INCOME TAX RETURN ORGANIZER

Success with the **Organizer Worksheet**

1. Before you start filling in the form, **SAVE the blank form to your computer**
2. Open your saved blank form in the latest version of **Adobe Reader**
3. Complete the form as fully as possible; return it to **david@davidturrentine.com**

David Turrentine, EA
2610 West Eastwood Avenue
Chicago, IL 60625
Phone: 773.509.1798
Fax: 773.509.1806
david@davidturrentine.com
Enrolled to practice before the IRS

Tax Year ____________

Personal Information

Taxpayer	**Spouse**
Last name:	Last name (if different):
First name: Middle initial:	First name: Middle initial:
Social Security no. (On file? ☐):	Social Security no. (On file? ☐):
Occupation:	Occupation:
Date of birth:	Date of birth:
Email address:	Email address:
Cell phone:	Cell phone:
Home phone:	Home phone:
Work phone: Ext:	Work phone Ext:

Address ____________ Apt no. ____________

City ____________ State ____________ ZIP Code ____________

Driver's License Information

State: Lic. No.:	State: Lic. No.:
Date Issued: Expires:	Date Issued: Expires:
Document # (NY only):	Document # (NY only):

Presidential Election Campaign Fund

Checking a box below will not change your tax or refund.

Check here if you (or your spouse if filing jointly) want $3 to go to this fund. ☐ You ☐ Spouse

Federal Filing Status

1 ☐ Single

2 ☐ Married filing jointly

3 ☐ Married filing separately

☐ Check if taxpayer did not live with spouse at any time during year

4 ☐ Head of household

If qualifying person is child but not dependent:

Child's name: ____________

Child's social security number: ____________

5 ☐ Qualifying widow(er). Year spouse died: ____________

Are you or your spouse eligible to be claimed as a dependent on someone else's tax return? ☐ Yes ☐ No

Direct Deposit/Electronic Funds Withdrawal Information

Yes	No	
☐	☐	Use **direct deposit** for any **federal tax refund / state tax refund**
☐	☐	Use **electronic funds withdrawal** for **federal balance due**
☐	☐	Use **electronic funds withdrawal** for **state balance(s) due**

Financial Institution Information

☐ Check if bank info is same as last year

Account type: Checking ☐ Savings ☐

Routing number: ____________

Account number: ____________

Dependents

First name / Last name	MI / Suffix	Soc. Sec. number / Relationship	Code*	Date of Birth	Number of months lived with taxpayer in U.S. in 2024	2024 Qualified child and dependent care expenses
			L			
			L			
			L			
			L			

* **L**–Dependent child who lived with taxpayer; **N**–Dependent child who did not live with taxpayer due to divorce or separation; **O**–Other dependent; **Q**–Not a dependent (but is a qualifying person for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses).

Child and Dependent Care Expenses

(a) Care provider's name and phone number	(b) Address, Street, Apt. no., City, State, Zip	(c) Identifying Number (SSN or EIN)	(d) Amount paid in 2024

Unemployment Compensation (Provide Forms 1099-G)

Amount Received	State	Federal Income Tax Withheld	State Income Tax Withheld

Educator Expense Deduction

Eligible educators can deduct up to $300 worth of qualified expenses in 2024. Amount spent on classroom supplies, etc.	

Income

Wages – Provide copies of all W-2s	
How many W-2 Forms do you have? (Do not enter amounts.)	
Self	
Spouse	

Dividends and Interest Income
Provide all Forms 1099-INT and 1099-DIV which report interest and/or dividend income earned during the year.

Retirement Plan Distributions – Pensions, Annuities, Rollovers, IRA SEP, Lump-Sum Distributions or Other Retirement Plan Withdrawals
Provide all copies of Forms 1099-R received for retirement plan distributions.

Sale of Stock (Form 1099-B)
Provide all Forms 1099-B (including cost basis info)

Partnerships, Estates, Trusts and S Corporations
Provide all year-end reports and/or Schedule(s) K-1 received for tax year 2024

Social Security Benefits (1099-SSA)
Provide Forms SSA-1099

Other Income – Provide All Forms 1099, etc.	
Tips and Gratuities not reported on Forms W-2/1099	
Bonuses and Prizes not reported on Form W-2	
Cancellation of Debt (Form 1099 C)	
Jury Duty – Election Board Fees	
Gambling/Lottery Earnings (Form W-2G)	
Other Income (Describe)	

Self-employment income goes on pages 5 and 7 of the worksheet

Alimony

Payer's/Payee's name	Social Security number	Amount *received*	Amount *paid*

What date was the divorce finalized? ______________________

2024 Estimated Tax Payments

	FEDERAL	Date Paid	STATE	STATE ABBR.	Date Paid	Notes
Amount applied from 2023, if any.		XXXXXXXX			XXXXXXXX	• Do not include balance due from prior year in the first estimated payment box.

Residency

What state(s) were you a resident of during 2024?

State Name	Dates of Residency
	to
	to
	to

Itemized Deductions

Note: Complete this portion only if you think your itemized deductions might exceed the IRS standard deduction for your filing status (see below). Please note that expenses related to self-employment can be used in addition to the Standard Deduction.	
2024 Standard Deductions *Filing Status*	
Married Filing Jointly	$29,200
Single or Married Filing Separately	$14,600
Head of Household	$21,900

Taxes	
Real Estate Taxes	
Property Tax Index Number	
Property Tax Refund	
Other Real Estate Taxes (second home, cabin, boat, etc.)	
Personal Property Taxes	
State Income Taxes Paid This Year for Prior Tax Years	
New Auto or Boat Sales Taxes	

Medical Expenses *Deductible Only If Net Cost Exceeds 7.5% of AGI* **(Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid pre-tax through an employer.)** *NOTE: If you are self-employed, don't list health insurance premiums here. Include these on page 5.*	
Health Insurance Premiums (not withheld pre-tax at work)	
Medicare Insurance Premiums Paid (Form SSA-1099)	
Long-Term Care Insurance Premiums	
Dental Insurance	
Dentists	
Prescribed Drugs and Insulin	
Hospitals, Nurses, Alcoholism Treatment, Ambulance	
Doctors and Clinics	
Glasses, Contact Lenses, Eye Exams	
Lab Tests, Therapy, X-Ray, Anesthesiology	
Prescribed Medical Equipment	
Hearing Aids, Batteries & Related Equipment	
Vasectomy/Tubal Ligation/Abortion Costs	
Nursing or Retirement Home (medical care only)	
Medical Transportation (taxi, bus, ambulance, etc.)	
Medical Miles	
Medical Parking	
Lodging While Obtaining Medical Treatment *(Limited to $50 per night, per person)*	

Interest Paid		
	Primary Residence	**Second Home**
First Mortgage Interest (Provide Forms 1098)		
Second Mortgage		
Home Equity/Improvement Loan		
Loan Points		

Cash Contributions (Use separate sheet if needed)	
Churches or Synagogues	
United Campaign *(Include Payroll Deductions)*	
Cancer or Heart	
M.S./M.D./March of Dimes	
Other	
Out-of-Pocket Expenses for Charitable Work	
Charitable Mileage on Auto Miles	

Non-Cash Contributions **Fair Market Value of Items Given to Charities* **If over $500, we will need more specific details regarding the contribution**	
Vets/Goodwill/Salvation Army Amt*	
Organization Amt*	
Organization Amt*	

Gambling Losses	
Limited to total Gambling Winnings	

Section 529 Plan Contributions

Contributions to an Illinois Section 529 college savings plan (Bright Start, College Illinois, Bright Directions) for 2024.	Amount:	Account Number:
	Amount:	Account Number:
	Amount:	Account Number:
	Amount:	Account Number:

HSA (Health Savings Accounts)

Contributions made (or expected to be made) to an HSA for 2024	Amount:

Do not include contributions to a Flexible Spending Account (FSA). Do not include employer contributions reported on Form W-2, Box 12, Code W. Please provide me with your year-end statement and any Forms 1099-SA you were issued.

ACA Health Insurance

☐ Yes ☐ No	Did you purchase health insurance through an Affordable Care Act Exchange?
*Please provide a copy of any **Forms 1095-A** that you were issued from the marketplace.*	

Self Employed <u>ARTIST</u> Income/Expenses (Schedule C) See descriptions on following page.

Name of Owner		Business Activity	
Business Name (if different)		Federal ID Number (if any)	
Business Address (if different)			

Do you use any part of your home for business? ☐ Yes ☐ No (If Yes, complete the *Office in the Home* section, page 8.)

If this will be your first year filing Schedule C (self-employed), please check here ☐

Are you required to issue 1099s? ☐ Yes ☐ No **If Yes, have the 1099s been issued?** ☐ Yes ☐ No

Total number of Forms 1099-NEC and 1099-MISC that you were issued for 2024: ________

Income	
Fee Income Reported on Forms 1099-MISC / 1099-NEC / 1099-K	
Fee Income Not Reported on Forms 1099-MISC / 1099-NEC / 1099-K (Do not include W-2 income here)	
TOTAL FEE INCOME	$0.00

Expenses (See descriptions on following page)

Expense Category	Total Amount	Expense Category	Total Amount	Expense Category	Total Amount
Advertising		Telephone		Tickets for Research	
Business Insurance		Tax Preparation		Membership Dues	
Postage & Shipping		Local Transportation		Fees	
Office Expense		Classes		Internet Service*	
Equipment Rental		Business Gifts		Contract Labor	
Space Rental		Legal and Professional		Software Subscriptions	
Repairs		Liability/Equipment Insurance		Streaming Services	
Supplies		Costumes		Other (explain)	
Business Meals		Trade Publications			

Self-Employed Health Insurance	

**** Business amounts only***

Equipment

This is anything you use in your business that has an expected life of more than one year: Computer, cell phone, Ear Prompter, musical instruments, audio and video equipment, stage weapons, etc. Software also goes here.
Please complete the table below. Include an additional sheet if necessary.

Do NOT include items of equipment that have already been reported on a previous year tax return.

Item/Description	Date of Purchase	Cost	% of Business Use

Artist Expenses In-Town Explanation Sheet

Advertising
Anything you spend to promote yourself. Photos, resumes, copying costs, photographer, makeup and makeup artist. Voice demos and their production costs.

Postage & Shipping
List here any postage and shipping costs not included in other categories.

Office Expense
Toner, paper, paper clips, pens and pencils, organizers, etc.

Equipment Rental
Audio and video equipment, etc.

Space Rental
Rehearsal space, studio space.

Repairs
Repairs related to equipment that is used for business.

Supplies
Sheet music, batteries, cables, makeup, etc.

Business Meals
Business meals are deductible expenses if a business discussion takes place before, during, or after a meal, drinks, coffee, etc. In addition to your receipt, keep track of this in your calendar. Record who you met with, where you met, and what you talked about. Personal meals which do not involve other people are only deductible when overnight travel is involved.

Telephone
Include the business portion of your cellular phone service. The cell phone and accessories should be included in the equipment area of the worksheet.

Fees
Did you pay anybody for anything? To transpose music for you, accompany you at an audition, direct you in a showcase, sub for you on a gig? If you pay an independent contractor $600 or more in the year, you may need to issue them a 1099-NEC form.

Classes
Training that improves or enhances your present job skills, including the transportation expense of getting back and forth to classes. (Uber/Lyft/Cab and transit fares to Local Transportation; auto mileage is recorded on the Auto Sheet, page 10).

Business Gifts
This deduction is limited to $25 per recipient per year. Be sure to include opening night gifts and backstage tips.

Costumes
Clothing that is suitable for everyday street wear is not deductible. Here are examples of some types of clothing that are deductible: Period costumes, dance wear, formal gowns and tuxedos for gigs and award shows.

Trade Publications
American Theatre Magazine, Audition News, Act One Reports, Backstage, etc.

Tickets for Research
Tickets for movies and plays can be deducted if the viewings were for research purposes. Make sure to keep good records related to what you saw and why it was necessary for your work. Concerts and museum admissions may also sometimes qualify for a research expense.

Streaming Services
Netflix, Hulu, etc., to the extent that they are used for research.

Software Subscriptions
Software subscriptions used for business.

Local Transportation
Public transportation, Uber/Lyft, etc. related to your self-employment. Don’t include your auto expenses here. There is a separate page for this. Don’t forget to include transportation related to business meetings, continuing education, and seeing shows for research purposes. Traveling to a regular place of work is considered commuting and is not generally deductible.

Membership Fees
Equity and SAG/AFTRA union dues and initiation fees are no longer deductible for federal tax purposes, as they generally relate to W-2 income. Union dues are still deductible on several state returns as an itemized deduction (CA/NY/PA). However, professional membership fees related to self-employment (1099) income remain deductible. This includes membership fees paid by directors, designers, musicians and fees paid to other professional organizations.

Internet Service
The portion of your internet service that is used for business.

Self Employed NON-ARTIST Income/Expenses (Schedule C) Sole Proprietor

Name of Owner		Business Activity	
Business Name (if different)		Federal ID Number (if any)	
Business Address (if different)			

Do you use any part of your home for business? ☐ Yes ☐ No (If Yes, complete the *Office in the Home* section, page 8.)

If this will be your first year filing Schedule C (self-employed), please check here ☐

Are you required to issue 1099s? ☐ Yes ☐ No **If so, have the 1099s been issued?** ☐ Yes ☐ No

Total number of Forms 1099-NEC and 1099-MISC that you were issued for 2024 ____________

Income	
Fee Income Reported on Forms 1099-MISC / 1099-NEC / 1099-K	
Fee Income Not Reported on Forms 1099-MISC / 1099-NEC / 1099-K (Do not include W-2 income here)	
TOTAL FEE INCOME	$0.00

Expenses			
Advertising		Utilities (Not Related to Home Office)	
Bank Charges		Space Rental (Not Related to Home Office)	
Commissions and Fees Paid		Repairs and Maintenance	
Dues and Publications		Supplies	
Insurance (Equipment/Liability)		Telephone (Business amount only)	
Interest (Business)		Business Meals	
Laundry and Cleaning		Business Gifts	
Legal and Professional		Research	
Office Supplies and Postage		Software Subscriptions	
Local Transportation		Streaming Services	
Licenses		Website	
Contract Labor		Other (Describe):	
Accounting/Tax Preparation		Other:	
Internet		Other:	
Seminars/Classes		Other:	

Self-Employed Health Insurance	

Equipment			
Item/Description	*Date of Purchase*	*Cost*	*% of Business Use*

Office in the Home

The home office space must be used **regularly** and **exclusively** for business. Be aware that you do not have to use an entire room as your office—a portion of a room may qualify.

If you live in more than one home during the year, split the home office expenses between the two homes. Provide me with either (A) the number of rooms used for business and the number of rooms in your home, or (B) the square footage of your office space and the total square footage of your home. If you share your home with someone else, include the total costs for the home (not just your share).

Please provide us with the **date of the move**, and any **moving expenses** related to the move.

Date of Move: ____________________

Moving Expenses: ____________________

	HOME OFFICE 1	HOME OFFICE 2
Square Footage of House or Apartment (or number of rooms)		
Square Footage of Office (or number of rooms)		
Homeowners only: Deductible mortgage interest		
Homeowners only: Real estate taxes		
Renters only: Total rent paid for the year		
Insurance (homeowner's, condo owner's, renter's)		
Repairs and maintenance		
Utilities (Gas, electric, water, trash, etc. – Do not include phone or internet.)		
Condo/Homeowner's association fees		

Fill in these boxes ONLY if you are claiming an office in your home.

Otherwise, see page 10, Part X

If you purchased or refinanced your home this year, please provide me with the closing (settlement) statement. Also include a copy of any property tax bills.

Energy Credits

If you purchase an energy-efficient product or renewable energy system for your home, you may be eligible for a federal tax credit. Examples of qualifying property include: *Biomass Stoves*; *Heating, Ventilating and Air Conditioning*; *Insulation*; *Water Heaters*; *Roofs*; *Windows and Doors*; *Geothermal Heat Pumps*.

Here is a link which provides additional information regarding these energy credits:
https://www.energystar.gov/about/federal-tax-credits

Please provide me with a copy of your receipt(s) showing the products purchased and the cost. You will need to save your receipt(s) and a copy of the Manufacturer's Certification Statement for your records.

Education Expenses

	Taxpayer	Spouse
Did you attend a college or university? Enter total cost of tuition, books, and lab fees:		
Did you pay interest on a student loan? How much? Enter total amount of INTEREST ONLY:		
Did you pay for educational expenses for your child(ren) to attend a public or private elementary or secondary school? Enter **Total** cost of tuition, books, and lab fees: **Enter the Grade** level(s) for the child(ren):		
Name of School	**City/State**	

Please include any Forms 1098-T and 1098-E that you or your dependents were issued. I may also need account statements from the college(s) attended.

Expenses Out-of-Town

Below are two charts for your out-of-town expenses. Travel out-of-town means when you are away from your tax home overnight working or looking for work related to self-employment. If the primary purpose of your trip is for business, then the cost of getting there and back is a deductible business expenses, even if you spend some time while you are there doing personal activities.

The top section below is a description of each trip. I need to know the location you were in and the number of days you were there. Each of the columns on the bottom chart corresponds to a trip or row across the top chart.

Do not include business mileage on your own car on this page. Include all business mileage on the auto page of the worksheet.

If you received any per diem payments that were not included in the nonemployee compensation box of your 1099 form, include these payments in the area for "Payments not included on Form 1099." If you want me to calculate a Standard Meal Allowance to account for your meals and incidental expenses, check the "SMA" boxes in the table below.

Employer (or Possible Employer)	**City**	**Inclusive Dates**	**Number of Days**	*For Office Use Only*	*For Office Use Only*

	(A)	***(B)***	***(C)***	***(D)***	***(E)***	***(F)***	***(G)***	***(H)***	**Total**
Air/Train/Bus travel									$0.00
Lodging Expenses									$0.00
Tips and Gratuities									$0.00
Laundry and Dry Cleaning									$0.00
Local Transportation									$0.00
Auto Rental									$0.00
Gasoline and Oil for Car Rental									$0.00
Telephone									$0.00
Other (Explain):									$0.00
Total Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Payments not included on Forms 1099/W-2 (per diem payments)									$ 0.00
Meals & Incidentals or Total Standard Meal Allowance (Check "SMA")	SMA ☐	SMA ☐	SMA ☐	SMA ☐	SMA ☐	SMA ☐	SMA ☐	SMA ☐	SMA ☐ $0.00

Auto Usage

Business mileage related to self-employment can be included as an expense on your Schedule C. If your home is your principal place of business, all of your mileage related to self-employment is deductible. Don't forget to include mileage related to business meetings, continuing education, research, etc. Travelling to a regular place of work is generally considered commuting and is not deductible. Please note that you must have written evidence, such as a paper or electronic mileage log, in order to claim a deduction for the business use of a car.

Standard Mileage Rate

For this method, keep track of your business miles and simply multiply them by the Standard Mileage Rate. If you ever want to make use of the SMR for a particular vehicle, you must use it the first year you use the vehicle for business. You must also own the car or be leasing it in order to use the Standard Mileage Deduction. **(This is the method to use if you do not own the vehicle.)**

	Vehicle 1.	Vehicle 2
Make and model of vehicle		
Date placed in service		
Business Miles for the Year		
Total Commuting Miles (back and forth to a regular job)		
Total Personal Miles		
Total Miles for the Year		
Is The Vehicle Leased?	☐ Yes ☐ No	☐ Yes ☐ No
Parking & tolls FOR BUSINESS		

Is another vehicle available for personal use? ☐ Yes ☐ No

Actual Expense Method

The harder way to claim an auto usage deductible is by using the **Actual Expenses** method. It's a more complicated process but it can be necessary and/or worthwhile for some taxpayers. Using the business and total mileage from above, I will determine the percentage the car is used for business. Then we deduct that percentage of everything it costs you to operate the car. This method requires more record keeping but it can be worthwhile. If you have the records, fill in this table along with the above mileage information and I will figure out the best approach.

	Vehicle 1	Vehicle 2
Cost of the vehicle		
Date placed in service		
Interest on car loan		
Lease payments		
Gas		
Insurance		
Auto club membership		
License fees		
Maintenance (oil change, tires)		
Repairs		
Car washes		

If you purchased a new vehicle this year, please provide me with the bill of sale.

Leased Vehicles: You may use either the standard mileage or the actual expenses method. To use the actual expenses method, I will need the fair market value of the vehicle, the total amount of your lease payments, and the mileage numbers from the top of this page.

Electric Vehicles

Did you purchase a new or used electric vehicle in 2024? If so, please provide me with a copy of the bill of sale.

Rental Property Income / Expense (including Airbnb)

	Date Acquired	Description of Property	Address	Number of Days Rented During the Year	Number of Days You/Your Family Resided at Location
A					
B					
C					
D					

Income				
	A	B	C	D
Rents Received				
Other				

Expenses (List Only Rental Expenses)				
	A	B	C	D
Real Estate Taxes				
Mortgage Interest				
Insurance				
Cleaning / Maintenance				
Yard / Snow Removal				
Rubbish Hauling / Trash				
Supplies				
Fuel				
Electricity				
Water / Sewer				
Casual Labor				
Management Fees (Commissions)				
Homeowners Association Dues				
Travel Expense				
Auto Travel Mileage				
Telephone				
Advertising				
Legal & Professional				
Repairs / Painting				
Repairs / Plumbing				
Repairs / Electrical				
Repairs / Appliances				
Refunds / Security Deposit				
Other:				
Comments / Questions				

Retirement Contributions

Did you (or will you) make a contribution to a Traditional IRA, SEP-IRA, SIMPLE IRA, or Individual 401k for last year?

Do not include salary deferrals from work reported on Forms W-2.

	Taxpayer Contribution	Spouse Contribution
Traditional IRA		
Roth IRA		
SEP/SIMPLE/Individual 401k		

Did you convert all or part of a Traditional IRA into a **Roth IRA** last year?

Amount converted: ____________________

The Following Items May Affect Your Tax Return

YES	NO	
☐	☐	Are you interested in making additional contributions to a retirement plan?
☐	☐	Are you or your spouse eligible to participate in an employer's retirement plan?
☐	☐	Did you have a retirement plan withdrawal, rollover or lump sum distribution in 2024? If so, provide Forms 1099R.
☐	☐	Did you incur any expenses in 2024 or prior years associated with the adoption of a child? If so, ask us about it.
☐	☐	Did you sell stock, securities, real estate or other property? If yes, provide all Forms 1099-B. Also provide (1) description of the property, (2) date of purchase, (3) date of sale, (4) purchase price, (6) expenses of sale, (7) improvements or other cost/basis and (8) closing statements for purchase and/or sale.
☐	☐	Did you purchase a new home or refinance your home mortgage during 2024? Please provide the settlement (closing) statement
☐	☐	Were any stock options granted to you or by your employer, or did you exercise any stock options in 2024?
☐	☐	Do you have income from a foreign investment, such as interest from a foreign bank account? If yes, provide details.
☐	☐	At any time during 2024, did you (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? *This question relates to Cryptocurrency, etc.*

Final Checklist / Items We Will Need

- ☐ Your completed Personal Income Tax Organizer
- ☐ All Forms W-2 (wages) and all Forms 1099 (1099-INT for interest, 1099-DIV for dividends, 1099-B for sales of securities, 1099-R for annuities and pensions, 1099-R for IRA or other retirement plan withdrawals, 1099-G for state tax refund, SSA-1099 for Social Security 1099-G for unemployment compensation and 1099-MISC for commissions and fees.)
- ☐ Copies of returns (Schedules K-1) for partnership, joint ventures, S corporations, estates, or trusts. (In some cases, we may have your K-1 on file.)
- ☐ If you are a new client, provide a copy of last year's tax return (Federal and State)

Electronic Filing	If we are filing your returns electronically, we will email you a copy of your return as a PDF document. We will also email your **signature authorization forms** for you to **electronically sign**. ***IMPORTANT. Before I can transmit your returns electronically, I am required by law to have these signed signature forms in my office.***