

2024 TAX ORGANIZER

Personal Information

YOUR NAME _____ DOB _____ SS# _____

YOUR SPOUSE _____ DOB _____ SS# _____

ADDRESS _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____ Work Phone _____

(Call my) Cell _____ Home _____ Work _____ After _____ E-Mail Address _____

Filing Status

MARRIED _____ SINGLE _____ HD OF HOUSEHOLD _____

DIGITAL ASSETS: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Yes _____ No _____

DEPENDENTS

NAME	DOB	SS#	NAME	DOB	SS#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

INCOME (PLEASE INCLUDE W-2, 1099, INTEREST INCOME, DIVIDENDS ETC)

Source _____ Amount _____ Source _____ Amount _____

Source _____ Amount _____ Source _____ Amount _____

Other Income (CHECK ALL THAT APPLY) (PLEASE PROVIDE INFORMATION FORMS)

Income tax refund (Fed) _____ State _____ Partnerships _____ Alimony received _____ Self-Employed _____

Pension _____ Sale of Property _____ Rental Property _____ IRA Distribution _____

Unemployment _____ All 1099's _____

CLAUDE BOOSKA TAX
8690 NW 160th ST
FANNING SPRINGS, FL 32693-7017
OFFICE: 813-967-0644 FLORIDA CELLPHONE: 352-888-1169 FAX: 352-658-2047

ITEMIZED DEDUCTIONS (Include Supporting Documentation)

Medical expenses _____ Contributions _____ **Interest Paid** _____ **Taxes** _____
Medical Insurance premiums _____ Church _____ 1st Mortgage _____ Property taxes _____
Doctors/Dentist _____ Misc. cash _____ 2nd Mortgage _____ Car **Ad Volorem TAX** _____
Insurance Reimbursement _____ Other Donations _____ Student Loan _____
Buy/Sell home _____ **(Need settlement statement)**
Child Care _____ SS# or Fed I.D. # of Care Provider _____ Amount you paid _____ employer paid _____
Care Provider Name _____ Care Provider Address _____

____ Purchased IRA amount _____ Regular _____ Roth _____ Education _____ Converted to Roth _____ (provide details)

____ Contributed to SEP or other personal retirement **(excluding through employer)**

SPECIAL NOTES:

Need mileage logs for business use miles (MANDATORY) 1/1 thru 6/30 _____ 7/01 thru 12/31 _____

Need all expenses deductions listed for business, any related deductions claimed (Need to keep copy on file)

Please check box:

(Quickest) Direct Deposit _____ Check from IRS _____

Bank Information:

Name of Bank _____ (What kind of account?) Checking Account _____ (or) Savings Account _____

Routing Number # _____ Account Number # _____

All preparation fees are due upon completion of tax return.

I will be paying by: (CHECK ONE)

Zelle _____ Check _____

Venmo (add 3.5% if paying as service) _____ Debit/Credit Card (add 3.5%) _____

***PLEASE NOTE THE FULL PREPARATION FEE FOR EXTENSIONS PLUS (\$50)**

MUST BE PAID AT TIME OF REQUEST*

CLAUDE BOOSKA 8690 NW 160th ST FANNING SPRINGS, FL 32693-7017
OFFICE: 813-967-0644 FAX: 352-658-2047
EMAIL: Claude@Claude.tax OR CALLCLAUDE@MSN.COM