



NEW CLIENT 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	@100%	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
	\$	\$
	\$	\$
	\$	\$
	\$	\$

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: _____
