

IBELING Taxes & Bookkeeping

507-642-8120

2024 Client Tax Organizer

Please complete this Organizer and bring to your appointment.

Taxpayer Name _____	Spouse Name _____
Occupation _____	Occupation _____
SSN _____ Birthdate _____	SSN _____ Birthdate _____
Email _____	Email _____
Main Phone _____	Main Phone _____
Address _____ City _____	
State _____ Zip _____ County _____	

Marital Status as of December 31 st 2024		
<input type="checkbox"/> Married	<input type="checkbox"/> Filing Jointly	<input type="checkbox"/> Filing Separately
<input type="checkbox"/> Head of Household		
<input type="checkbox"/> Single		
<input type="checkbox"/> Widow(er), date of Spouse's Death: _____		

Basic Information							
Can you be claimed on another person's return?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are You:	Taxpayer			Spouse			
Blind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Full-time Student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
At any time during 2024 were you or your spouse a member of the US Armed Forces?							
	Taxpayer			Spouse			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
In 2024 did you have income from more than one State?							
	Taxpayer			Spouse			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Did you make a payment on a Federal Student loan during 2024? (Form 1098-E)									
Taxpayer					Spouse				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes		No		Yes		No		
Did you receive a statement for tuition paid in 2024? (Form 1098-T)									
Taxpayer					Spouse			Dependent	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes		No		Yes		No		Yes
									No
In 2024, did you purchase health insurance through the exchange? (Form 1095-A)									
Taxpayer					Spouse				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes		No		Yes		No		
Did you purchase a home in 2008 and receive up to \$7500 First-time Home Buyers credit?									
Taxpayer					Spouse				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes		No		Yes		No		
Do you want \$3 to go to the Presidential Election Campaign Fund?									
Taxpayer					Spouse				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes		No		Yes		No		
Minnesota Residents: Do you want to donate to the Nongame Wildlife Fund?									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount:					
	Yes		No						
At any time during 2024, did you receive, sell, exchange or otherwise dispose of any financial interest in any virtual currency?									
Taxpayer					Spouse				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes		No		Yes		No		

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?							
Taxpayer			Spouse				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes" request and complete the "Income and Expenses" form provided by Ibeling Taxes & Bookkeeping							
Do you own Rental Property?							
Taxpayer			Spouse				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes" request and complete the "Income and Expenses" form provided by Ibeling Taxes & Bookkeeping							
Do you Farm Income?							
Taxpayer			Spouse				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes" request and complete the "Income and Expenses" form provided by Ibeling Taxes & Bookkeeping							
At any time during 2024 did you or your spouse receive Unemployment Benefits?							
Taxpayer			Spouse				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes" provide form 1099-G (received in the mail from Minnesota Unemployment)							
At any time during 2024 did you or your spouse receive Social Security Benefits?							
Taxpayer			Spouse				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes" provide form SSA-1099 (received in the mail from Social Security Office)							
Did you receive any Interest Income?							
Taxpayer			Spouse				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes" provide form 1099-INT and/or Form 1099-OID							
Did you receive any Dividend Income?							
Taxpayer			Spouse				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes" provide form 1099-DIV							
Did you sell any Stocks or Bonds?							
Taxpayer			Spouse				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes" provide form 1099-B							
Do you have any gambling winnings?							
Taxpayer			Spouse				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes" provide form W-2G							
If you are a teacher, did you pay for qualified education expenses?							
Taxpayer			Spouse				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If "Yes" List the amount here:	
Do you receive any money from Venmo, PayPal, Cash App, or any other Third Party?	
Taxpayer	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide form 1099-K	
Did you receive a Schedule K-1?	
Taxpayer	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please provide all copies of the K-1 from Partnerships, S-Corps, and Estates & Trusts	

Daycare Expenses -- All Information pertains to the Provider(s)				
Name of Provider	Address	Phone Number	SSN or EIN of provider	Amount Paid in 2024

Sources of Income
Provide all copies of W-2's for verification
Employer Name
Employer Name
Employer Name
Employer Name
Employer Name
Employer Name
Retirement Income
Provide all copies of 1099-R's for verification
Payer Name

Payer Name
Payer Name
Payer Name
Form 1099-MISC & 1099-NEC
Provide all copies of 1099-MISC's & 1099-NEC's for verification
Payer Name
Payer Name
Payer Name
Payer Name

Banking information
Would you like your potential refund to be direct deposited into your bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please be prepared to provide checking or savings account and routing numbers
Would you like to direct debit your potential balance due for the amount owed to the IRS and/or State? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please be prepared to provide checking or savings account and routing numbers

To the best of my knowledge the information provided on this Client Tax Organizer is completed correctly and includes all information as requested.

_____	_____	_____	_____
Taxpayer Signature	Date	Spouse Signature	Date