ph 303-598-4413 fax 303-374-5665

https://knightaccounting.smartvault.com/

email cpa@cpamichele.com

NOTES: 1) It is your responsibility to retain receipts and backup for all tax items & expenses for at least 7 years.

- 2) Please upload all docs at one time, not piecemeal, to Client Source Docs folder at https://knightaccounting.smartvault.com/. Please email us once you are finished with your upload, so we know we have all your docs to get started.
 - 3) Please do not send 5498 forms, 1095-B or C, receipts, annual statements or anything not specifically requested.

lame	Taxpayer					Spouse	
			1	Name			
SN			1	SSN			
Occupation			4	Occupation			
Date of Birth				Date of Birth			
mail				Email			
Cell Phone #				Cell Phone #			
Driver's License: State, License	ense # Issue Da	te Exp Date	1		ense: State Lice	ense #, Issue Da	te Exn Date
Differ 5 Election state, 2.5	2113C 11, 133GC 2G	ic, Exp Bace	1 <u>j</u>	Dilver 5 E.S.			ic, Exp Date
If anyone listed on this ret	urn has an Ident	rity Protection F	DINI accioned by t	he IRS nlease	report that in t	the Notes sectio	n helow, or
Il aliyone iistea on tilis ret	alli ilas ali iaciic		by of the letter f		Teport that his	HE NOTES SCOTIC	JII DEIOW, Ci
		provide a cop	Ty Of the fetter	Official and			
Mailing Address (city, state, z	ip):						
Direct Deposit Info:		. , '			1		
Sank Name		Routing #		Control Devel	Account #		
f you want your refund split	Detween pank a	CCOUNTS OF USEA	J to purchase oc	Savings pond.	s, piease note i	below.	
							· · · · · · · · · · · · · · · · · · ·
D de untel Nie.		C		Data a	^ =+ · · I	. 42/24/24	Lives with
Dependents' Nai	ne		SN	Date o	of Birth	Age 12/31/24	50% OF THE
				·	•		
o any dependents have earr	ied income > \$1	3,850 or investi	ment income > .	\$1,250? ir yes,	do you neeu u	ıs to prepare a ı	ax returns
or Daycare and Summer/Spo							
	w if you need m		•	•	.=,		
Child	Provider	r's Name	Provider's	Address	Tax ID#	Amount Paid	ı
			<u> </u>				
							•
ar Callaga 9. Grad Students		Savings Rond !	Info				
or College & Grad Students: * Attach 1098	-T 1099-O and		11110			O41 F	
	B-T, 1099-Q, and # of vear's co	_			Tuition Paid	Otner Exp	
* Attach 1098	# of year's co	mpleted as of	Name of	School	Tuition Paid in 2024	Other Exp Paid in 2024	
	# of year's co	_	Name of	School		•	
* Attach 1098	# of year's co	mpleted as of	Name o	^f School		•	
* Attach 1098	# of year's co	mpleted as of	Name o	^F School		•	
* Attach 1098 Student	# of year's co 12/3	mpleted as of 31/23	Name o	^f School		•	
* Attach 1098	# of year's co 12/3	mpleted as of 31/23	Name o	^f School		•	
* Attach 1098 Student Total Annual Contributions	# of year's co 12/3 to Colorado Sta	mpleted as of 31/23	Name o	^f School		•	
* Attach 1098 Student Total Annual Contributions any notes on items listed on	# of year's co 12/3 to Colorado Sta	mpleted as of 31/23	Name o	^f School		•	
* Attach 1098 Student Total Annual Contributions	# of year's co 12/3 to Colorado Sta	mpleted as of 31/23	Name o	^f School		•	

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INCOME SOURCES - Please include copies of the following source documents:

W-2 Wages or W-2G Gambling Income, SSA-1099 (Social Security Statement)

1099-R (pension), 1099-MISC (miscellaneous), 1099-INT (interest), 1099-DIV (dividends), 1099-G (government payments)

1099-B: Stocks, Bonds, Real Estate - must provide Purchase Price & Date, Sales Price & Date

Schedule K-1: Partnerships, S Corporations, Trust or Estate

Other Income: Alimony, jury duty, tips, prizes, awards, unreported tips, 1099-K (New for 2024)

1095-A from Connect for Health (or state health insurance) Marketplace (1095-B and 1095-C are NOT needed)

ESTIMATED TAX PAYMENTS - only list amounts you paid to the IRS and state on 2024 estimated tax vouchers

- do not include amounts paid towards 2023 or prior year taxes
- do not include items paid or withheld through payroll, W-2, 1099 or other withholdings

	Date	Amount	Date	Amount	Date	Amount	Date	Amount
Federal		\$ -		\$ -		\$ -		\$ -
State		\$ -		\$ -		\$ -		\$ -

State \$ - \$ - \$ - \$ - \$ - HEALTH SAVINGS ACCOUNTS - do not include amounts listed on your W-2, only those made out of pocket Taxpayer's Contribution Spouse's Contribution

HSA Out of Pocket Contribution Amt
Was this a high deductible health plan?
Was this plan for an individual or family?

\$	-	\$	-
	yes / no		
	Individual	/	Family
•			

RETIREMENT CONTRIBUTIONS

Cost

- do not include amounts listed on your W-2, only those made out of pocket

Trad'l IRA Contributions ALREADY made for 2024 Roth IRA Contributions ALREADY made for 2024 SEP Contributions ALREADY made for 2024

	raxpayer's Contribution	spouse's contribution	Date Made
,	\$ -	\$ -	
,	\$ -	\$ -	
,	\$ -	\$ -	

If you want Knight Accounting to calculate your allowable contributions, please make note below of how much you plan to contribute before 4/15/2025 (or just write "MAXIMIZE")

Student Loan Interest Deduction	- do not include interest statem	- do not include interest statements from student loan companies					
Loan Company Name	Taxpayer's Int	Spouse's Interest Paid					
	\$	-	\$	-			
	¢	_	Ċ	_			

Did you receive, sell, send, exchange or acquire any interest in any virtual currency?

Do you have any foreign bank accounts that total \$10,000 or more?

If yes, did you complete the required FBAR disclosure forms to avoid IRS penalties?

Description

If taxpayer/spouse is a K-12 educator, did you spend \$300 or more on supplies?

	,	yes	/	no	
	,	yes	/	no	
. '	_				

Did you add central air, boiler/furnace/fan, insulation, roof, water heater, or windows/doors to your home that were eligible for the

Residential Energy Credit? Visit energy.gov/save to comfirm eligibility.

Did you purchase an Electric or	Hybrid Vehic	cle? Ple	ase provid	de copy of sales invoice & registration.	yes / no
Amount of alimony paid?		\$	-	Recipient's SSN	
Amount of alimony received?		\$	-	Payor's SSN	
Date of Divorce					
Did you adopt a child?	yes / no		Total	adoption expenses incurred? \$	-

NOTES:

Mailing Address:

2024 Individual Tax Organizer

ph 303-598-4413 fax 303-374-5665

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ITEMIZED DEDUCTIONS		Actuals only, estimates are n	ot acceptable.	
MEDICAL EXPENSES: (only list if you feel they	may exceed 7.5% of your inco	ome, or if you are self-employ	ed)	
Prescription Drugs \$	-	LongTerm Care-taxpayer	\$	-
Doctors, Dentists \$	-	LongTerm Care-spouse	\$	-
Hospitals, Clinics \$	-	Medical Eqpt & Supplies	\$	-
Eyeglasses, Contacts \$	-		-	
Insurance Premiums paid out of pocket		# Miles Driven for Medical		
\$ - (do not include	e Medicare or premiums paid	through an employer or pay	check)	
TAXES:				
Do you claim a home office for business? (If y	ves. complete page 2 of smal	l business organizer)		yes / no
Real estate taxes paid on principal residence	,, p p	\$	_	, , , , ,
Real estate taxes paid on add'l homes or land	(NOT RENTAL PROPERTIES)	\$	_	
Car Registration Taxes	\$ -]		4
Total sales tax paid on large purchases (if grea	ater than state income tax pai	d) \$	_	
	·			4
HOME MORTGAGE INTEREST - Please include	· · · · · · · · · · · · · · · · · · ·	loan:		
Mortgage Lender/Bank	Interest Paid	1		
	\$ -			
	\$ -	4		
	\$ -]		
B B				
Points Paid on Mortgage \$	- Date Paid	Length o	f Mortgage	
* CHARITABLE CONTRIBUTIONS: Attach list if a	add'l space is needed. Please	include whether you itemize	or not.	
_	-	nd receipts, but keep for you		
Name of Charity	\$ donated	Name of Chari	ty	\$ donated
	\$ -			\$ -
	\$ -			\$ -
	\$ -			\$ -
	\$ -	# Charitable Miles D	riven?	
NON-CASH: Salvation Arm	y Donation Guide posted on y	www.cpamichele.com, under	Downloads	
NON-CASH. Salvation Arm	ly Dollation Guide posted on	Est. Thrift	Est. Purch	
Charity Name	and Address	Store Value	Price	Date Donated
·		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
NOTES:				