



NC Financial Group
A Wealth Management Company

TAX ORGANIZER

Please gather the following documents that apply and submit them with your completed packet. We look forward to working with you! Thank you.

Documents to submit:

- 1) W2(s)
- 2) 1095, 1098, 1099(s) - Misc., DIV, INT, NEC, R, K, B
- 3) Schedule K-1(s)
- 4) Real Estate tax bill(s), Closing statements for refinance & real estate transactions

TAXPAYER INFORMATION

Name (First Middle Last)

Partner Full Name (if joint return)

Mailing Address to be used on your return:

Permanent home address, if different from your mailing address:

FILING STATUS - *please check one*

Single: ☐ Married Filing Jointly: ☐ Married Filing Separately: ☐ Head of Household: ☐

If married,

- Did you live separately from your spouse at any time during 2024? Yes ____
- Are you eligible to claim your spouse's exemption? Yes ____
- Does your spouse itemize deductions? Yes ____
- If Head of Household, and the qualifying person is a child but not your dependent, enter the child's

Name: _____ SS#: _____

Did your marital status change in 2024? Yes ____

If yes, please provide reason: _____

Did you pay alimony in 2024? Yes ____
If yes, SS# of recipient: _____

Alimony card #: _____

Did you/spouse receive alimony in 2024? Yes ____
If yes, SS# of recipient: _____

Alimony card #: _____

In 2024, were you or your spouse -

- Permanently or totally disabled. Yes ____
- A member of the U.S. Armed Forces? Yes ____
- Work for the U.S. Government? Yes ____

DEPENDENT INFORMATION - *person for whom you provide more than 50% support*

DEPENDENT #1

Full Name: _____ SS#: _____ DOB: _____
Relationship: _____ U.S. Citizen or Resident? Yes ____
Lives with you? Yes ____ Months lived with taxpayer in U.S. _____

Childcare expenses: \$ _____

- Does not live with you due to divorce but is a person who qualifies you for the earned income credit and/or credit for child and dependent care expenses: Yes ☐

DEPENDENT #2

Full Name: _____ SS#: _____ DOB: _____
Relationship: _____ U.S. Citizen or Resident? Yes ____
Lives with you? Yes ____ Months lived with taxpayer in U.S. _____

** If more dependents, please add onto last page*

Did you or your spouse?

- Provide over half of the support for any other person? Yes ____
- Have dependents that must file a U.S. tax return? Yes ____
 - If yes, do you need us to prepare? Yes ____
- Have children who are under age 18 or are full time student(s) under age 23 WITH investment income greater than \$2,200? Yes ____
 - If yes, do you include this income on your return? Yes ____
- Incur adoption expenses during 2024? Yes ____
- Pay for any childcare or dependent care services or participate in the FSAFEDS or other flexible spending account for dependent care? Yes ____

CHILDCARE EXPENSE DETAIL

PROVIDER # 1

Name: _____ SS# or Federal ID #: _____

Address: _____ Amount Paid \$ _____

Was the provider an individual or a corporation? Individual ☐ Corporation ☐

If individual, was a 1099 issued? Yes ____

Notes: _____

PROVIDER # 2

Name: _____ SS# or Federal ID #: _____

Address: _____ Amount Paid \$ _____

Was the provider an individual or a corporation? Individual ☐ Corporation ☐

If individual, was a 1099 issued? Yes ____

Notes: _____

REAL ESTATE - Rental Property

Rents/royalties received in 2024 \$ _____

Did you use this property personally for 2024? Yes ____

How many days as rental? _____ How many days as personal? _____

Does this rental have multiple living units, and you occupy one? Yes ____

Did you actively participate in managing this property? Yes ____

Rental Property Deductions - \$ totals for 2024			
Advertising	\$	Landscaping	\$
Bank charges	\$	Repairs	\$
Commissions/Prop. Management	\$	Improvements	\$
Dues/Subscriptions	\$	Utilities (gas, elec., phone, etc.)	\$
Education	\$	Professional services (legal, etc.)	\$
Insurance (other than health)	\$	Security	\$
Interest - Mortgage	\$	Supplies	\$
Janitorial	\$	Property Taxes	\$
Laundry/Cleaning	\$	Travel	\$
Maintenance	\$	HOA	\$
Misc.	\$	Misc.	\$
Misc.	\$	Misc.	\$

Notes : _____

SELF-EMPLOYED

Did you work as an independent contractor/sole proprietor in 2024? Yes ____
Are you a remote employee getting paid by a California Corporation Yes ____
Did you receive a 1099 from any job in 2024? Yes ____

TOTAL REVENUE/INCOME received in 2024 \$ _____

Self-Employed Business Deductions - \$ totals for 2024			
Advertising	\$	Postage	\$
Bank charges	\$	Printing	\$
Commissions	\$	Rent (vehicles, equipment)	\$
Contract Labor	\$	Rent (office space)	\$
Delivery/Freight	\$	Repairs	\$
Dues/Subscriptions	\$	Security	\$
Education	\$	Software Services	\$
Employee benefit programs	\$	Supplies	\$
Insurance (other than health)	\$	Taxes - real estate	\$
Owner Medical Insurance	\$	Taxes - sales	\$
Non-owner Medical Insurance	\$	Taxes - other (not entered elsewhere)	\$
Interest - Mortgage	\$	Taxes - payroll	\$
Interest (not entered elsewhere)	\$	Cell phone	\$
Janitorial	\$	Tools	\$
Laundry/Cleaning	\$	Travel	\$
Legal & Professional	\$	Meals in full	\$
Licenses & Permits	\$	Entertainment	\$
Miscellaneous	\$	Uniforms	\$
Office	\$	Utilities	\$
Outside Services	\$	Other	\$
Other	\$	Other	\$

Did your business pay an individual \$600 or more? Yes ____

If yes, a 1099 needs to be generated (due January 31st)

Do you need our assistance with this filing? Yes ____

HOME OFFICE EXPENSES

Did you work from home in 2024? Yes ____

If yes, square feet of home _____ and square feet of home office _____

Home Office Expenses	\$ Amount plus any notes
Utilities - landline, internet, electric, gas, water, garbage	
Homeowners, renter's insurance	
HOA Fees	
Repairs & Maintenance - garden, cleaning, security, etc.	
Mortgage Interest	
Property Tax	
Rent	
Other	

Car Used For Business Deductions	Car #1	Car # 2
Business Mileage		
Personal mileage		
Commute Mileage		
Parking & Tolls	\$	\$
DMV fees	\$	\$
Insurance, gas, repairs, washes, etc.	\$	\$
Lease payments for the year Lease date _____	\$	\$
New car purchase price Purchase date _____	\$	\$
Auto Loan Interest	\$	\$

Did you take part in the Catastrophic Leave Program (CAT) Yes ____

FOREIGN FINANCIAL ACCOUNTS AND FOREIGN ASSETS

Please provide a list of ALL foreign financial assets or accounts that you or your spouse had at any time with any balances including bank or brokerage accounts, mutual funds, pension funds, other retirement accounts, etc. Include non-U.S. accounts for which you held a beneficial interest or had signature authority at any time.

Asset Type	Financial Institution	Country	Account #	Ownership (Joint, Beneficiary, Signatory)	Max value during year	Balance on 12/31/2024	Source currency

Were you the grantor of, or transferor to, a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? Yes ____

If a FinCen 114 (FBAR) is required for 2024, would you like us to file? Yes ____

If you plan to prepare and file, please provide us with a complete copy. FBAR filing is due April 15, 2024

ITEMIZED DEDUCTIONS

ITEMIZED - CHARITABLE DONATIONS *Provide receipts for all donations - cash and non-cash*

What is the highest amount you donated to any one person or organization in 2024?

You ☐ Spouse ☐ Amount \$ _____

Did you or your spouse -

- Make gifts of over \$16,000 to an individual, institution, or charity, including 529 plan account? You ☐ Spouse ☐ Amount \$ _____
- Make a gift to a trust? (Special-Needs Trust, QPRT, QLAC) You ☐ Spouse ☐ Amount \$ _____
- Pledge a Legacy gift? You ☐ Spouse ☐ Amount \$ _____
- Donate an IRA? You ☐ Spouse ☐ Amount \$ _____
- Donate an Annuity? You ☐ Spouse ☐ Amount \$ _____
- Donate a vehicle? You ☐ Spouse ☐ Value \$ _____

Provide 1098C from receiver

- Donate hours or drive miles? Hours _____ Miles _____
- Make any contributions to U.S. Tax-exempt charities? Yes ____

ITEMIZED - MEDICAL EXPENSES

Prescription meds	\$	Health insurance premium	\$
Long-term care premium	\$	Spouse long-term care	\$
Taxpayer's gross long-term care	\$	Spouse gross long-term care	\$
Dependent's gross long-term care	\$	Self-employed health insurance	\$
Insurance reimbursement	\$	Doctors, Dentist, etc.	\$
Hospitals, clinics, etc.	\$	Lab & X-ray fees	\$
Eyeglasses, contact lenses	\$	Medical equipment, supplies	\$
Miles driven for medical		Ambulance fees	\$
Lodging	\$	Misc.	\$
Misc.	\$	Misc.	\$

ITEMIZED - HEALTH INSURANCE

For *California, New Jersey, Washington DC, Massachusetts, Vermont, Rhode Island* Residents:

- Did you or your spouse participate in a health insurance plan that meets the Affordable Care Act (ACA) insurance guidelines for the entire calendar year? You ☐ Spouse ☐
- How did you obtain Health Insurance?
Employer _____ Open Exchange _____ Medicare _____ Other _____

If you did not have minimum health insurance coverage at any time or only during part of the year, detail why you did not have coverage that met the ACA guidelines so that we may determine if you qualify for an ACA exception:

- Did you receive a 1095? Yes _____

Are/did you or your spouse -

- Self-employed? You ☐ Spouse ☐
- Pay for self-employed health insurance? You ☐ Spouse ☐
- Eligible to participate in a health plan at another job? You ☐ Spouse ☐
- Participate in a FSAFEDS health care account? You ☐ Spouse ☐

ITEMIZED - AUTO REGISTRATION

- Did you purchase a new vehicle? Yes _____
Amount of expenses \$ _____ Registration for 2024 \$ _____
- Mileage recorded? Yes _____ If yes, how many miles? _____

ITEMIZED - MORTGAGE, PROPERTY TAX

Property taxes (principal residence) \$ _____ Additional homes or land \$ _____

Lender's Name: _____	Amount \$: _____
Lender's Name: _____	Amount \$: _____
Lender's Name: _____	Amount \$: _____
Lender's Name: _____	Amount \$: _____
Lender's Name: _____	Amount \$: _____

ITEMIZED - SALES & USE TAX

Did you pay any other significant sales and/or use tax? You ☐ Spouse ☐

Date	Amount	City	State	Sales Tax Rate

ITEMIZED - IRA & PENSION

Please mark Yes if yes!

Type	Contribute	Receive Distribution
Traditional IRA	Yes	Yes
Roth	Yes	Yes
SEP	Yes	Yes
Solo K	Yes	Yes
529 Plan	Yes	Yes

- Did you roll over an IRA/Pension? Yes ____
- Did you convert a Roth IRA? Yes ____

ITEMIZED - BUYS & SELLS

- Did you borrow from invested assets? Yes ____
- Did you surrender any U.S. savings bonds? Yes ____
- Did you exchange any securities for other securities or property held as an investment? Yes ____

ITEMIZED - INVESTMENTS DIGITAL ASSET/CRYPTOCURRENCY *Provide documentation*

In 2024, did you or your spouse engage in any Digital Asset activity? Yes ☐

Did you or your spouse

- Exchange Digital Asset(s)? You ☐ Spouse ☐ Amount \$ _____
 - Did your digital asset liquidate? Yes ☐
- Mine Digital Asset(s)? You ☐ Spouse ☐ Amount \$ _____
 - *Please specify currency*
- Purchase Digital Asset(s)? You ☐ Spouse ☐ Amount \$ _____
 - *Please specify currency*
- Sell Digital Asset(s)? You ☐ Spouse ☐ Amount \$ _____
 - *Please specify currency*
- Did any of your digital assets fork? You ☐ Spouse ☐ Amount \$ _____
- Did anyone in your family participate in GameFi? If yes, provide transaction spreadsheet

Provide any additional notes on digital assets/cryptocurrency:

ITEMIZED - INVESTMENTS - BANK/BROKERAGE

Did you receive form 1099 INT? Yes ☐

Did you receive form 1099 DIV? Yes ☐

If NCFG manages your assets, we already have this information, so no need to send.

Did you receive any Interest, Dividend or Royalty income?

You ☐ Spouse ☐ Amount \$ _____

Do you have any collateralized loans? Yes ☐

Did you pay any interest? Yes ☐

Have any loans secured against your investments? Yes ☐

Please detail any 'bad' investments here - uncollectable loans, Ponzi schemes, etc.

ITEMIZED - ENERGY CREDITS

Did you or your spouse

- Make solar energy-saving improvements to your home? Yes ☐
 - Make solar energy-savings improvements to your business? Yes ☐
- Make wind energy-saving improvements to your home? Yes ☐
 - Make wind energy-savings improvements to your business? Yes ☐
- Make energy efficient home improvements (windows, etc.) Yes ☐
- Purchase a qualified cell motor vehicle? You ☐ Spouse ☐ Amount \$ _____
- Purchase a Tesla battery? Yes ☐ Size _____ kWh _____

ITEMIZED - STUDENT LOAN

Did you pay interest on a student loan for you, spouse, dependents?

Please attach 1098E You ☐ Spouse ☐ Amount \$ _____

IS ANYONE IN YOUR FAMILY ATTENDING COLLEGE? Yes ☐

DID YOU PAY ANY ESTIMATED TAX PAYMENTS -

Please attach your cancelled checks/electronic receipts

Date: _____	Federal \$: _____	State \$: _____
Date: _____	Federal \$: _____	State \$: _____
Date: _____	Federal \$: _____	State \$: _____
Date: _____	Federal \$: _____	State \$: _____

HOUSEHOLD EMPLOYEE

Did you hire a household employee? Yes ____

If yes,

- Was this employee a personal assistant? Yes ____
- Was this employee a nanny? Yes ____

Did you pay this employee more than \$600? Yes ____

If yes,

- Did you have them complete a W-9? Yes ____
- Was a 1099 issued? Yes ____
- Does a 1099 need to be issued? Yes ____
- Was the household employee put onto payroll? Yes ____

Pay an individual for any non-childcare household employment services? *Maid, gardener, etc.* Yes ____

ADDITIONAL INCOME

Did you or your spouse

- Receive any unemployment compensation?

You ☐ Spouse ☐ Amount \$ _____

- Did you have any Federal taxes withheld on your unemployment?

You ☐ Spouse ☐ Amount \$ _____

- Receive any disability payments? You ☐ Spouse ☐ Amount \$ _____

- Receive any Tip income? You ☐ Spouse ☐ Amount \$ _____

- Have any gambling winnings or losses? You ☐ Spouse ☐ Amount \$ _____

- Receive any insurance or legal settlement proceeds?

Life, long term care, disability, property & casualty, claim - auto, loan

You ☐ Spouse ☐ Amount \$ _____

MISC. INCOME

Payor's Name: _____ Amount \$: _____

Payor's Name: _____ Amount \$: _____

Payor's Name: _____ Amount \$: _____

Payor's Name: _____ Amount \$: _____

Payor's Name: _____ Amount \$: _____

MISC. EXPENSES

Payee's Name: _____

Amount \$: _____

Payee's Name: _____

Amount \$: _____

Payee's Name: _____

Amount \$: _____

Payee's Name: _____

Amount \$: _____

Payee's Name: _____

Amount \$: _____

MISC. DEDUCTIONS

Payee's Name: _____

Amount \$: _____

Payee's Name: _____

Amount \$: _____

Payee's Name: _____

Amount \$: _____

Payee's Name: _____

Amount \$: _____

Payee's Name: _____

Amount \$: _____

ADDITIONAL NOTES FOR US: _____

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