

2024 TAX ORGANIZER - READ THIS FIRST

PLEASE NOTE: PENDING TAX LEGISLATION IS NOT CONSIDERED IN THIS ORGANIZER

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THERE ARE TAX FORMS REQUIRED FOR ALL TAXPAYERS BY THE AFFORDABLE CARE ACT ("OBAMACARE"). YOUR TAX RETURN CAN NOT BE COMPLETED UNTIL YOU RECEIVE A FORM 1095-A, 1095-B OR 1095-C OR YOU MAY BE CHARGED A PENALTY FOR LACK OF QUALIFYING INSURANCE COVERAGE. YOU SHOULD RECEIVE THESE "1095" FORMS BY JANUARY 31. You must also complete page 4 of this organizer.

Your tax return must now contain form 8962, Premium Tax Credit ("Subsidy") or a Form 8965, Health Coverage Exemption OR BOTH. Completion of these forms required if you have received a 1095 form and all data from these forms is to be entered on the 8962 and/or 8965.

We will not prepare your tax return until this organizer is received by us. Also, if the tax organizer is not received by us on or before March 15, we will automatically file for a six month extension of time to file your tax return. The extension does NOT extend the deadline for PAYING any taxes owed!

Corporation and LLC annual reports are not completed by us. Your State Corporations Division requires that YOU file an annual report by January 31.

The Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these carefully and feel free to add any notes or questions that might help us find ways to save you money.

Enter all relevant information in the designated areas on each page. If you need to include additional information, you may use the back of a page or attach additional pages.

Also, provide detailed information if you answer "Yes" to any of the "General" or "Business and Investment" questions. This information can be a significant time-saver.

Please SEND copies of the following, if applicable:

- Last year's tax return (if not in our possession)
- Original Form(s) 1095-A, 1095-B or 1095-C**
- Original Form(s) W-2 and 1099s for business income**
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts**
- Documentation of pension or other compensation
- Form(s) 1099 or statements reporting dividend and interest income and Capital Gains
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the close of sale (or purchase) of real property.

Thank you for your cooperation. Please call if we can be of any further assistance to you.



General Questions

Do you need to send out 1099s for contractors you paid during the past year?

Please check if "Yes" and provide documentation, if possible.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Did your marital status change? |
| <input type="checkbox"/> | 2. Were you notified by the IRS of changes to a prior year's return? |
| <input type="checkbox"/> | 3. Are you being claimed as a dependent by another person? |
| <input type="checkbox"/> | 4. Were there any changes in dependent information from the prior year? |
| <input type="checkbox"/> | 5. Did you have any children under the age of 14 who received more than \$1,500 in investment income? |
| <input type="checkbox"/> | 6. Do you have dependents who are neither U.S. citizens nor U.S. residents? |
| <input type="checkbox"/> | 7. Did you provide over half of the support for another person (or persons) during the year? |
| <input type="checkbox"/> | 8. Did you sell or purchase a principal residence? |
| <input type="checkbox"/> | 9. Did you receive payments from a pension or profit sharing plan? |
| <input type="checkbox"/> | 10. Did you receive any distributions from an IRA or other qualified plan? |
| <input type="checkbox"/> | 11. Did you receive any disability income? |
| <input type="checkbox"/> | 12. Did you receive any foreign income or pay any foreign taxes? |
| <input type="checkbox"/> | 13. Did you receive interest from a bank account or other financial account based in a foreign country? |
| <input type="checkbox"/> | 14. Were you the grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | 15. Did you pay nondeductible dues to an association that was involved in political lobbying? |
| <input type="checkbox"/> | 16. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job? |
| <input type="checkbox"/> | 17. Did you incur any non-business bad debts? |
| <input type="checkbox"/> | 18. Did you receive proceeds from an installment sale? |
| <input type="checkbox"/> | 19. Did you make a loan at an interest rate below market rate? |
| <input type="checkbox"/> | 20. Did you make gifts of over \$18,000 to an individual? |
| <input type="checkbox"/> | 21. Were there any changes to a prior year's income, deductions, or credits that would require filing an amended return? |
| <input type="checkbox"/> | 22. Did your employer pay premiums on life insurance in excess of \$50,000? |
| <input type="checkbox"/> | 23. Were any payments made on student loans? |
| <input type="checkbox"/> | 24. Did you pay any tuition or fees for post-secondary education for you or a dependent? |
| <input type="checkbox"/> | 25. Did you purchase an electric gas-electric hybrid vehicle? |
| <input type="checkbox"/> | 26. Did you refinance a mortgage or take out a home equity loan? |
| <input type="checkbox"/> | 27. Were any contributions made to a traditional or Roth IRA? |

Business and Investment Questions

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Did receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | 2. Did you buy or sell any bonds? |
| <input type="checkbox"/> | 3. Did you surrender any U.S. savings bonds? |
| <input type="checkbox"/> | 4. Did you suffer a casualty, theft or condemnation? |
| <input type="checkbox"/> | 5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations? |
| <input type="checkbox"/> | 6. Did you own any investments for which you were not personally "at-risk"? |
| <input type="checkbox"/> | 7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)? |
| <input type="checkbox"/> | 8. Did you sell any property or equipment on installment? |
| <input type="checkbox"/> | 9. Did you incur any business-related educational expenses? |
| <input type="checkbox"/> | 10. Did you incur any travel and entertainment expenses? |
| <input type="checkbox"/> | 11. Did you purchase any special fuels for non-highway use? |
| <input type="checkbox"/> | 12. Did you make any contributions to a Keogh or a self-employed SEP plan? |

Basic Taxpayer Information

	First Name	Initial	Last Name	Social Security No.
Taxpayer				
Spouse				

	Date of Birth	Check if			
		Disabled	Blind	Dependent of Another	Presidential Election Contrib.
Taxpayer					
Spouse					

Street Address		Phone Res:	
City, State & Zip		Phone Work:	
County		School District name and number	

Filing Status 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

	Name (first, initial, and last name)	Date of Birth	Social Sec. No.	Relation-ship	Months in home
1					
2					
3					
4					
5					
6					

Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

Interest Income

Dividend Income

	Source	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

	Source	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Health Insurance Coverage Information (fill in or provide Form 1095-A or 1095-B)

IF COVERED BY EMPLOYER

1	Employer Name _____	J	F	M	A	M	J	J	A	S	O	N	D
2	Months Employee covered												
3	Months spouse covered												
4	Months dependents covered												

IF YOU HAVE QUALIFYING HEALTH INSURANCE

	Members of Household	Soc Sec #	Full-year coverage	Coverage or Exemption type from forms 1095													
				J	F	M	A	M	J	J	A	S	O	N	D		
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	

MONTHLY COST OF HEALTH COVERAGE

Month	Individual	Spouse	Dependent	Family	Total
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTAL					

SEND ME COPIES OF ALL FORMS 1095 RECEIVED FOR YOUR HOUSEHOLD

YOUR TAX RETURN CAN NOT BE COMPLETED WITHOUT THOSE FORMS 1095

Forms 1095 ("A", "B", or "C") will be mailed to you, in January, by your insurance carrier or employer

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets

	# OF SHARES and Description	Date acquired mm/dd/yy	Date sold mm/dd/yy	Sales Price	Cost or other basis
1	PLEASE PROVIDE A "PDF" FILE OR EXCEL FILE FROM YOUR BROKER or complete this schedule:				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

Other Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Taxable refunds of state and local income taxes			
2	Alimony received			
3	Business income or (loss) - Schedule C			
4	Other gains or (losses) - Form 4797			
5	Total IRA distributions			
6	Total pensions and annuities			
7	Rents and royalties, trusts, S corporations, partnerships - Schedule E			
8	Farm income or (loss) - Schedule F			
9	Unemployment compensation			
10	Total social security benefits			
11	All other income - not provided for in this organizer			
12	Tips			
13	Child care taxable benefits			
14	Prizes			
15	Scholarships and fellowships			

Adjustments to Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Educator Expenses			
2	Business Expenses			
3	Your IRA deduction			
4	Spouse's IRA deduction			
5	Student Loan Interest			
6	Tuition, Fees and Cost of Books - Provide copy of the Fprm 1098-T			
7	Health Savings Account Deduction or Distribution			
8	Health Insurance premiums			
9	Moving expenses, if eligible for deduction			
10	Self-employed SEP, SIMPLE, and qualified plans			
11	Penalty on early withdrawal of savings			
12	Alimony paid or received (Please also provide the date of the decree)			

Estimated Taxes and Other Taxes Paid

Federal Estimates:

	Joint Payments		Filer Only Payments		Spouse Only Payments	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Applied From Prior Year's Refund						
2 First Quarter Estimated Tax						
3 Second Quarter Estimated Tax						
4 Third Quarter Estimated Tax						
5 Fourth Quarter Estimated Tax						
7						
8						

State Estimates

	State: _____		State: _____		State: _____	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Applied From Prior Year's Refund						
2 First Quarter Estimated Tax						
3 Second Quarter Estimated Tax						
4 Third Quarter Estimated Tax						
5 Fourth Quarter Estimated Tax						
7						
8						

Local Estimates (City, County or School District)

	Locality: _____		Locality: _____		Locality: _____	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Applied From Prior Year's Refund						
2 First Quarter Estimated Tax						
3 Second Quarter Estimated Tax						
4 Third Quarter Estimated Tax						
5 Fourth Quarter Estimated Tax						
7						
8 City, County or school district number						

Vehicle Information and Expenses

ELECTRIC OR HYBRID VEHICLE PURCHASED? PLEASE PROVIDE DATE, COST, MAKE, MODEL AND VIN

	Vehicle One	Vehicle Two
1 Description of vehicle		
2 Is the vehicle used in a business or by an employee?		
3 Cost (including sales tax)		
4 Date placed in service		
5 Business miles		
6 Commuting miles (daily commuting miles times the number of trips to work)		
7 Other personal use miles		
8 Total miles driven		
9 Gas and oil expenses		
10 Repairs and maintenance		
11 Auto insurance		
12 Registration, licenses, and fees		
13 Other auto expenses (identify)		
14 Auto rentals		

Auto Mileage Documentation

	Yes	No
1 Is another car available for personal use?		
2 Do you have evidence to support your mileage information reported above?		
3 If "Yes," is the evidence written in a log or other place?		

Income or Loss from S Corporations

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					
3					

Income or Loss from Partnerships

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					
3					

Income or Loss from Trusts

	Name	Income	Loss	Other Expenses	Passive (Yes / No)
1					
2					

Self Employed Business Income and Expenses

NOTE: If you have been sending your business accounting information to us, do not complete this page.

1	Name of business (C) _____				
	Address of business (C) _____				
2	Name of business (D) _____				
	Address of business (D) _____				
		Business C		Business D	
		Prior Year	Current Year	Prior Year	Current Year
4	Gross receipts or sales				
5	Returns and allowances				
6	Inventory at beginning of year				
7	Cost of merchandise purchased				
8	Cost of labor				
9	Materials and supplies				
10	Other costs				
11	Inventory at end of year				
12	Advertising				
13	Bad debts from sales or services				
14	Car and truck expenses				
15	Commissions and fees				
16	Depletion				
17	Depreciation				
18	Employee benefit programs				
19	Insurance (not health)				
20	Mortgage interest				
21	Other interest				
22	Legal and professional services				
23	Office expense				
24	Pension and profit-sharing plans				
25	Rent or lease: machinery/equipment				
26	Rent or lease: other business property				
27	Repairs and maintenance				
28	Supplies				
29	Taxes and licenses				
30	Travel				
31	Meals and entertainment				
32	Utilities				
33	Wages				
34	Other: _____				
35	New equipment purchases (Description, date purchased, etc.):				

Income or Loss from Rentals and Royalties

A	Address of Property A						
B	Address of Property B						
C	Address of Property C						
		Property A		Property B		Property C	
		Prior Year	Current Year	Prior Year	Current Year	Prior Year	Current Year
1	Was property used for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value?		Yes or No		Yes or No		Yes or No
2	Total rents received						
3	Total royalties received						
4	Advertising expenses						
5	Auto and travel						
6	Cleaning & maintenance						
7	Commissions						
8	Insurance						
9	Legal & professional fees						
10	Management fees						
11	Mortgage interest paid						
12	Other interest						
13	Repairs (list below)						
14	Supplies						
15	Taxes						
16	Utilities						
17	Other:						
18	Original purchase info:						
	Description	Date Bought	Cost	Date Bought	Cost	Date Bought	Cost
19	Depreciation information:	Prior year	Accumulated	Prior year	Accumulated	Prior year	Accumulated

Please attach depreciation information from last year's income tax return.