

2024 TAX ORGANIZER

Kolodziej Eisen & Fey LLC Certified Public Accountants

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PERSONAL INFORMATION - Update if any changes or new client

Name	_____	Spouse's name	_____
Occupation	_____	Occupation	_____
E-Mail	_____	E-Mail	_____
Cell phone	_____	Cell phone	_____
Other phone	_____	Other phone	_____
Date of birth	_____	Date of birth	_____
Address	_____		
Preferred method of contact	_____		

Was health insurance purchased through Exchange? Y or N **If YES, you must provide Form 1095-A from Healthcare.gov.**

Did you make improvements to your home that qualifies for energy credits?

Did you buy an Electric Vehicle that qualifies for a credit **If yes, provide copy of invoice.**

Dependents

Name	_____	_____	_____	_____
Birthdate	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Social Security #	_____	_____	_____	_____
Grade	_____	_____	_____	_____
School Name	_____	_____	_____	_____
School City	_____	_____	_____	_____
K-12 Tuition/Fees	\$ _____	\$ _____	\$ _____	\$ _____
↳ <i>Illinois education credits are available for tuition and fees paid for kindergarten through high school.</i>				
Childcare costs	\$ _____	\$ _____	\$ _____	\$ _____
↳ <i>Federal credits are available for daycare and preschool fees. Provide the name, address, and EIN of the daycare provider on the next page.</i>				
College Tuition paid	\$ _____	\$ _____	\$ _____	\$ _____
↳ <i>To receive college credits, attach Form 1098-T and statement from the college/university showing payments made.</i>				
BrightStart contributions	\$ _____	\$ _____	\$ _____	\$ _____
↳ <i>To receive Illinois credit for BrightStart, Illinois requires the account number. Please provide copy of BrightStart year-end statement.</i>				
529 Plan distributions	\$ _____	\$ _____	\$ _____	\$ _____
↳ <i>Provide 1099Q for all distributions from Education Savings Accounts. Were all distributions used for qualified education expenses? Y/N</i>				

DIRECT DEPOSIT my refund I want my refund to be deposited in the same account as last year

If new account - Routing # _____ Account # _____
 Bank name _____ Checking or Savings (circle one)

Balance due tax returns can be paid with direct debit from bank account. Are you interested in this option? (yes/no) _____

Sources of Income - Please provide copies of **all** W-2's and 1099's

For Rental Income, please complete Supplemental Schedule for Rental or Self-Employment Income

If you received 1099-Misc or 1099-NEC forms, list related expenses on the Supplemental Schedule for Rental or Self-Employment Income.

<u>Interest Income - From whom?</u>	Amount	<u>Pensions & IRA Distributions - provide Form 1099R</u>	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____		

<u>Dividend Income - From whom?</u>	Amount	<u>Social Security Income - provide Form SSA-1099</u>
_____	\$ _____	Self \$ _____
_____	\$ _____	Spouse \$ _____
_____	\$ _____	

Do you have a foreign bank or investment account? Y or N (If yes, provide statement and include income above)

Unemployment received Self \$ _____ Spouse \$ _____ **Print Form 1099-G from website, will not be mailed!**

Traditional and Roth IRAs - 2024 Limit is \$7,000. If you are 50 or older, limit is \$8,000.

2024 Traditional IRA contributions **must** be made by 4/15/25 Self \$ _____ Spouse \$ _____

2024 Roth IRA Contributions **must** be made by 4/15/25 Self \$ _____ Spouse \$ _____

Did you rollover an amount from an IRA? Self \$ _____ Spouse \$ _____ Attach Form 1099R

Did you convert an amount to a Roth IRA? Self \$ _____ Spouse \$ _____ Attach Form 1099R

TAXES, DEDUCTIONS & CREDITS

Estimated Tax Pmts	Date	Federal	State
1st (due 4/18/24)	_____	\$ _____	\$ _____
2nd (due 6/17/24)	_____	\$ _____	\$ _____
3rd (due 9/16/24)	_____	\$ _____	\$ _____
4th (due 1/15/25)	_____	\$ _____	\$ _____

HSA contributions \$ _____ Attach Form 5498-SA

HSA distributions* \$ _____ Attach Form 1099-SA

*Were all HSA distributions used for medical purposes? Y or N

2024 limits- Self only \$4,150 Family \$8,300

If you are age 55 or older an additional \$1,000 is allowed.

ITEMIZED DEDUCTIONS

Taxes Paid

Primary residence property taxes \$ _____

Other property taxes paid \$ _____

Sales tax vehicle purchases \$ _____

Medical Expenses

Doctors & dentists \$ _____

Prescriptions \$ _____

Glasses, hearing aids etc. \$ _____

Medical miles driven _____

Medical insurance paid \$ _____

If health insurance acquired on Exchange, provide Form 1095-A

Interest Paid

Mortgage interest _____ \$ _____

_____ \$ _____

_____ \$ _____

Refinance points paid _____ Loan years _____

Long term care premiums Self \$ _____

Spouse \$ _____

Charitable Contributions - Cash

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Contributions over \$250 require a receipt

Noncash Contributions \$ _____

(Description, fair market value, organization name and address must be provided for combined donations over \$500)

Miles driven for charity _____

MISCELLANEOUS CREDITS

Child Care Credit (paid for care of child under 13 which enables you to work) Enter amount paid per child on front page.

Provider Name _____ SSN or FEIN _____

Provider Address _____

Did you buy, sell, send, or exchange virtual currency (Bitcoin, Ethereum, etc.)?

Student loan interest \$ _____

Other Miscellaneous Information

Did you sell your house in 2024? _____ If yes, provide closing papers from sale, purchase date and cost of prior residence.

Other information - _____

SUPPLEMENTAL SCHEDULE FOR RENTAL OR SELF-EMPLOYMENT INCOME

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Complete this optional worksheet if you have Rental Income or Self-Employment Income

PROVIDE CLOSING STATEMENT FOR ANY PROPERTIES PURCHASED OR SOLD DURING THE YEAR.

	Property 1	Property 2	Property 3
RENTAL PROPERTIES - address	_____	_____	_____
Rental Income	\$ _____	_____	_____
Expenses:			
Advertising	\$ _____	_____	_____
Auto & travel	\$ _____	_____	_____
Cleaning & maintenance	\$ _____	_____	_____
Commissions	\$ _____	_____	_____
Insurance	\$ _____	_____	_____
Interest	\$ _____	_____	_____
Legal & professional fees	\$ _____	_____	_____
Repairs	\$ _____	_____	_____
Supplies	\$ _____	_____	_____
Real estate tax	\$ _____	_____	_____
Utilities	\$ _____	_____	_____
Other (description) _____	\$ _____	_____	_____
Major repairs & purchases	\$ _____	_____	_____
(provide details on major purchases & repairs)		Were Form 1099's issued to any subcontractors?	

PROFIT OR LOSS FROM BUSINESS (Non-employee compensation including amounts reported on Form 1099-NEC or 1099-Misc)

Description of Self-Employment - _____	_____	_____
Total gross income	\$ _____	\$ _____
Costs of Good Sold (if applicable)		
Purchases	\$ _____	\$ _____
Expenses -		
Advertising	\$ _____	\$ _____
Auto expenses	\$ _____	\$ _____
Business # of miles driven	_____	_____
Bank charges & fees	\$ _____	\$ _____
Commissions	\$ _____	\$ _____
Computer/internet	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Interest - mortgage/other	\$ _____	\$ _____
Uniforms/laundry & cleaning	\$ _____	\$ _____
Legal & professional fees	\$ _____	\$ _____
Office supplies, postage & expenses	\$ _____	\$ _____
Outside services	\$ _____	\$ _____
Parking & tolls	\$ _____	\$ _____
Rent or lease - vehicle or machinery	\$ _____	\$ _____
Rent - other business property	\$ _____	\$ _____
Repairs & maintenance	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Taxes and licenses	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Meals - business	\$ _____	\$ _____
Entertainment - other than meals	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Telephone/cell phone	\$ _____	\$ _____
Other (description) _____	\$ _____	\$ _____
Major purchases Desc. _____	\$ _____	Desc. _____
Desc. _____	\$ _____	Desc. _____

(provide details on major purchases & repairs over \$2,500)

Were Form 1099's issued to any subcontractors? Square footage of dedicated home office _____
 Total square footage of home _____