

2024 Tax Organizer Personal Information

REQUIRED INFO

Personal Information

	Name	SSN	Has IP PIN	Date of Birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2024

Single Married Widowed - If widowed and your spouse died after December 31, 2022, enter the date of death _____

Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2024? _____

Yes No

Are you or your spouse blind?

Are you or your spouse disabled?

Are you or your spouse a full-time student?

Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

At any time during 2024 did you:

(a) receive (as a reward, award, or payment for property or service) a digital asset?

(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID

Driver's license State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

Driver's license State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2024 appointment is scheduled for _____

Dependent and Other Information

REQUIRED INFO

Name:

SSN:

Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses

List dependents required to file a return _____

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2023						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Important: Please tick this box if you made no quarterly estimated tax payments

Kevin Strel Tax Preparation
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Phone: (206)463-4628 | Fax: (206)463-1803

January 27, 2025

ENGAGEMENT LETTER

This engagement letter outlines the terms of our engagement with you to prepare your tax return(s).

We depend on you to provide the information we need to accurately prepare your tax return. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. Because of this, our work should not be relied on to discover errors or illegal acts, however we will inform you of any issues we do find.

We will use our judgment to resolve questions in your favor where a tax law is unclear, provided there is substantial support for doing so. If there are conflicting interpretations of the law, we will outline your options and follow the one you request, provided it fits with our understanding of the law. If the IRS later contests the position taken, additional tax, penalties, and interest may be assessed. We assume no liability, and you hereby release us from any liability for such additional tax, penalties, interest, and related professional fees.

This engagement will conclude upon e-filing, or delivery of your tax return if you must mail it in. This engagement does not include responding to inquiries or audits by any governmental agency or tax authority. If your tax return is selected for examination, you may request our assistance in responding to such an inquiry. This work will be invoiced separately.

Signing and E-Filing your return

Per IRS Requirements, we will generally e-file your returns for you after you review and sign. In those rare situations where the return must be mailed, we'll supply an extra copy for this purpose. You will be solely responsible for mailing this in to the IRS.

After filing your return

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location for at least 7 years. We'll generally answer the occasional informal tax question during the year without charge, however we'll need to invoice for the work if the questions are frequent, or require work or research to answer.

Organizers

An organizer and a document checklist is enclosed to help you collect the data required for your return. By using it, you will minimize forgotten items, contribute to the efficient preparation of your return and help minimize the cost of our services.

Our Fees / Estimates

Fee estimates are based on initial assessments of the work required, and may change if we discover more work or bookkeeping is required. We'll let you know if there will be a significant change. Invoices are due and payable upon presentation.

Privacy Policy

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as required to prepare your taxes, or as requested by our clients. This can include client requests for non-tax related services, or as required by law. We restrict access to personal information concerning you, except to those who need such information to be able to provide our tax services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

To confirm your agreement for this engagement, please sign below.

Taxpayer	Date	Spouse	Date
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Kevin Strel Tax Preparation

PO Box 13440 | Burton, WA 98013

kevin@strel.com

Phone: (206)463-4628 | Fax: (206)463-1803

January 27, 2025

Consent to disclosure of tax return information

Federal law requires this consent form to be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. In addition to tax preparation services, this firm provides tax planning services. These additional services cannot be provided without your consent. You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Consent to Use

I consent to the use of my tax information for purposes other than preparing my tax return. I consent for you to communicate with me via e-mail, phone, or other means with information and recommendations that may be of use to me, including but not limited to:

Advisory services relating to and planning for events in my life that have tax consequences such as college, investment transactions, marriage, divorce, and retirement. This generally includes forecasting potential tax obligations and their estimated tax payment requirements.

Services related to retirement planning, Social Security planning, minimum required distributions from retirement accounts, and other retirement related issues.

Services related to the tax considerations of buying, selling and exchanging property including stocks, bonds, and real estate.

By signing this form, you expressly consent to the use of your tax information for the purposes of providing these auxiliary tax and financial services for you. I understand the firm is using tax information furnished by me to provide me with the services listed here.

I also understand that I may terminate this consent at any time by providing a written request for termination. Except upon approval by me or as required by law, the firm will not disclose my confidential tax information to any other person or for any other purpose other than the preparation of your tax return. I also acknowledge that I have read and understand the firm's privacy policy provided separately.

Sincerely,
Kevin Strel
Kevin Strel Tax Preparation

Accepted By:

Taxpayer

Date

Spouse

Date

Checklist

Name:

SSN:

Checklist

This checklist is provided to help you gather necessary information for us to prepare your 2024 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2023 tax year.

General Information and Prior Year Documentation

- Proof of identity for those claimed on the return (driver's license or state issued ID, Social Security card, birth certificates for children. etc.)
- Income tax returns from the prior two years
If there were losses from business activities in prior years, include prior five years of returns instead of two
- Depreciation schedules from prior years for businesses, rentals, etc.

Current Year Income Documentation

- Wage and tax statements (Form W-2)
- Gambling income (Form W2-G)
- IRA distributions, pensions, and annuities (Form 1099-R)
- Dividend income (Form 1099-DIV)
- Interest income (Form 1099-INT)
- Miscellaneous income (Form 1099-MISC)
- Nonemployee compensation (Form 1099-NEC)
- Unemployment compensation and other government payments (Form 1099-G)
- Credit card, debit card, and third-party network transactions (Form 1099-K)
- Reportable payment transactions
- Social Security benefits (Form SSA-1099)
- Railroad retirement benefits (Form RRB-1099)
- Income from partnerships, S corporations, estates, and trusts (Schedule K-1)
 - Basis information for any partnerships and S corporations
- Documentation of brokerage transactions and disposition of capital assets (Form 1099-B)
- Proceeds from real estate transactions (Form 1099-S)
- Self-employed business income (Schedule C)
- Farm income (Schedule F)
- Farm rental income (Form 4835)
- Income from rental real estates and royalties (Schedule E)

Other Income (provide supporting documentation for income received for the following items)

- Sale of assets or property
- Cancellation of debt
- Other income _____

Payments (provide supporting documentation for payments made for the following items)

- Educator classroom expenses
- Contributions to a Health Savings Account not connected to your employment.
- Alimony
- Student loan interest
- Student loan forgiveness
- Tuition and fees for higher education
- Expenses related to child or dependent care
- Contributions to a Retirement Savings Account
- Medical and dental expenses
- Real estate taxes
- Other state and local taxes
- Mortgage interest
- Investment interest
- Cash contributions

Checklist

Name:

SSN:

Checklist

- Noncash contributions (provide organization name)
- Gambling losses
- Other payments _____

You'll need at least \$14,600 single, or \$29,200 married in these types of expenses to exceed the standard deduction. Skip this section if you don't think your total will reach this amount.

Medical and Dental Expenses

Health insurance premiums (paid by you, not through work)
Amount above that is for Medicare premiums
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Out of pocket medical & dental expenses
Doctor, dental, etc
Prescription medicines
Glasses & contacts
Hearing aids
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other
Other

Taxes Paid

State and local income taxes
General sales tax (vehicle, boat, home, etc.)
Real estate taxes
Personal property taxes
Auto registration taxes not deductible for state
Other taxes (list)

Interest Paid

Home mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home.
Home mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Points not reported on Form 1098
Investment interest

Charitable Contributions

Donations to charity
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument
Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Union dues
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other
Home equity interest

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS Professional product or service Employer ID number

Business name

Business address, city, state, ZIP

Accounting Method: Cash Accrual Other (specify)

This business started or was acquired during 2024. This business was disposed of during 2024.

Select if this business is for:

Professional gambler Newspaper delivery and you are under 18 years of age
Exempt Notary income A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
If "Yes," did you file Forms 1099 for the individuals?
Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
If "Yes," was any portion of the loan forgiven in 2024?

Income

Table with 2 columns: 2024, 2024. Rows: Gross receipts or sales, Other income, Returns & allowances.

Expenses

Table with 2 columns: 2024, 2024. Rows: Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, Employee benefit programs, Insurance (other than health), Interest - mortgage, Interest - other, Legal & professional services, Office expenses, Pension & profit-sharing plans, Rent or lease (vehicles, machinery, & equipment), Rent (other business property), Repairs & maintenance, Supplies, Taxes & licenses, Travel, Total meals, Utilities, Wages, Family health coverage payments for taxpayer, spouse or dependents, Other expenses (list).

Cost of Goods Sold

Table with 2 columns: 2024, 2024. Rows: Inventory at beginning of year, Materials & supplies, Purchases, Other costs, Cost of personal use items, Inventory at end of year, Cost of labor, There was a change in inventory method.

Expenses Related to Self-Employment

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | | | | |
|--------------------------|--------------------------|---|--------------------------|---|
| Yes | No | | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Was this vehicle available for use during off-duty hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Was another vehicle available for personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | Do you have evidence to support your deduction? |
| | | | | If "Yes," is the evidence written? |

Mileage

Number of miles the vehicle was driven during 2024

Business	_____	Other	_____
Commuting	_____		

Expenses

Garage rent	_____	Repairs	_____
Gas	_____	Tires	_____
Insurance	_____	Tolls	_____
Licenses	_____	Lease addback	_____
Oil	_____	Other expenses	
Parking fees	_____		
Rental fees	_____		
Interest	_____		
Property tax	_____		

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest	_____	_____
Real estate taxes	_____	_____
Excess mortgage interest	_____	_____
Excess real estate taxes	_____	_____
Insurance	_____	_____
Rent	_____	_____
Repairs & maintenance	_____	_____
Utilities	_____	_____
Other expenses	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

TSJ _____

Property description _____

Address, city, state, ZIP _____

Select the property type

- Single family residence Vacation / short-term rental Land Self-rental
- Multi-family residence Commercial Royalties Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- This property was placed in service during 2024. Yes No
- This property was disposed of during 2024. Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.
- This property is your main home or second home. If "Yes," did you file Forms 1099 for the individuals?
- This property was owned as a qualified joint venture.

Income

	2024	2024
Rent income	_____	_____
Royalties from oil, gas, mineral, copyright or patent	_____	_____

Expenses

	Rental Unit Expenses	Rental and Homeowner Expenses	
Advertising	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel	_____	_____	
Cleaning & maintenance	_____	_____	
Commissions	_____	_____	
Insurance	_____	_____	
Legal & professional fees	_____	_____	
Management fees	_____	_____	
Mortgage interest	_____	_____	
Other interest	_____	_____	
Repairs	_____	_____	
Supplies	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Taxes	_____	_____	
Utilities	_____	_____	
Depletion	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Other Information

Name:

SSN:

Health Savings Account

TS _____

Do not include contributions made through your employer. These will be noted on your W-2

The taxpayer's coverage is under a high-deductible health plan for:

Taxpayer only Family

2024

HSA contributions made for 2024 _____

Total distributions from all HSAs during 2024 _____

Distributions included above that were rolled over into another account _____

Qualified medical expenses paid using HSA distributions _____

Education Expenses Provide all copies of Form 1098-T

Student name _____

Student name _____

Type of Expense	Amount	Type of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____

Student name _____

Type of Expense	Amount	Type of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job-related Moving Expenses - MILITARY AND HAWAII RESIDENTS ONLY

T SJ _____

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2024

Number of miles from old home to old workplace _____

Number of miles from old home to new workplace _____

Expenses to transport and store household goods and personal effects _____

Travel and lodging expenses while traveling to your new home _____

Questionnaire

Name: _____

SSN: _____

Questionnaire

Personal Information

Yes No

- Did your marital status change during the year?
If "Yes," explain. _____
- Did your name change during the tax year?
If "Yes," explain. _____
- If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2024?
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?
- Were you, your spouse, or any dependents a victim of identity theft?
If "Yes," explain. _____
- Were you, your spouse, or any dependents issued an IRS ID Protection PIN (IP PIN)?
If "Yes," provide the new PIN, which the IRS mails out each January

Dependent Information

Yes No

- Did you have any changes in dependents during the year?
If "Yes," explain. _____
- Can another person qualify to claim any of your dependents?
- Did you have any child or dependent care expenses during the year?
- Did you have any children under age 18 or a full-time student under age 24 with more than \$2,600 of unearned (investment) income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

- Did any member of your household have healthcare coverage through the ACA Marketplace (Obamacare)?
If "Yes", provide 1095-A, available only as a download from wahealthplanfinder.org
- Did you receive any distributions from a Health Savings Account (HSA) or (MSA) during the year?

Income, Purchases, Sales, and Debt Information

Yes No

- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you sell, exchange, or purchase any real estate during the year? If "Yes" please provide the closing statement
- Did you have any debts canceled or forgiven this year?
- Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell vehicle, qualified commercial clean vehicle) during the year?
If "Yes," provide the report the dealer or seller is required to provide to you and the vehicle identification number (VIN).
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If "Yes," attach Form 1099-K.
- Did you receive any other income you have not provided information for with this organizer?
If "Yes," explain. _____

Questionnaire

Name:

SSN:

Questionnaire

Itemized Deduction Information

SAVE YOURSELF SOME WORK

Generally, you'll need at least \$14,600 single, or \$29,200 married in these types of expenses to exceed the standard deduction.

If you think you will exceed this amount, please complete the itemized deduction page later in this organizer.

Otherwise, skip it.

Yes No

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?

Retirement Information

Yes No

- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year? Do not include amounts connected with your W-2 paycheck.
- Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

Yes No

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependents during the year?
If "Yes," provide the amount of interest that was refunded.

Foreign Tax Information

Yes No

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- Did you have ownership in a foreign corporation at any time during the year?
- Did you own property in a foreign country?

Questionnaire

Name:

SSN:

Questionnaire

Refund, Withholding, and Estimated Tax Information

Yes No

Did you make any estimated payments toward your 2024 taxes?

Please enter these amounts on the estimates page in the organizer.

Yes No

Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset or Cryptocurrency?

Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?

Did you make gifts to any one person in excess of \$18,000 during the year?

Did you make any energy-efficient improvements to your main home during the year? These are items such as heat pumps, wood stoves, windows and doors.

Did you receive any notices from the IRS or state taxing authority?

If "Yes," explain. _____

Preparer Notes