/penalty-free IRA withdrawals, student loan interest deduction, or U.S. Savings Bond Interest Income Exclusion)

	1st Student	2nd Student	3rd Student
Code (T = Taxpayer; S = Spouse; D1 = Dependent 1; D2 = Dependent 2			
Room and Board	$	$	$
Amount of any Grants, Scholarships	$	$	$

Gray & Associates, CPA, PC
7400 Lohman's Ford Road, Suite C, Lago Vista, TX 78645

MEDICAL EXPENSES

Certified Public Accountants
(512) 267-2272

www.gray.cpa

Itemized Deductions for Medical Expenses

Client / Proprietor: Tax Year Ending:

Note: Amounts above should reflect expenses *after* any reimbursements.

Expenses for Medications and Drugs

	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
Total Expenses for Medications and Drugs		$

Expenses to Doctors

	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
Total Expenses to Doctors		$

Expenses to Hospitals

	$	$
	$	$
	$	$
	$	$
	$	$
Total Expenses to Doctors		$

Expenses for Insurance

	$	$
	$	$
	$	$
	$	$
Total Expenses to Doctors		$

Other Medical and Dental Expenses

	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
Total Other Medical and Dental Expenses		**$**

Total Expenses: **$**

The above expenses are expenses actually paid during the tax year. I have receipts to support these expenses.

Signed: Date:

MEDICAL MILEAGE RECORD

Provider	Date	Miles	Date	Miles	Date	Miles
Total miles						
Mileage rate						
Mileage deduction						