



AC CHRISTOPHER ACCOUNTANCY CORPORATION

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

Accounting
Consulting
Tax Returns
Tax Planning

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2024 Income Tax Organizer

Designed to help you organize your tax information and avoid missing key issues.

TAXPAYER INFORMATION		SPOUSE INFORMATION	
First Name	Initial	First Name	Initial
Last Name		Last name	
SSN	DOB	SSN	DOB
Occupation		Occupation	
T: Home	Cell	Home	Cell
Email		Email	
Address		City	State ZIP

FILING STATUS	
<input type="checkbox"/> Single	<input type="checkbox"/> Head of Household
<input type="checkbox"/> Married	<input type="checkbox"/> Married Filing Separately

DEPENDENTS	
Name	
DOB	SSN
Relationship	Months Lived @ Home
Name	
DOB	SSN
Relationship	Months Lived @ Home

	FEDERAL		STATE	
	Date	Amount	Date	Amount
Overpayment				
1 st Quarter				
2 nd Quarter				
3 rd Quarter				
4 th Quarter				

REFUND	
Automatic aweDeposit	<input type="checkbox"/> Yes (attach a VOID check) <input type="checkbox"/> No

SALARIES & WAGES – Attach all W-2 forms		
W-2	Employer	Gross Wages
1		
2		
3		
4		

OTHER INCOME	
INTEREST – Attach Forms 1099INT	Total \$
DIVIDENDS – Attach Forms 1099DIV	Total \$
CAPITAL GAINS – Attach Forms 1099B, 1099S and year-end brokerage statements with purchase date and cost of each asset.	
STATE TAX REFUND – Attach Forms 1099G	
<input type="checkbox"/> Check if you did NOT itemize last year	
ALIMONY RECEIVED	
Payor	
Payor's SSN	Amount
SOCIAL SECURITY BENEFITS RECEIVED – Attach Forms SSA-1099	
UNEMPLOYMENT BENEFITS RECEIVED – Attach Forms 1099G	
PENSIONS/IRA/ANNUITY DISTRIBUTIONS – Attach Forms 1099R	
INCOME FROM PARTNERSHIPS, ESTATES, LLCs, TRUSTS AND S-CORPORATIONS – Attach Forms K-1 and list any not yet received.	

OTHER INCOME – Attach detailed schedules
Include royalties, jury duty fees, finder's fees, director's fees, prizes, gambling winnings, disability payments, unreported tip income, child support and any other income (whether taxable or not).

WE WELCOME NEW INTRODUCTIONS

Please introduce us to your family, friends & business associates who may need help with their taxes or financial planning.

INCOME FROM BUSINESS OR PROFESSION		
GENERAL INFORMATION		
<input type="checkbox"/> Cash Basis <input type="checkbox"/> Accrual Basis <input type="checkbox"/> 1 st Year		
Principal Business/Profession		
Business Name		
Business Address		
City	State	ZIP
INCOME		
Gross Receipts or Sales		
Returns & Allowances		
Other Income		
COST OF GOODS SOLD (if applicable)		
Inventory @ Beginning of the year		
Purchases		
Cost of Labor		
Materials & Supplies		
Other Costs		
Inventory @ End of the Year		
EXPENSES		
Advertising		
Car & Truck Expenses*		
Commissions and fees		
Employee Benefits		
Insurance (other than health)		
Health Insurance Premiums for Self*		
Interest		
Legal & Professional fees		
Office Expenses		
Pensions & Profit Sharing		
Rent – Vehicles, Machinery & Equipment		
Rent – Business Property		
Repairs & Maintenance		
Supplies		
Taxes – Property		
Taxes & Licenses – Other		
Travel		
Meals & Entertainment*		
Utilities		
Wages		
Other Expenses*		
* Attach detailed schedules		
HOME OFFICE		
Did you have a home office during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning.		

RENTAL INCOME & EXPENSES		
PROPERTY	#1	#2
Location		
INCOME		
Rent Received		
EXPENSES		
Advertising		
Association Dues		
Auto & Travel		
Cleaning/Maintenance		
Insurance		
Labor		
Professional Fees		
Miscellaneous		
Mortgage Interest		
Other Interest		
Supplies		
Taxes		
Telephone		
Utilities		
Repairs		
Improvements:		
Other:		

ADJUSTMENTS TO INCOME	
ALIMONY PAID	
Payee	
Payee's SSN	\$

IRA CONTRIBUTIONS, ETC.
IRA Deduction
SIMPLE Plan Deduction
KEOGH/SEP Deduction
Education IRA Deduction
Penalty on Early Withdrawal

HEALTH CARE COVERAGE
Did you and your dependents have health coverage for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/>
Attach Forms 1095-A, 1095-B or 1095-C, if available

ITEMIZED DEDUCTIONS
MEDICAL & DENTAL EXPENSES – Attach detailed schedules
Prescriptions
Insurance Premiums
Doctors & Dentists
Eyeglasses/Contacts
Other:

TAXES PAID
State & Local Income Taxes
Real Estate Taxes – Residence
Real Estate Taxes – Other Property
Auto License: Number of cars
Auto License: Fees Paid
Personal Property Taxes
Other Taxes:

INTEREST PAID – Attach Forms 1098
Home Mortgage (1 st)
Home Mortgage (2 nd)
Home Mortgage (Equity Line)
Student Loan Interest
Other Interest:

CONTRIBUTIONS – Attach detailed schedules
By Cash or Check
Personal Property

MISCELLANEOUS DEDUCTIONS
Union/Professional Dues
Investment Expense*
Tax Return Preparation Fees
Safe Deposit Box Rental
Unreimbursed Employee Business Expenses*
Other Deductions:
*Attach detailed schedules

Even though the Federal tax rules changed substantially for 2018 and 2019, State tax rules have remained largely unchanged

MISCELLANEOUS QUESTIONS

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any interest in, or signature or other authority over a bank, securities, other financial account or trust in a foreign country? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Do you own any foreign assets or do you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an inheritance from a foreign country or a distribution from a foreign trust? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Did any of your children under age 19 or full-time students under age 24 have investment income of \$2,000 or more? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Did any of your dependents have income of \$1,000 or more (\$400 if self-employed)? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a health savings account (HSA) or a medical savings account (MSA)? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Provide details. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay for a household employee? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur employment agency fees or job hunting expenses? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any education expense or student loan interest? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses during the year? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts, including mortgages, cancelled or forgiven or did you sell or abandon property? |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money that has become uncollectible? |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any legal fees? |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire or dispose of any assets (including real estate) during the year? |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell or refinance your principal home or second home, or obtain a home equity loan? |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Did you make any energy-efficient improvements on your home? |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a casualty loss because of damaged or stolen property? |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Did you make any gifts either outright or in trust? |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any distribution from an IRA or other qualified plan? (Form 1099R) |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | If yes, was this rolled over? (Form 1099R) |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | Did you open a Roth IRA account or convert an IRA into a Roth IRA? |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | Were you or your spouse the beneficiary of COBRA premium assistance? |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | Were you granted or did you exercise any stock options? |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new electric or hybrid vehicle? |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | Have you been a victim of identity theft? |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any correspondence from the IRS or State Taxation Agency? |