



# 2024 TAX ORGANIZER

**\*NEW MEMBERS\*** If this is your first year with CSI Group, please provide prior year tax return.

Please complete this booklet & include with your tax documents.

**\*ALL MEMBERS\*** Please provide a copy of your driver's license via the Client Portal upload or at the time of your appointment.

*\*Reminder: Please do not submit bank statements, paid bills or receipts.*

*Marital Status (please circle)- SINGLE*

*MARRIED*

*WIDOWED*

*DIVORCED*

	TAXPAYER	SPOUSE
SOCIAL SECURITY NUMBER:		
FIRST NAME:		
LAST NAME:		
DATE OF BIRTH:		
OCCUPATION:		
PHONE NUMBER:		
EMAIL:		
PHYSICAL ADDRESS:		
MAILING ADDRESS (IF DIFFERENT)		

## DEPENDENT INFORMATION

Did you have a child in 2024?  YES  NO

Did you adopt a child in 2024?  YES  NO

FIRST & LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	IN COLLEGE Y/N

**CHILD CARE FEES PAID TO CHILD CARE PROVIDER:**

PROVIDERS NAME:	
ADDRESS:	
TAX ID NUMBER:	
AMOUNT PAID:	
NAME OF CHILD/CHILDREN WHOM CARE SERVICES WERE PROVIDED:	

# GENERAL INFORMATION QUESTIONNAIRE

Are you or your spouse a veteran?	<input type="checkbox"/> TAXPAYER	<input type="checkbox"/> SPOUSE
Did you buy/sell your primary home?	YES	NO
Did you buy/sell any other home or property?	YES	NO
Did you receive unemployment benefits? **If yes, please provide 1099-G. <i>This form is only available online through your unemployment portal.</i>	YES	NO
Any RSU or stock options?	YES	NO
Did you receive, sell, restock, exchange, or otherwise dispose of any financial interest in any virtual currency?	YES	NO
Did you contribute to or withdraw from a 529 plan?	YES	NO
Did you take an H S A distribution? **If yes, please provide 1099-SA.	YES	NO
Did you have health insurance year round?	YES	NO
Did you purchase health insurance through the Marketplace? **If yes, please provide 1095-A.	YES	NO

## FOREIGN ACCOUNT INFO

Do you have foreign bank accounts and/or assets?  YES  NO

Was the total balance of all foreign accounts over \$10,000 at any time during 2024?  YES  NO

If yes, please provide:

Financial Institution's Name: \_\_\_\_\_

Financial Institution's Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of currency: \_\_\_\_\_

Highest value on the account in 2023 in foreign currency: \_\_\_\_\_

Account owners name (if it's a joint account please list all owners) \_\_\_\_\_

\_\_\_\_\_

## DIVORCED

Did you pay or receive alimony in 2024?  YES  NO

If yes, please provide:

Date of divorce \_\_\_ / \_\_\_ / \_\_\_\_\_ Amount of alimony paid/received: \$ \_\_\_\_\_

## DIRECT DEPOSIT OF FEDERAL AND/OR STATE REFUND

Do you wish to have your Federal and/or State refund direct deposited into your bank account? If so, please specify the name of the bank, routing number & account number.

BANK NAME		
BANK ROUTING NUMBER		
BANK ACCOUNT NUMBER		
TYPE OF ACCOUNT?	CHECKING	SAVING
JOINT ACCOUNT?	YES	NO

# WHAT DO I NEED FOR MY TAXES?

## INCOME

If any of the following apply, here are the tax forms you'll need to provide. Some of these forms are found online through your institutions portal system.

TYPE OF INCOME	TAX FORM NEEDED	✓
HAD A JOB	FORM W-2	
SELF EMPLOYED	FILLED OUT PG 5/ 1099-NEC	
INTEREST/DIVIDENDS	1099-INT / 1099-DIV	
STOCK SALES OR BONDS	1099-B	
CRYPTO	GAIN/LOSS STATEMENT	
RENTAL INCOME & EXPENSES	FILL OUT PAGE 6	
RETIREMENT INCOME	1099-R / SSA-1099	
UNEMPLOYMENT	1099-G	
GAMBLING WINNINGS/LOSSES	W-2G & LOSS STATEMENT	
MARKET PLACE HEALTH INSURANCE	1095-A	
H S A WITHDRAWAL CONTRIBUTION	1099-SA / 5498-SA	
CANCELLATION OF DEBT	1099-C	
MISC INCOME	1099-MISC/1099-NEC	
SALE OF PROPERTY	HUD-1 (SETTLEMENT STATEMENT)/ 1099-S / CLOSING DISCLOSURE	
529 PLAN DISTRIBUTION	1099-Q	

## DEDUCTIONS

If any of the following apply, here are the tax forms you'll need to provide. Some of these forms are found online through your institutions portal system.

TYPE OF INCOME	TAX FORM NEEDED	✓
STUDENT LOAN INTEREST PAID	FORM 1098-E	
COLLEGE TUITION	FORM 1098-T FROM COLLEGE	
REAL ESTATE TAXES (PRIMARY HOME & SECOND HOME)	TOTAL REAL ESTATE TAXES PAID IN 2024	
MORTGAGE INTEREST (PRIMARY HOME & SECOND HOME)	FORM 1098 FROM BANK	
529 PLAN CONTRIBUTION	STATEMENT	



# Self Employed, Independent Contractors, Outside Salespeople, & Farmers

Company Name \_\_\_\_\_ EIN# \_\_\_\_\_

Activity on Business \_\_\_\_\_ Taxpayer  Spouse  Joint

<b>TOTAL GROSS INCOME</b>	\$
<b>COST OF GOODS SOLD:</b>	
Beginning Inventory	
Purchases	
Labor	
Materials	
Ending Inventory	
<b>EXPENSES:</b>	
Advertising	
Car Expenses (Attached List of Repairs, Gas, Insurance, etc.)	
Commissions	
Contract Labor	
Insurance (Excluding Health)	
Interest	
Legal & Professional Fees	
Office Expenses	
Rent	
Repairs & Maintenance	
Supplies	
Taxes, Licenses & Permits	
Travel & Entertainment (Attach List)	
Utilities	
Bank Charges	
Dues, Publications & Association Fees	
Gifts to Clients	
Seminars & Courses Attended	
Telephone—Office & Cellular (Business use)	
Self Employed Health Insurance (Owner)	
SEP Contribution / Solo 401K Contribution	
Provide List of Other Expenses Here:	
<b>AUTO INFORMATION:</b>	
Date Bought	
Total Miles Driven During Year	
Business Miles	
Traveling to Work Each Way	

If your business has employees please provide forms W2/W3

# Rental Income & Expenses

**Property 1 Address:** \_\_\_\_\_

If under LLC, Name \_\_\_\_\_ EIN# \_\_\_\_\_

Type of Property:  Single Family     Multi Family     Land     Lot     Commercial     Other \_\_\_\_\_

**Property 2 Address:** \_\_\_\_\_

If under LLC, Name \_\_\_\_\_ EIN# \_\_\_\_\_

Type of Property:  Single Family     Multi Family     Land     Lot     Commercial     Other \_\_\_\_\_

	Property 1	Property 2
<b>Rents Received</b>		
Advertising		
Auto Travel (mileage)		
Cleaning & Maintenance		
Commissions		
Insurance		
Legal & Professional Fees		
Management Fees		
Mortgage Interest		
Other Interest		
Pest Control/Exterminator		
Repairs		
Supplies		
Taxes		
Utilities (Water/Sewer/Electric/Heating)		
Depreciation		
Depletion		
Other		
Refinancing Points Paid		