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## 2024 Tax Year Return Organizer

### TAXPAYER PERSONAL AND BANK INFORMATION

The Tax Organizer is not required to be completed, unless you are a new client, but it is highly recommended. Please provide us with as much information as you can. We **DO** need all tax forms listed throughout the tax organizer to support the information provided. If you are a new client, you must complete this packet and send us your previous year's return. Before proceeding we will require a signed engagement letter. Thank you for allowing us to prepare your tax return.

#### Please Check All Applicable Boxes

Please mail a copy of my tax return for my records (\$15 surcharge for mailing). \_\_\_\_\_

We file all the tax returns electronically. To receive an electronic copy of the tax return, please make sure that we have your email address. **We do not email tax returns due to security concerns.**

Check here if the information is different from the last year. If the information is the same, provide only your name(s) on this page. \_\_\_\_\_

**Taxpayer SSN** \_\_\_\_\_

First \_\_\_\_\_ M.I. \_\_\_\_ Last \_\_\_\_\_ Date of birth \_\_\_\_\_

Occupation \_\_\_\_\_ Email: \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ School District \_\_\_\_\_ ID Number \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

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**Spouse SSN** \_\_\_\_\_

First \_\_\_\_\_ M.I. \_\_\_\_ Last \_\_\_\_\_ Date of birth \_\_\_\_\_

Occupation \_\_\_\_\_ Email: \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ School District \_\_\_\_\_ ID Number \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

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If you moved during 2024, enter your previous address and the date you moved: Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ School District \_\_\_\_\_ ID Number \_\_\_\_\_

**Marital Status on December 31:**

Single (S) \_\_\_\_\_ Married filing jointly (MFJ) \_\_\_\_\_ Married filing separately (MFS) \_\_\_\_\_  
Head of household (HOH) \_\_\_\_\_ Qualifying surviving spouse (QSS) \_\_\_\_\_

- HOH: Unmarried (single, divorced, or legally separated), lived separated from spouse for at least the last six months of the year, filed a separate tax return, paid for more than 50% of household expenses, and have a qualified dependent living in the home for at least six months.
- QSS: A taxpayer with a qualified dependent (child) can claim this filing status for two years following the year of the taxpayer's spouse's death.
- **A driver's license number along with issue and expiration date is needed to file the tax return.**

**Please Check All Applicable Boxes**

Dependent of another \_\_\_\_\_ Full-time student \_\_\_\_\_

Do you wish to donate \$3 to the Election Fund? Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

Are you or is your spouse legally blind? Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

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 financial interest in a digital asset)? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you own or have a financial interest in a foreign bank or financial account that is greater than \$10,000 for all accounts?? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you purchase health insurance through the Marketplace ("Obamacare")? If you did, you should have received Form 1095-A. We need a copy of that form to complete your tax return. Yes \_\_\_\_\_ No \_\_\_\_\_

Will you digitally sign the IRS e-file Signature Authorization? You will receive an automated secret code via text message to complete this requirement. **We must have separate current email addresses and cell phone numbers for the taxpayer and the spouse.**

**Taxpayer's Cell #** \_\_\_\_\_ **email address** \_\_\_\_\_

**Spouse's Cell #** \_\_\_\_\_ **email address** \_\_\_\_\_

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**If you wish to have your refund directly deposited into your account, please fill out the information below. You will receive your refund faster. You can also pay your tax liability directly from your bank account.** If Information same as last year (check here but include bank name and last four numbers of account number to be sure we have the correct information).

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ (check one)

Federal Refund \_\_\_\_\_ Federal Tax Liability Payment \_\_\_\_\_ Requested Payment Date

State Refund \_\_\_\_\_ StateTax Liability Payment \_\_\_\_\_ Requested Payment Date

**PLEASE INCLUDE A VOIDED CHECK (NOT A DEPOSIT SLIP, AS IT MAY NOT BE CORRECT)**

**2024 INCOME**

**We can't prepare a tax return without the actual copies of the documents supporting your income.**

**Please Check All Applicable Boxes**

**Forms W-2 – Wages and Tax Statements** (Provide all W-2 Statements)

<b>Taxpayer or Spouse</b>	<b>Employer Name</b>	<b>2024 Wages</b>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Forms 1099 – Interest Income** (Provide all 1099 – INT Statements)

<b>Taxpayer or Spouse or Joint</b>	<b>Name of Issuer</b>	<b>Amount</b>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Forms 1099 – DIV** (Provide all 1099-DIV Statements)

<b>Taxpayer or Spouse or Joint</b>	<b>Name of Issuer</b>	<b>Ordinary</b>	<b>Qualified</b>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**Forms 1099-R** (Provide distributions from Pensions, Annuities, Retirement, IRAs, 1099-R Statements)\*

<b>Taxpayer or Spouse</b>	<b>Name of Issuer</b>	<b>Amount</b>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

\*If the distribution is before age 59.5, give a reason to determine if an exception to penalties applies.

\_\_\_\_\_

**Sales and Exchanges – Capital Gains and Losses** (Provide brokerage statements. Do not list transactions).

Provide information about sales of real estate, or other property, along with Forms 1099-B, 1099-S, or other.

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**Other Income:** (Provide appropriate Statements / Forms)

<b>Taxpayer or Spouse</b>	<b>Source of Income</b>	<b>Amount</b>
	State Tax Refund (1099-G)	\$ _____
	Royalty, Etc. (1099-MISC)	\$ _____
	Non-Employee Compensation (1099-NEC)	\$ _____
	Non-Employee Compensation (1099-NEC)	\$ _____
	Total Social Security Benefits (SSA - 1099)	\$ _____
	Total Social Security Benefits (SSA – 1099)	\$ _____
	Railroad Retirement (RRB-1099)	\$ _____
	Unemployment compensation (1099-G)	\$ _____
	Gambling Winnings (W2-G)	\$ _____
	Discount payments from Saving Bonds (1099-OID)	\$ _____
	Payment from Qualified Education Programs (1099-Q)	\$ _____
	Unreported Tips	\$ _____
	Cancellation of Debt (1099-C)	\$ _____
	Installment sales (Principle)	\$ _____
	Jury Duty	\$ _____
	1099-K (Explain below why you received the statement)*	\$ _____

Explanation: \_\_\_\_\_

Proceeds from Real Estate Transactions (1099-S)	\$ _____
Miscellaneous Income (1099-Misc)	\$ _____
Prizes and Awards	\$ _____
Activity not engaged in for profit (Hobby)	\$ _____
Stock Options	\$ _____
Personal property rental income ( <b>not real estate</b> )	\$ _____
Form 1099-DA (Digital Assets)	\$ _____
Form 15400 (Clean Vehicle Seller's Report)	\$ _____

Did you receive Schedule K-1 from a Partnership, S Corp, Trust, or Estate? (Provide us a copy of K-1)

Are you a partner in a partnership, a shareholder in an S-Corp with items of international tax Relevance?

Were you granted or did you exercise any employee stock options? ) Yes \_\_\_\_\_ No \_\_\_\_\_

Did you take your RMD (Required Minimum Distribution)? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you take a distribution from an employer retirement plan or IRA in connection with a qualified disaster, terminal illness, domestic abuse, birth, or adoption? Yes \_\_\_\_\_ No \_\_\_\_\_

Did your PTE (Pass-Through Entity) pay state income taxes? ) Yes \_\_\_\_\_ No \_\_\_\_\_

Additional information or questions regarding income please list here. We may request additional information.

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\*Did you receive a 1099-K statement for the sales for a business, a hobby, gig transactions, or the sale of personal-use items? List any adjustments such as fees, refunds, chargebacks, discounts, etc.

**TAXPAYER'S 2024 TAX YEAR ADJUSTMENTS, DEDUCTIONS AND CREDITS**

Educator Expenses: Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ (for a K-12 teacher, instructor, counselor, aide, or principal working at least 900 hours a year).

Taxpayer's HSA Contributions \$ \_\_\_\_\_ Self-Only Coverage Family Coverage

Spouse's HSA Contributions \$ \_\_\_\_\_ Self-Only Coverage Family Coverage

Self-employed SEP, SIMPLE, and qualified plans Contribution (you need to be filing Schedule C or 1120-S):

Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Self-employed Health Care Insurance Expense (need to be filing Schedule C, 1120-S, 1065):

Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Penalty on early withdrawal of savings: \$ \_\_\_\_\_ (the penalty imposed by Financial Institutions)

Interest paid on college loans: Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ (Provide 1098-E Statements)

Amount put into a 529 plan: Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ (Provide 529 statements)

Foreign taxes paid \$ \_\_\_\_\_ (amount not included in a brokerage statement).

Did you make a Qualified Charitable Distribution? Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Did you sell a primary residence in 2024? (Provide closing statement)

Did you buy a primary residence in 2024? (Provide closing statement)

Did you give a gift of more than \$18,000 to anyone in 2024?

Did any of your investments become worthless, or were you a victim of investment theft?

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IRA Contributions for the 2024 year (you send your check yourself)

Taxpayer or Spouse

IRA

ROTH IRA

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Qualified electric, plug-in, fuel-cell vehicle.      New      Used      Model \_\_\_\_\_      Make \_\_\_\_\_

Date Purchased \_\_\_\_\_      Vehicle ID Number \_\_\_\_\_      Cost \$ \_\_\_\_\_

Name of a dealer \_\_\_\_\_      (Provide copy of Form 15400)

Did a dealer claim Clean Vehicle credit for you?      How much? \_\_\_\_\_

Electric Vehicle charging station.      Cost \$ \_\_\_\_\_

Internet Link: [Federal Tax Credits for Plug-in Electric and Fuel Cell Electric Vehicles Purchased in 2023 or After \(fueleconomy.gov\)](https://www.fueleconomy.gov)

A new energy-efficient improvement to your home. (windows, exterior doors, insulation, water heater, solar panels, small wind energy, battery storage technology, biomass stove etc). List even if you are not sure and we will decide if the item qualifies for a credit.

\_\_\_\_\_ \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_

Internet Link: [Home Energy Tax Credits | Internal Revenue Service \(irs.gov\)](https://www.irs.gov)

**College Expenses**

You may deduct the cost of tuition and fees only, no room and board. There are two types of educational credits. American Opportunity Tax Credit is available for the first four years of higher education, and the Lifetime Learning Credit eligible for any student (including adults) for undergraduate, graduate, or professional degree courses which include courses to improve job skills at an eligible educational institution. **1098-T statements must be provided.**

Student's First Name	College	Year in School	Tuition	Course Materials*
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

\*Course materials (not paid directly to the school) needed for study: books, computers, supplies, software, internet, etc.

**Alimony**

Did you pay or receive alimony?      Paid \$ \_\_\_\_\_      Received \$ \_\_\_\_\_

Recipient's SSN \_\_\_\_\_      Date of divorce or separation \_\_\_\_\_

Alimony payments are no longer deductible or taxed for divorce decrees signed after December 31, 2018.

**Federal Estimated Tax Payments you paid for the year 2024**

Did you apply any 2023 refund to tax year 2024 \$ \_\_\_\_\_

Installment due 4-15-2024 \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Installment due 6-17-2024 \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Installment due 9-16-2024 \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Installment due 1-15-2025 \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Apply refund to 2025 estimated tax payments rather than refund. (Check one below):

Apply all refund until the refund is used up.

Apply refund to first estimated tax payment and refund the remainder.

Withdraw the quarterly estimated tax payments from my bank.

**State Estimated Tax Payments you paid for the year 2024**

Did you apply any 2023 refund to tax year 2024 \$ \_\_\_\_\_

Installment due 5-01-2024 \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Installment due 6-15-2024 \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Installment due 9-15-2024 \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Installment due 1-15-2025 \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Apply refund to 2025 estimated tax payments rather than refund. (Check one below):

Apply all refund until the refund is used up.

Apply refund to first estimated tax payment and refund the remainder.

Withdraw the quarterly estimated tax payments from my bank.

Additional information or questions regarding taxpayer's tax adjustments, deductions and credits:

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**DEPENDENTS, DEDUCTIONS AND CREDITS\***

Name(s) of Dependent Children	SSN	Relationship	Months at home	Date of Birth	Student
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Proof of residency of a Qualifying dependent child is required, such as school records, medical or health care records, or a place of worship statement.**

Did any dependent child receive any income?

List the name of the child, interest, dividends, and earned income received.

First Name	Interest	Dividends	Earned Income
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Are any children permanently or totally disabled? First Names \_\_\_\_\_

**Proof of Disability is required, such as doctor, health care provider, or social services agency statement.**

Are you a custodial parent of dependent children?\*

\*The custodial parent is the one with whom the child lived for the greater number of nights during the year.

Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for the tax year?

**-----Other Dependents-----**

Other dependent / Qualifying relative - not a qualifying child whose gross income was less than \$5,050.

Name	SSN	Relationship	Months at home	Date of Birth	Income
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

**-----Birth and Adoptions-----**

Were any children born in 2024? Name \_\_\_\_\_ SSN \_\_\_\_\_ Birth date \_\_\_\_\_

Were any children adopted? (Provide statement for other expenses)

Name \_\_\_\_\_ SSN \_\_\_\_\_ Birth date \_\_\_\_\_ Adoption Expenses \$ \_\_\_\_\_

Was the adopted child a special needs child?



-----Child or Dependent Care-----

The expense for a child or dependent care so you could work or go to school. Do not complete this section if you were reimbursed for all your care expenses. If you were partially reimbursed, list the amount here \$ \_\_\_\_\_

**Dependent's First Name, Provider's Name, SSN or EIN, Address and Phone #, \$ Amount Paid:**

\_\_\_\_\_  
\_\_\_\_\_

- You cannot receive credit without the providers' SSN or EIN, address, and phone number.

Questions, comments, and overflow items:

**The Standard Deductions for 2024 are \$14,600 Single/MFS (if 65+ add \$1950), \$29,200 MFJ/QSS (if 65+ add \$1550 per spouse 65+), \$21,900 HOH. Most taxpayers are better off taking the standard deduction, even though some states have a lower deduction limit, if unsure please complete the Schedule A and we will take the best approach. Please see Schedule A (Itemized Deductions).**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS?

Designee's Name \_\_\_\_\_ Phone # \_\_\_\_\_ PIN (5 Numbers) \_\_\_\_\_

**PIN Information (Personal Identification Number):**

To file your tax return electronically, we need a *5-digit* number (different for both spouses if filing jointly) that will be your unique PIN. This PIN will also be used for future correspondence with the IRS. If left blank one will be generated.

Taxpayer's PIN \_\_\_\_\_ Spouse's PIN \_\_\_\_\_

**Identity Protection PIN (IP PIN)** If the IRS provided you with an IPIN we must have that number in order to file the return. In order to receive an IPIN you must request it. To protect yourself from identity theft from your tax return you can apply for a free IPIN by setting up an IRS online account and applying through your account.

Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Please remember that the IRS does not permit us to e-file your tax return unless we receive your signed Form 8879, IRS e-file Signature Authorizations, and (depending on your state) corresponding state form. You will receive Form 8879 and state forms from us after we complete your tax return.**