

O'Rourke Tax Service - 2024 Organizer

Organizer Instructions

Please fill out applicable sections of this organizer thoroughly. Delays in preparing your returns may occur if we do not receive a complete organizer and all requested documentation.

Page	Applicable To
Page 1-4	All clients
Page 5-6	Clients with self-employment income, including side gigs (Ex: Uber, Reseller, etc.)
Page 7	Clients with rental properties
Page 8	Clients using automobiles in their business or rental activities

Tax Form Checklist	<input type="checkbox"/> W2 (wages)	<input type="checkbox"/> 1099-R (retirement)	<input type="checkbox"/> 1099-SSA (social security)
Please provide a copy of all tax forms received, even if not listed here.	<input type="checkbox"/> 1099-INT (interest income)	<input type="checkbox"/> 1099-DIV (dividend income)	<input type="checkbox"/> 1099-B (brokerage sales)
	<input type="checkbox"/> 1099-G (unemployment)	<input type="checkbox"/> 1098 (mortgage interest)	<input type="checkbox"/> Property Tax Bills Paid in 2024
	<input type="checkbox"/> 1098-T (tuition)	<input type="checkbox"/> 1098-E (student loan interest)	<input type="checkbox"/> 1095-A (marketplace ins.)
	<input type="checkbox"/> 1099-SA (HSA distributions)	<input type="checkbox"/> 1099-MISC (other income)	<input type="checkbox"/> 1099-NEC (nonempl. comp)
	<input type="checkbox"/> 1099-K (card payments)	<input type="checkbox"/> Schedule K1 (entity income)	<input type="checkbox"/> 1099-C/A (debt forgiveness)

Personal Information					
Check All That Occurred In 2024	<input type="radio"/> Married	(Date:)	<input type="radio"/> Taxpayer Deceased	(Date:)	
	<input type="radio"/> Divorced	(Date:)	<input type="radio"/> Spouse Deceased	(Date)	
Please list any significant changes in 2024 (ex: new dependents, retired, started a business, moved, etc.)					
Taxpayer			Spouse		
Name			Name		
Occupation			Occupation		
Blind or Disabled?	<input type="radio"/> Legally Blind	<input type="radio"/> Disabled	Blind or Disabled?	<input type="radio"/> Legally Blind	<input type="radio"/> Disabled
SSN & Date of Birth	- - / /		SSN & Date of Birth	- - / /	
Phone No. & Type	<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work		Phone No. & Type	<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	
Taxpayer's Email			Spouse's Email		
Address					
City			State	ZIP	
Preferred Tax Refund Method (if entitled to a refund)			<input type="radio"/> Direct Deposit ¹	<input type="radio"/> Receive Check in Mail	
1 – Please include a voided check when you provide us with your tax documents. If you are unable to provide a voided check, you must provide the full account and routing numbers. You are responsible for providing accurate banking information and reviewing the banking information listed on your return prior to signing.					

In 2024, Did You...?

- | | |
|--|--|
| 1. Obtain insurance through a health insurance marketplace? (if yes, you <u>must</u> provide Form 1095-A) | 1. <input type="radio"/> Yes <input type="radio"/> No |
| 2. Distribute funds from an Health Savings Account (HSA)? (if yes, provide 1099-SA) | 2. <input type="radio"/> Yes <input type="radio"/> No |
| 3. Sell your primary residence? (if yes, complete "Sale of Primary Residence" section & provide the settlement statement from the sale <u>and</u> the original purchase of the home) | 3. <input type="radio"/> Yes <input type="radio"/> No |
| 4. Purchase a residence? (if yes, provide settlement statement from purchase of home) | 4. <input type="radio"/> Yes <input type="radio"/> No |
| 5. Make gifts to any person totaling more than \$18,000? (if yes, provide details of gift(s)) | 5. <input type="radio"/> Yes <input type="radio"/> No |
| 6. Receive (as a reward, award, or compensation) or sell, exchange, or dispose of a digital asset? | 6. <input type="radio"/> Yes <input type="radio"/> No |
| 7. Receive distributions from or was a grantor of (or transferor to) a foreign trust? | 7. <input type="radio"/> Yes <input type="radio"/> No |
| 8. Have an interest in (or authority over) a foreign financial account and the aggregate value of all foreign accounts exceeded \$10,000 (in USD) at any time during the year? | 8. <input type="radio"/> Yes <input type="radio"/> No |
| 9. Adopt a child? (if yes, provide details and if the child is determined by the state to have special needs) | 9. <input type="radio"/> Yes <input type="radio"/> No |
| 10. Change your state of residence? (if yes, provide dates you resided in each state) | 10. <input type="radio"/> Yes <input type="radio"/> No |
| 11. Travel more than 100 miles from home and stay overnight to perform duties as a National Guard Member/Reservist? | 11. <input type="radio"/> Yes <input type="radio"/> No |
| 12. Live or work in a foreign country? | 12. <input type="radio"/> Yes <input type="radio"/> No |

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Income			
Did You Have Income From...?	Provide	Did You Have Income From...?	Provide
<input type="radio"/> Y <input type="radio"/> N Wages	Form W2	<input type="radio"/> Y <input type="radio"/> N Interest	Form 1099-INT
<input type="radio"/> Y <input type="radio"/> N Social Security	Form 1099-SSA	<input type="radio"/> Y <input type="radio"/> N Dividends.....	Form 1099-DIV
<input type="radio"/> Y <input type="radio"/> N IRA/401(k)/Pension/Annuity Payments or Rollovers.....	Form 1099-R	<input type="radio"/> Y <input type="radio"/> N Stock Sales	Form 1099-B
		<input type="radio"/> Y <input type="radio"/> N Gambling	Winnings (W2G) & Losses
<input type="radio"/> Y <input type="radio"/> N Unemployment	Form 1099-G	<input type="radio"/> Y <input type="radio"/> N Debt Forgiveness.....	Form 1099-C or -A
<input type="radio"/> Y <input type="radio"/> N Self-Employment or Rent...	Page 5-6, or 7	<input type="radio"/> Y <input type="radio"/> N Partnership/S Corp.....	Schedule K-1
Other Income		You	Spouse
Property Sales (provide sales and purchase date/price; indicate if installment sale) .		Provide Settlement Statement	
Alimony Received (From:	Divorce Date:)	\$ _____	\$ _____
Alimony Paid (To:	Divorce Date:)	\$ _____	\$ _____
Jury Duty.....		\$ _____	\$ _____
Tips and Gratuities not Reported on your Form W2 (unreported tips).....		\$ _____	\$ _____
Other Income (please describe on separate sheet)		Provide Statement	

2024 Estimated Tax Payments				
Quarter	Federal Amount	Date Paid	State Amount	Date Paid
1 st Quarter	\$	/ /	\$	/ /
2 nd Quarter	\$	/ /	\$	/ /
3 rd Quarter	\$	/ /	\$	/ /
4 th Quarter	\$	/ /	\$	/ /

Dependents							
Children: Must: (1) be age 18 or younger, age 19-23 and a full-time student for at least five months during the year, or any age if permanently and totally disabled; (2) live with you for over half of the year, excluding temporary absences (special rules may apply for divorced parents); (3) not provide over half of their own support.				Months in Your Home	(If yes - bring statements from daycare provider) Daycare Expenses?	Divorce Decree Determines Who Claims Child?	
Full Name	SSN	Date of Birth					
	- -	/ /	/12	OY O N	OY O N		
	- -	/ /	/12	OY O N	OY O N		
	- -	/ /	/12	OY O N	OY O N		
	- -	/ /	/12	OY O N	OY O N		
Note: Please indicate if any of the children above have \$1,250 or more in unearned (investment) income in 2024.							
Other Dependents – Relatives or members of the household that meet certain income and support requirements that are not qualifying children (as described above).				Relationship to You	2024 Gross Income More than \$5,050?	Months in Your Home	% Support Received from You
Full Name	SSN	Date of Birth					
	- -	/ /	OY O N	/12	%		
	- -	/ /	OY O N	/12	%		

Retirement Plans and Individual Retirement Accounts (IRA)	
<input type="radio"/> Y <input type="radio"/> N	Did you convert a qualified retirement plan (ex: 401k) or a traditional IRA to a Roth IRA in 2024?
<input type="radio"/> Y <input type="radio"/> N	Did you inherit a qualified retirement plan or a traditional or Roth IRA in 2024?
<input type="radio"/> Y <input type="radio"/> N	If you are age 73 or older as of December 31 st , 2024, did you take your Required Minimum Distributions (RMD's) from your traditional IRAs and qualified retirement plans?
<input type="radio"/> Y <input type="radio"/> N	Did you (or will you, by April 15 th , 2025) contribute to a traditional IRA or Roth IRA for 2024? If yes: fill in amounts: Self: Traditional \$ _____ Roth \$ _____ Spouse: Traditional \$ _____ Roth \$ _____
<input type="radio"/> Y <input type="radio"/> N	Did you contribute directly from your traditional IRA to a charity? (must've been 70½ or older on contribution date)

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Education and Student Loan Expenses						
OY <input type="radio"/> N <input type="radio"/> Did you or your spouse pay any student loan interest? If yes: Provide Form 1098-E						
OY <input type="radio"/> N <input type="radio"/> Are you a K-12 teacher, counselor, instructor, principal, or aid and worked at least 900 hours during 2024? If yes: provide unreimbursed classroom expenses for: You: \$ _____ (max 300) Spouse: \$ _____ (max 300)						
College Student Name	Year in College (ex: freshman, junior, graduate student)	Was Student Ever Convicted of a Drug Felony?	Program Leads to a Degree?	Tuition Paid (Provide 1098-T)	Supplies & Books Required for Attendance	Room & Board
		OY <input type="radio"/> N <input type="radio"/>	OY <input type="radio"/> N <input type="radio"/>	\$	\$	\$
		OY <input type="radio"/> N <input type="radio"/>	OY <input type="radio"/> N <input type="radio"/>	\$	\$	\$
		OY <input type="radio"/> N <input type="radio"/>	OY <input type="radio"/> N <input type="radio"/>	\$	\$	\$
OY <input type="radio"/> N <input type="radio"/> Did you withdraw from an Education Savings Account (ESA) or a 529 Plan? If yes: Provide Form 1099-Q						
OY <input type="radio"/> N <input type="radio"/> Did you make a WI College Savings contributions? If yes: provide documentation and details of contributions						
OY <input type="radio"/> N <input type="radio"/> Did you pay WI K-12 private school tuition? If yes: provide expense documentation from school & year of students						

Health Savings Account (HSA)	
Type of High Deductible Health Plan (HDHP) Coverage on 12/31/2024 O <input type="radio"/> Self-Only O <input type="radio"/> Family O <input type="radio"/> No HDHP Coverage	
OY <input type="radio"/> N <input type="radio"/> Did you make distributions from an HSA during 2024? If yes: answer the questions below: 2024 HSA Distributions (provide Form 1099-SA) \$ _____ Were all HSA distributions used for qualifying medical expenses? OY <input type="radio"/> N <input type="radio"/>	
OY <input type="radio"/> N <input type="radio"/> Did you (or do you plan to before April 15 th , 2025) contribute to an HSA for 2024? If yes: fill in below. <u>Exclude</u> contributions made by your employers or under a cafeteria plan (your W2 report these in Box 12, Code W) Contributions: Self: \$ _____ Spouse: \$ _____	

Medical and Dental Expenses ¹			
Health, Vision, & Dental Insurance (<u>not</u> pre-tax ¹)	\$	Long Term Care Insurance for Taxpayer	\$
Medicare Insurance Premiums	\$	Long Term Care Insurance for Spouse	\$
Medicare Supplement Insurance	\$	Ambulances	\$
Doctors	\$	Dental Treatments	\$
Hospitals, Clinics, Laboratories	\$	Prescribed Medicines and Drugs	\$
Hearing Aids/Batteries	\$	Nursing Home/Assisted Living	\$
Eyeglasses/Contacts/Corrective Surgery	\$	Physical Therapy and Chiropractor	\$
Travel Expenses (airfare, parking, tolls, etc.)	\$	Lodging (limited to \$50/night per person)	\$
Medical Miles Driven (21¢/mile)	_____ miles	Other Expenses (provide separate list)	Provide List
¹ Medical expenses must exceed 7.5% of your adjusted gross income to be deductible. Health insurance and medical expenses paid with pre-tax dollars (ex: HSA, cafeteria plans) have already received a tax benefit, and are therefore not deductible as an itemized deduction.			

Housing Information			
If You Rented Your Residence			
Rent Paid (if Heat Utility Included)	\$	If you can claim the WI Homestead Credit (generally if household income <\$24,000), provide a rent certificate signed by landlord	
Rent Paid (if Heat Utility Excluded)	\$		
If You Owned a Residence			
	Taxes Paid in 2024 Provide Tax Bills	Mortgage Interest¹ Provide Form(s) 1098	¹ Home equity interest is no longer deductible, unless it was used for home improvements or to purchase the home secured by the loan. Provide details about home equity loans.
Primary Residence	\$	\$	
Secondary Residence	\$	\$	
Other Properties (not business or rental)	\$	Not Deductible	

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Sale of Your Primary Residence		
You	Spouse	<i>Reminder: Please bring settlement statements from the original purchase and the sale of this residence</i>
OY ON	OY ON	Did you own the home for at least two out of the previous five years leading up to the sale date?
OY ON	OY ON	Was it your principal residence for at least two out of the previous five years leading up to the sale date?
OY ON	OY ON	Did you sell a different residence within two years of the sale date, and excluded any gain from that sale?
OY ON	N/A	Since 2009, did you use the property for anything other than as a principal residence (ex: vacation home or rental property?) If yes: provide total days since 2009 it was <u>not</u> used as your principal residence.

Donations to Charitable Organizations	
Note: You must maintain substantiation for all donations, either by a bank record (ex: cancelled check) or a receipt from the charity. If a single donation is \$250 or more, a written acknowledgement of the donation must be received from the charity.	
Cash, Check, Credit Card: <i>(must be to a qualified charity; cannot be to an individual):</i>	
Churches or Synagogues	\$ _____
Other Type: _____	\$ _____
Other Type: _____	\$ _____
Noncash ^{1,2,3} : <i>list fair market value (FMV) and provide a list of items donated</i>	\$ _____
<i>If amount of noncash donations exceeds \$500, provide following for <u>all items</u>: 1) date acquired, 2) how you acquired the item (ex: purchased), 3) your cost/basis in the item, 4) condition of the item, and 5) how you determined the item's FMV.</i>	
Out of Pocket Expenses for Charitable Work:	\$ _____
Charitable Miles: _____ Miles x 14¢ =	\$ _____
1- Taxpayers are responsible for valuing their noncash donations	
2- Used clothing and household goods must be in "good condition" or better	
3- If a donation (or group of similar donations) is \$5,000 or more, you must include a qualified appraisal	

Energy Tax Credits			
The energy tax credits for purchasing and installing energy efficient property have been greatly expanded. If you installed energy efficient property listed below, you may qualify for a tax credit.			
<ul style="list-style-type: none"> Please contact the contractor, dealer, or manufacturer to determine if the purchase meets the IRS specifications for the product type. 			
	Clean Energy Expenses	Energy Efficient Improvements	Clean Electric Vehicles & Alternative Refueling Property
Potential Qualifying Property	Solar Panels, Fuel Cells, Geothermal Heat Pump, Solar Water Heaters, Wind Turbines, Battery Storage Technology.	Exterior Doors, Windows, Skylights, Insulation, Central Air, Furnaces and Hot Water Boilers, Biomass Stoves, Home Energy Audits.	Certain new and used electric vehicles purchased from a qualified dealership. Electric vehicle refueling property installed may also qualify.
Documentation to Provide	Total cost, description of property, date installed, and address installed.		Vehicle year, make, model, VIN, purchase date, purchase price, and purchase invoice. If you purchased refueling property, provide description, receipts, purchase price, and installation date.

Self-Employment Income Worksheet Instructions

Use one sheet per each self-employment activity (make additional copies as needed). Complete and **provide page 8 if you use a vehicle** for your business. **Do not include any personal expenses with your business expenses.** You may provide a profit and loss statement in lieu of the receipts and expenses section, but please complete all other sections.

Business Information		
Activity/Products Sold _____		
Business Name _____	EIN (if applicable) _____	
Address _____		
City _____	State _____	Zip Code _____
<input type="radio"/> Y <input type="radio"/> N	Did you make contributions to a self-employed retirement plan, such as a SEP IRA, SIMPLE IRA, or other qualified retirement plan for the 2024 tax year? If Yes: provide the amount contributed \$ _____	
<input type="radio"/> Y <input type="radio"/> N	Were you eligible to participate in any other employer's health insurance plan (including a spouse's plan) during any month of the year, even if you or your spouse chose to not participate?	
<input type="radio"/> Y <input type="radio"/> N	Did you start or purchase this business in 2024? If Yes: indicate date: / /24 <input type="radio"/> Started (or) <input type="radio"/> Purchased	
<input type="radio"/> Y <input type="radio"/> N	Did you end or sell this business in 2024? If yes: indicate date: / /24 <input type="radio"/> Ended (or) <input type="radio"/> Sold	
<input type="radio"/> Y <input type="radio"/> N	Did you make any payments requiring Forms 1099 to be filed? ¹ If yes: answer the next question below.	
<input type="radio"/> Y <input type="radio"/> N	Did you, or will you, file the required Forms 1099?	
1- Generally, payments totaling \$600 or more during the year made to individuals and noncorporate entities in the course of a trade or business must be reported. Common examples include non-employee compensation and rent.		

Receipts		
Gross Sales	\$	Provide all Form 1099's received (1099-NEC, 1099-MISC, 1099-K, etc.)
Returns & Allowances	\$	Gross Sales above should include amounts refunded to customers listed here
Other Income	\$	Do not include in Gross Sales above (examples: grants, cash back, etc.)
Sales Tax Collected	\$	Include <u>only</u> if included in Gross Sales above

Expenses			
Advertising & Promotion	\$	Phone & Internet – Provide total amount and business pct.	
Auto & Truck Expenses	Auto Wks. Pg. 8	a) Shop/Office Phone	\$
Bank Charges	\$	b) Cell: \$ X % Bus. =	\$
Commissions and Fees	\$	c) Internet: \$ X % Bus. =	\$
Credit Card (Merchant) Fees	\$	Printing	\$
Dues & Subscriptions	\$	Rent or Lease (<u>NOT</u> for your residence)	
Equipment Purchases/Sales	Equip. Wks. Pg 6	a) Vehicles, machinery, equipment	\$
Insurance Expense (do <u>NOT</u> include owner health insurance)		b) Real estate/other property	\$
a) Liability Insurance	\$	Repairs & Maintenance	\$
b) Fire & Casualty Insurance	\$	Software	\$
c) Workers' Compensation	\$	Subcontractors	\$
d) Other (describe):	\$	Supplies	\$
Interest Expense – Provide total amount and business pct.		Taxes & Licenses (<u>NOT</u> your income taxes)	\$
a) Mortgage (if you own a separate shop/office)	\$	Travel (only allowed for overnight trips)	\$
b) Business Lines of Credit	\$	a) Transportation (airfare, taxi's, etc.)	\$
c) Credit Card: \$ X % Business =	\$	b) Hotels/Lodging	\$
d) Other (describe):	\$	c) Meals	\$
Legal & Professional	\$	d) Parking & Tolls	\$
Meals with Business Purpose	\$	e) Other (describe):	\$
Office Expense & Postage	\$	Uniforms (<u>NOT</u> work clothes)	\$
Other (provide separate list with amounts)	Statement	Utilities (<u>NOT</u> for a home office)	\$

Wages, Payroll Taxes, and Employee Benefits			
Employee Wages (Provide W2/W3)		Employer Paid Health Insurance	\$
Payroll Taxes (Provide Payroll Tax Returns)		Employer Contributions to Pensions	\$

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Inventory Worksheet	
Complete this section if your business sells, resells, or manufactures goods or products.	
Valuation Method	<input type="radio"/> Cost <input type="radio"/> Lower of Cost or Market <input type="radio"/> Other (describe):
Cost of Goods Sold	\$ _____ 2024 Beginning Inventory, Including Raw Materials/Supplies
	\$ _____ Inventory Purchased for Resale
	\$ _____ Materials and Supplies Purchased to Manufacture Products
	\$ _____ 2024 Ending Inventory, Including Raw Materials/Supplies
<input type="radio"/> Y <input type="radio"/> N	Was there any change in determining cost or valuation between the beginning and ending inventory?

Home Office Deduction Worksheet	
Fill this section out if your area qualifies. To qualify, the area must be regularly and exclusively used:	
a) as the principal place of business (including administrative or management activities), or	
b) as a place to meet with clients/customers (even if not the principal location), or	
c) in connection with the business if the area is a separate structure from your personal residence, or	
d) used to store inventory/product samples -the exclusive use test is deemed to have been met if your business is a wholesale or retail business, your home is the only fixed location for the business, storage is regular, and space is separately identifiable.	
<input type="radio"/> Y <input type="radio"/> N	Does your area meet the criteria listed above? If yes , indicate the criteria met _____ (a-d) and size of: Business Area: _____ Sq. Ft. Entire Home/Structure: _____ Sq. Ft.
<input type="radio"/> Y <input type="radio"/> N	Was the area used as a home office for the entire year? If no : provide dates it was used below: Date Use Started: _____ / _____ /24 Date Use Ended: _____ / _____ /24

Home Expenses if Using Actual Expenses			
Skip this section if using simplified method - \$5 per square foot, limited to 300 square feet			
Real Estate Taxes (if you own)	\$ _____	Home/Renters Insurance	\$ _____
Mortgage Interest (if you own)	\$ _____	Utilities	\$ _____
Apartment/House Rent (if you rent)	\$ _____	Repairs & Maintenance	\$ _____
HOA or Condo Fees	\$ _____	Other Expenses (provide separate list)	_____

If this is the first year you are claiming actual expenses for your home office, please provide the initial cost of your home, plus cost of any improvements made since acquiring the home (ex: new roof, new driveway, new windows, etc.)

Day Care Providers Only	
Fill this section out if you operate a day care out of your home. Special rules apply to day care operators.	
<input type="radio"/> Y <input type="radio"/> N	Is your day care licensed through all applicable governments? <i>(Choose yes if not required to be licensed)</i>
_____	Total hours devoted to daycare activities during 2024 (include preparation/clean up time and hours of daycare operation)
_____	Sq. ft. available for daycare use (include storage areas and laundry areas used to wash day care clothes)
_____	Sq. ft. off-limits for daycare purposes (the space available plus space not available should equal the size of entire home)
Meals Served: _____	Breakfasts _____ Lunches _____ Dinners _____ Snacks

Equipment Worksheet*				
Description of Asset (Provide Additional Sheet if Necessary)	Date	% Bus. Use	Purchase Price	Fair Market Value**
	/ /	%	\$	\$
	/ /	%	\$	\$
	/ /	%	\$	\$
	/ /	%	\$	\$

*If you sold/abandoned an asset or converted an asset to personal use, please provide a description of the asset, the amount sold for (if any), the date the asset was abandoned/sold/converted, and the date originally acquired on a separate sheet.

**Provide the original purchase price in the "Purchase Price" column and the FMV of the asset on the date of conversion, if you converted an asset from personal use.

Rental Income Worksheet Instructions

Use one worksheet per rental activity (make additional copies as needed). Complete and provide page 8 if you use a vehicle for your rental activity. Complete all applicable sections thoroughly.

Rental Property Information				
Address _____				
City	State		Zip	
Type of Property	<input type="radio"/> Single-Family Residence	<input type="radio"/> Multi-Family Residence	<input type="radio"/> Short-Term Rental/Vacation	
	<input type="radio"/> Commercial Property	<input type="radio"/> Land Rental	<input type="radio"/> Other (Describe): _____	
Days of Property Usage	Days rented at fair value <i>Include days rented to a family member only if it is their main home and charged fair value rent</i>			_____
	Days occupied by you, a family member, or anyone not paying fair value rent <i>These are personal use days</i>			_____
	Days you spent at least 8 hours on repairs while not rented <i>Even if it is otherwise a personal use day (do not include in personal use days above)</i>			_____
	Days property was unoccupied <i>During the time unoccupied, was the property available for rent?.....</i>			OY <input type="radio"/> N <input type="radio"/>
	Total Days <i>(Should equal 366, unless property was placed in service or disposed of during year)</i>			_____
	OY <input type="radio"/> N <input type="radio"/>	Was this property placed into service during 2024? If yes: provide settlement statement from purchase.		
OY <input type="radio"/> N <input type="radio"/>	Was this property sold or taken out of service during 2024? If yes: provide settlement statement from sale			
OY <input type="radio"/> N <input type="radio"/>	Did you make any payments requiring Forms 1099 to be filed? ¹ If yes: answer the next question below.			
OY <input type="radio"/> N <input type="radio"/>	Did you, or will you, file the required Forms 1099?			
1- Generally, payments totaling \$600 or more during the year made to individuals and noncorporate entities in the course of a trade or business must be reported. Common examples include non-employee compensation (ex: electrician or plumber).				

Receipts			
Total Rent Received (include security deposits that became nonrefundable to the tenant)			\$ _____
Expenses			
Advertising & Promotion	\$ _____	Interest–Other (rental credit cards, etc.)	\$ _____
Auto & Truck Expenses	Auto Wks. Pg. 8	Repairs	\$ _____
Cleaning & Maintenance	\$ _____	Supplies	\$ _____
Commissions (AirBnB fees, VRBO fees, etc.)	\$ _____	Taxes (property taxes paid in 2024)	\$ _____
Insurance (homeowners, PMI, umbrella, etc.)	\$ _____	Utilities (reduce by tenant reimbursements)	\$ _____
Legal & Professional	\$ _____	Bank Fees (returned check fees, etc.)	\$ _____
Management Fees	\$ _____	HOA or Other Fees	\$ _____
Interest–Mortgage (provide Form 1098)	\$ _____	Other (provide separate list with amounts)	Provide Statement

Assets Placed Into Service ¹		
Description of Asset (Provide Additional Sheet if Necessary)	Date	Purchase Price
	/ /	\$ _____
	/ /	\$ _____
	/ /	\$ _____
	/ /	\$ _____

¹Please list all purchases made during the year that have a useful life of greater than 1 year (examples: replace roof, replace driveway, new appliances, replace siding, replace flooring/carpeting, etc.). Attach an additional sheet if needed.

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Automobile Worksheet Instructions

Complete this page for each business or rental activity in which you use an automobile. If you have multiple activities, fill one out for each activity. **You must maintain a written (or electronic) record of your vehicle mileage, otherwise your deductions will be disallowed by the IRS.**

This worksheet belongs to the following activity: _____ (list the business or rental activity)

Auto Deductions

There are two methods to determine the deduction for vehicles used for business: (1) actual expenses, or (2) a standard mileage deduction (67¢ per mile for 2024). Auto deductions are allowed for business use of your vehicle for travel between work locations and certain commuting trips (see below).

Commuting Mileage

Generally, commuting mileage is not considered business mileage. Three exceptions include: (1) your travel between home and a temporary work location (lasts less than one year) outside of your metropolitan area, (2) your travel between home and a temporary work location (last less than one year) within the same metropolitan area if you have one or more regular work locations away from your home, or (3) your travel from your home to any work location if your home is your principal place of business for administrative or managerial work. The mileage must be for the same trade or business. All other commuting mileage is considered personal and nondeductible.

Vehicle	Vehicle #1	Vehicle #2
Fill in Below for All Vehicles		
1) Vehicle Year, Make, & Model	_____ Miles	_____ Miles
2) Miles driven this year: Business	_____ Miles	_____ Miles
Personal.....	_____ Miles	_____ Miles
Total 2024 Miles	_____ Miles	_____ Miles
3) Interest paid on vehicle.....	\$ _____	\$ _____
4) Parking fees & tolls for business purposes	\$ _____	\$ _____
5) Did you sell or trade in this vehicle in 2024?	5) OY O N	5) OY O N
6) Do you have evidence to support business use?.....	6) OY O N	6) OY O N
7) If yes, is your evidence written?	7) OY O N	7) OY O N
8) Was this vehicle available for personal use?	8) OY O N	8) OY O N
9) Was a different vehicle available for personal use?.....	9) OY O N	9) OY O N
Recordkeeping: Your vehicle expenses will not be allowed without adequate records or sufficient evidence verifying the business use of your vehicle. You are responsible for keeping detailed records of vehicle usage to support your deduction.		
Fill in Below If you Started Using the Vehicle During the Year		
10) Date Vehicle First use for Business.....	_____ / _____ / _____	_____ / _____ / _____
11) Cost of Vehicle & Date Purchased	\$ _____ / _____ / _____	\$ _____ / _____ / _____
12) Weight of Vehicle (in pounds).....	_____ lbs.	_____ lbs.
13) Was this vehicle converted from personal use?.....	13) OY O N	13) OY O N
14) If yes, what was the fair market value of vehicle?.....	\$ _____	\$ _____
Fill in Below if you Know you will Use Actual Expense Method		
15) Gas/Oil	\$ _____	\$ _____
16) Insurance	\$ _____	\$ _____
17) Repairs, Maintenance, Car Washes	\$ _____	\$ _____
18) Tires & Supplies.....	\$ _____	\$ _____
19) Tags & Licenses.....	\$ _____	\$ _____
20) Lease payments (if leased vehicle)	\$ _____	\$ _____
21) Other (describe)	\$ _____	\$ _____