IBELING Taxes & Bookkeeping

507-642-8120

2024 Client Tax Organizer

Please complete this Organizer and bring to your appointment.

Taxpayer Name							_	Spouse Name							
Occupation								(Occupa	atio	n				
SSNBirthdate								S	SN			В	irthd	ate	
Email							E	Email							
Main Phone							N	∕lain P	hor	ne					
Address						City					_				
State									_						
Married Filing Jointly											Fili	ng Separ	ately		
		ousah			1 111118 3	J1110	ı y					ing Sepai	acciy		
Head of Household															
Single Widow(er), date of Spouse's Death:															
Widow	(CI	, uate	01 5	pous	e 3 Death										
Basic Info												1		1	
Can you be	clai	med or	n and	ther	person's	ret	urn?					Yes		No	
	I														
Are You:		Тахра	yer				Spouse	1	1						
Blind?		Yes		No			Yes		No						
Disabled?		Yes		No			Yes		No						
Full-time		1 1				1	1	1	1						
Student?	L	Yes	Ш	No			Yes		No	c					
At any time	dui			ere y	ou or you			men	nber o	the	e US	Armed Fo	rces?		
		Тахра	yer	NI-			Spouse		l N						
In 2024 dia	1	Yes	l la c	No	from		Yes	20.5	No						
In 2024 did	ı yo			ome	irom m			ie S	tate?						
		Taxpa	ĖТ	NI -			Spouse		l NI =						
	1	Yes		No			Yes		No						

Did you mal	ke a	payme	ent d	on a Federal St	ude	nt lo	an c	durii	ng 2024?	(Form 10)98-E)					
	Taxpayer					Spou	Spouse									
		Yes		No		Yes	5		No							
Did you rece	eive	a state	eme	nt for tuition p	aid	in 20)24?	P (Fo	rm 1098-	-T)						
	Taxpayer				Spouse				Dependent							
		Yes		No		Yes	5		No		Υ	es	No)		
In 2024, did you purchase health insurance through the exchange? (Form 1095-A)																
		Тахра	yer			Spouse										
		Yes		No		Yes	5		No							
Did you purchase a home in 2008 and receive up to \$7500 First-time Home Buyers credit?																
	Taxpayer Sp						oouse									
		Yes		No		Yes	6		No							
Do you want \$3 to go to the Presidential Election Campaign Fund?																
		Taxpayer Spouse														
		Yes		No		Yes	5		No							
Minnesota Residents: Do you want to donate to the Nongame Wildlife Fund?																
		Yes No					Amount:									
At any time during 2024, did you receive, sell, exchange or otherwise dispose of any financial interest																
in any virtua	al cu	irrency	/ ?													
		Тахра	yer			Spou	ouse									
		Yes	No Yes No					No								
Depende	nt	Infor	mat	tion												
First Name Last Name					SSN			Date of MM/DD		Re shi	lation- p	Months Lived With You				
												1		1		

Dependent Information									
First Name	Last Name	SSN	Date of Birth MM/DD/YYYY	Relation- ship	Months Lived With You				

Additional Information										
Are you Self-Employed?										
Taxpayeı	•		Spouse							
Yes	No		Yes		No					
If "Yes" request and complete the "Income and Expenses" form provided by Ibeling Taxes & Bookkeeping										
Do you own Rental Property?										
Taxpayeı	-	;	Spouse							
Yes	No		Yes		No					
If "Yes" request and complete the "Income and Expenses" form provided by Ibeling Taxes & Bookkeeping										
Do you Farm Income?										
Taxpaye	•		Spouse							
Yes	No		Yes		No					
est and com	plete the "Incom	e an	d Expens	ses"	form provided by Ibeling Taxes & Bookkeeping					
ing 2024 di	d you or your s	pou	se recei	ve U	nemployment Benefits?					
Taxpayeı	-		Spouse							
Yes	No		Yes		No					
provide for	rm 1099-G (rec	eive	d in the	mai	from Minnesota Unemployment)					
At any time during 2024 did you or your spouse receive Social Security Benefits?										
Taxpayeı	•		Spouse							
Yes	No		Yes		No					
provide for	rm SSA-1099 (re	eceiv	ved in th	ne m	ail from Social Security Office)					
any Intere	st Income?									
Taxpaye	•		Spouse							
Yes	No		Yes		No					
provide for	m 1099-INT an	d/o	r Form 1	099	-OID					
Taxpayeı	-		Spouse							
Yes	No		Yes		No					
provide for	m 1099-DIV									
Stocks or I	Bonds?									
Taxpayeı	-		Spouse							
 	No		Yes		No					
Do you have any gambling winnings?										
, , ,			Spouse							
 	1				No					
					1112					
•		fied	educatio	on e	xpenses?					
				<u> </u>						
Yes	1		Yes		No					
	Taxpayer Yes est and com ntal Proper Taxpayer Yes est and com come? Taxpayer Yes Provide for any Intere Taxpayer Yes provide for any Intere Taxpayer Yes provide for any Divide Taxpayer Area Area Area Area Area Area Area Ar	Taxpayer Yes No est and complete the "Income ntal Property? Taxpayer Yes No est and complete the "Income ntal Property? Taxpayer Yes No est and complete the "Income ntal Property? Taxpayer Yes No est and complete the "Income ntal Property? Taxpayer Yes No provide form 1099-G (receing 2024 did you or your starpayer Yes No provide form 1099-G (receing 2024 did you or your starpayer Yes No provide form SSA-1099 (receing 2024 did you or your starpayer Yes No provide form 1099-G (receing 2024 did you or your starpayer Yes No provide form 1099-G (receing 2024 did you or your starpayer Yes No provide form 1099-G (receing 2024 did you or your starpayer Yes No provide form 1099-G (receing 2024 did you or your starpayer Yes No provide form 1099-G (receing 2024 did you or your starpayer Yes No provide form 1099-G (receing 2024 did you or your starpayer Yes No provide form 1099-INT and any Dividend Income? Taxpayer Yes No provide form 1099-DIV Stocks or Bonds? Taxpayer Yes No provide form 1099-B y gambling winnings? Taxpayer Yes No provide form W-2G cher, did you pay for quality Taxpayer	Taxpayer Yes No est and complete the "Income an Intal Property? Taxpayer Yes No est and complete the "Income an Income? Taxpayer Yes No est and complete the "Income an Income? Taxpayer Yes No est and complete the "Income an Income? Taxpayer Yes No provide form 1099-G (receive Ing 2024 did you or your spour Taxpayer Yes No provide form SSA-1099 (receive Ing 2024 did you or your spour Taxpayer Yes No provide form SSA-1099 (receive Ing 2024 did you or your spour Taxpayer Yes No provide form 1099-INT and/or any Interest Income? Taxpayer Yes No provide form 1099-INT and/or any Dividend Income? Taxpayer Yes No provide form 1099-DIV Stocks or Bonds? Taxpayer Yes No provide form 1099-B y gambling winnings? Taxpayer Yes No provide form 1099-B y gambling winnings? Taxpayer Yes No provide form W-2G cher, did you pay for qualified Taxpayer	Taxpayer Spouse Yes No Yes est and complete the "Income and Expensional Property? Taxpayer Spouse Yes No Yes est and complete the "Income and Expensional Property? Taxpayer Spouse Yes No Yes est and complete the "Income and Expensional Expen	Taxpayer Spouse Yes No Yes est and complete the "Income and Expenses" intal Property? Taxpayer Spouse Yes No Yes est and complete the "Income and Expenses" intal Property? Taxpayer Spouse Yes No Yes est and complete the "Income and Expenses" intal Property? Taxpayer Spouse Yes No Yes est and complete the "Income and Expenses" intal Property? Taxpayer Spouse Yes No Yes provide form 1099-G (received in the maining 2024 did you or your spouse receive Unitary interest into a provide form 1099-G (received in the maining 2024 did you or your spouse receive Staxpayer Spouse Yes No Yes provide form SSA-1099 (received in the maining 2024 did you or your spouse receive Staxpayer Spouse Yes No Yes provide form SSA-1099 (received in the maining 2024 did you or your spouse received in the maining 2024 did you or your spouse receive Staxpayer Spouse Yes No Yes Taxpayer Spouse Yes No Yes provide form 1099-INT and/or Form 1099 any Dividend Income? Taxpayer Spouse Yes No Yes provide form 1099-DIV Stocks or Bonds? Taxpayer Spouse Yes No Yes provide form 1099-B y gambling winnings? Taxpayer Spouse Yes No Yes provide form W-2G cher, did you pay for qualified education end Taxpayer Spouse					

If "Yes" List the amount here:											
Do you receive any money from Venmo, PayPal, Cash App, or any other Third Party?											
Taxpayer Spouse											
Yes	No)	Yes	ŝ	No						
If "Yes" provide form 1099-K											
Did you receive a Schedule K-1?											
Taxpayer Spouse											
Yes	No)	Yes	S	No						
If "Yes" please	provide	all copies c	of the K-1	I from I	Partnerships,	S-Corps, and Estat	es & Trusts				
Daycare Expense	s All		tion pe				т				
Name of Provider		Address		Phor	ne Number	SSN or EIN of provider	Amount Paid in 2024				
Sources of Incom	ie										
Provide all copies of	W-2's	for verifica	ation								
Employer Name											
Employer Name											
Employer Name											
Employer Name											
Employer Name											
Employer Name											
Retirement Incor											
Provide all copies of	1099-F	₹'s for veri	fication								
Payer Name											

Payer Name			
Payer Name			
Payer Name			
Form 1099-MISC & 1099-I	NEC		
Provide all copies of 1099-MIS	C's & 1099-NEC'	s for verification	
Payer Name			
Banking information			
Would you like your potential ref			
deposited into your bank account		Yes No	
		checking or savings account and	I routing numbers
Would you like to direct debit you	•		
for the amount owed to the IRS a		Yes No	
If "Yes" please be pre	pared to provide of	checking or savings account and	routing numbers
To the best of my knowledge th completed correctly and include		_	anizer is
Taxpayer Signature	Date	Spouse Signature	Date