

ORGANIZER

	1040	US	Tax Organizer
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Legacy Tax and Accounting Service LLC
 12687 SW Cnty Rd 769 Ste 2B
 Lake Suzy FL 34269
 Telephone number: 941-883-4453
 Fax number: 941-883-4531
 E-mail address:

Tax Return Appointment
 Date:
 Time:
 Location:

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

	Taxpayer	Spouse
First name and initial....		
Last name.....		
Title/suffix.....		
Social security number....		
Occupation.....		
Date of birth (m/d/y).....		
Date of death (m/d/y)....		
1=blind.....		
Home phone.....		
Work phone.....		
Work extension.....		
Cell phone.....		
E-mail address.....		

Address	In care of..... Street address..... Apartment number.. City..... State..... ZIP code.....	
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DEPENDENTS

	Dependent No.	Dependent No.
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death (m/d/y)....		
Date of adoption (m/d/y) ..		
Social security number...		
Relationship.....		
Months lived at home....		

	Dependent No.	Dependent No.
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death (m/d/y)....		
Date of adoption (m/d/y) ..		
Social security number...		
Relationship.....		
Months lived at home....		

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WAGES, SALARIES AND TIPS

Employer name:

☐	
☐	
☐	
☐	
☐	

Amount

Attach Forms W-2	

INTEREST INCOME

Payer name:

☐	
☐	
☐	
☐	
☐	

Attach Forms 1099-INT	

DIVIDEND INCOME

Payer name:

☐	
☐	
☐	
☐	
☐	

Attach Forms 1099-DIV	

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

☐	
☐	
☐	
☐	
☐	

Attach Forms 1099-R & W-2G	

Winnings not reported on W-2G
Total gambling losses

OTHER GOVERNMENT FORMS - INCOME

- ☐ Form 1099-B - Sales of stock (also include transaction history)
- ☐ Form 1099-MISC - Miscellaneous income
- ☐ Form 1099-K - Merchant card and third party network payments
- ☐ Form 1099-S - Sales of real estate (also include closing statements)

Attach Forms 1099	

- ☐ Form 1099-G - State tax refunds

Attach Forms 1099	
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Taxpayer:

- ☐ Form SSA-1099 - Social security benefits
- ☐ Form 1099-G - Unemployment compensation
- ☐ Form 1099-Q (529 Plan)
- ☐ Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099	

Spouse:

- ☐ Form SSA-1099 - Social security benefits
- ☐ Form 1099-G - Unemployment compensation
- ☐ Form 1099-Q (529 Plan)
- ☐ Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099	

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MISCELLANEOUS INCOME

Taxpayer: Alimony received

Spouse: Alimony received

Other:

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Spouse: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS☐ Form 1098-E - Student loan interest☐ Form 1098-T - Tuition and related expenses

Attach Forms 1098

AFFORDABLE CARE ACT☐ Form 1095-A - Health Insurance Marketplace Statement

Attach Forms 1095

ADJUSTMENTS TO INCOME

Taxpayer:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

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Alimony paid - Recipient name & SSN

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Spouse:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

.....

.....

Alimony paid - Recipient name & SSN

.....

.....

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs

Doctors, dentists and nurses

Hospitals and nursing homes

Insurance premiums

Long-term care premiums - taxpayer

Long-term care premiums - spouse

Insurance reimbursement

Out-of-pocket lodging and transportation expenses

Number of medical miles

Other:

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TAXES PAID

State income taxes - 1/25 payment on 2024 state estimate

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