



Donahue Income Tax Services LLC

122 Baltimore Street Ste # 1

Gettysburg, PA 17325

P: (717)420-5557 Andrew@donahuetax.com F: (717)420-5657

2024 Client Tax Organizer

ENGAGEMENT LETTER MUST BE SIGNED BEFORE TAX RETURNS WILL BE PREPARED!

(SSN and DOB First Year Clients Only)

Name: _____ SSN: _____ DOB: _____

Email: _____

Phone 1: _____

Occupation: _____

(SSN and DOB First Year Clients Only)

Spouse: _____ SSN: _____ DOB: _____

Spouse Email: _____

Phone 2: _____

Spouse's Occupation _____

Home Street Address: _____

City: _____ State: _____ ZIP: _____

(Please only include the SSN and DOB if you are a first-year client or for a new dependent)

Dependent Name: _____ SSN: _____ DOB: _____

Lives with you: Yes No Day Care Expense: Yes No U.S. Citizen: Yes No
Relationship: _____ Months lived with you: _____

Dependent Name: _____ SSN: _____ DOB: _____

Lives with you: Yes No Day Care Expense: Yes No U.S. Citizen: Yes No
Relationship: _____ Months lived with you: _____

Please fill in the Number of each form(s) enclosed on the blank line next to it.

<u>Number</u>	<u>Form #</u>	<u>Form Description</u>
_____	W-2	Wage and Tax Statement.
_____	W-2G	Certain Gambling Winnings.
_____	1099-INT	Interest Income.
_____	1099-DIV	Dividends and Distributions.
_____	1099-B	Brokerage Statements (Provide all pages front and back)
_____	1099-R	Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
_____	1099-SSA	Social Security
_____	1099-C	Cancellation of Debt
_____	1099-G	State Income Tax Refund and Unemployment Compensation
_____	1099-S	Proceeds from Real Estate Transactions.
_____	1099-K	Merchant Card and Third-Party
_____	K-1	Partnership, LLC, Estate, Trust, and S Corporation
_____	1098	Income Home Mortgage Interest Paid
_____	1098-E	Student Loan Interest Statement.
_____	1098-T	Tuition Paid Education costs for books, supplies etc. Total \$_____
_____	1095-A	Health Insurance Through Market Place
_____	Real Estate Taxes	(Enclose statements or bills)
_____	Child and Dependent Care Expenses: Amounts Paid \$_____	Attach Statement with name address and tax id of this provider:

Gifts to Charity (CASH or Check): Do Not Submit Receipts, please attach list. Total \$_____

Gifts to Charity directly from your IRA Required Minimal Distribution (QCD): Total \$_____ please attach statement from you IRA financial institution or broker.

Gifts by OTHER THAN CASH OR CHECK if this total is over \$500, please attach receipt with name and address of organization with value of each. Total \$_____

Teacher's Classroom Expenses: (Limit \$300.00 per eligible educator) Total \$_____



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Deductions

Medical and Dental Expenses You Paid: (Please do not submit receipts just totals)

1. Prescription medications		\$
2. Health insurance premiums:		\$
a. Medical, dental and vision insurance:		
b. Long-term care premiums for whom?	H W	\$
c. Medicare Premiums:		\$
3. Fees for doctors, dentists, hospitals, clinics etc.		\$
7. Eyeglasses and contact lenses		\$
8. Medical equipment and supplies		\$
9. Miles driven for medical purposes \$0.21 per mile		miles

Federal Estimated Taxes You Paid: Please attach copies of cancelled checks if possible.	Date Paid	Amount
2024 Estimated Payment – Voucher #1 (due 4/18/24)	/ /2024	\$
2024 Estimated Payment – Voucher #2 (due 6/15/24)	/ /2024	\$
2024 Estimated Payment – Voucher #3 (due 9/15/24)	/ /2024	\$
2024 Estimated Payment – Voucher #4 (due 1/16/25)	/ /20	\$

Federal Refund from 2023 Tax Return Applied to 2024 \$ _____

State Estimated Taxes You Paid: Please attach copies of cancelled checks if possible.	Date Paid	Amount
2024 Estimated Payment – Voucher #1 (due 4/18/24)	/ /2024	\$
2024 Estimated Payment – Voucher #2 (due 6/15/24)	/ /2024	\$
2024 Estimated Payment – Voucher #3 (due 9/15/24)	/ /2024	\$
2024 Estimated Payment – Voucher #4 (due 1/16/25)	/ /20	\$

State Refund from 2023 Tax Return Applied to 2024 \$ _____

Local Estimated Taxes You Paid: Please attach copies of cancelled checks if possible.	Date Paid	Amount
2024 Estimated Payment – Voucher #1 (due 4/18/24)	/ /2024	\$
2024 Estimated Payment – Voucher #2 (due 6/15/24)	/ /2024	\$
2024 Estimated Payment – Voucher #3 (due 9/15/24)	/ /2024	\$
2024 Estimated Payment – Voucher #4 (due 1/16/25)	/ /20	\$

Local Refund from 2023 Tax Return Applied to 2024 \$ _____



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IMPORTANT QUESTIONS - PLEASE ANSWER.

Additional information is required if you answer yes to these questions - Please attach Documentation.

- Yes** **No** Can you, or your spouse be claimed as a dependent by another taxpayer?
- Yes** **No** Can any dependent be claimed as a dependent by another taxpayer?
- Yes** **No** Did you sell a personal residence, vacation home, land, or other real estate this year?
- Yes** **No** Did you purchase /refinance your home this year? If yes, please enclose the Settlement Sheet(s).
- Yes** **No** Did you receive unreported tip income of \$20 or more in any month?
- Yes** **No** **IMPORTANT** - Do you have any foreign accounts (bank, securities, trusts, business, etc.)?
- Yes** **No** Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?
- Yes** **No** Do you wish to have refund, (Federal and State), if any, direct deposited to either a checking or savings account? If yes, please provide a copy of VOIDED check:
- Yes** **No** At any time during 2024 did you receive (as a reward, award, or payment for property or services); or sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (Digital currency (i.e. Bitcoin or other), NFT or another digital asset)
- Yes** **No** Did you or your spouse primarily work from home in 2024. If so, please measure your office size and provide your total utility cost (water, sewer, trash, electricity, heat etc.)
- Yes** **No** Did you make any qualified home improvements to your primary residence in 2024. Items that qualify are Exterior Doors Exterior Windows and Skylights, Insulation and air sealing materials or system, Home Energy Audit costs, Central air conditioners, water heaters, and water boilers. Please verify that the Item qualifies at:
https://www.energystar.gov/about/federal_tax_credits/non_business_energy_property_tax_credits
- Yes** **No** Did you or your spouse get an updated driver's license in 2024. If you answer Yes, Please provide the updated issue and expiration dates.