

**2024 PERSONAL INCOME TAX ORGANIZER  
COMPREHENSIVE ACCOUNTING SERVICES**

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**Please return this form in an envelope marked "Attn: Tax Department" to ensure processing is not delayed**

The information required on this form is pertinent to the preparation of your INCOME TAX RETURN and relates to you and your family personally, and not to your business operations. Please complete and return to us as soon as possible, BUT NO LATER THAN MARCH 7th 2025. **WE MUST HAVE THIS SIGNED AND COMPLETED DATA SHEET TO PREPARE YOUR TAX RETURN.** You are cautioned that paid bills and cancelled checks claimed by you as deductions herein, must be preserved for a period of at least three years from the date the return is filed. Do not claim as deductions any bills that have not been paid during the year unless they were charged to your credit card before the year end. If we may be of assistance to you in preparing this form, kindly call us at the number above.

Your Full Name	For New Clients Only S.S. # - -	Birthdate / /
Spouses Full Name	For New Clients Only S.S. # - -	Birthdate / /
Mailing Address _____ City _____ State _____ Zip _____	Home Phone Number _____ ( ) - Cell Number _____ ( ) -	Work Number _____ ( ) -
Your Occupation	Spouse's Occupation	
<b>Identity Protection PIN</b> , if you received a PIN from the IRS, <b>please mail the letter</b> with your other information. If you were issued one, we must have it to e-file your returns, otherwise, they will be rejected.  Marital status at 12/31/2024 _____ Single _____ Married _____  County and School District _____		
E-mail Address _____  Check if legally blind (H) Yes _____ (S) Yes _____  Check if \$3 to campaign fund Yes _____ No _____  Do you want any refunds direct deposited? Y N <b>If yes, please attach a voided check for the account.</b> <b>If bank account is the same as last year, check here</b> _____		

**The state is asking for driver's license or state ID info to help cut down on identity fraud. Please fill in the information below or check one of the boxes if you are not going to furnish this info. Not providing this info WILL slow down any refunds. Disregard this if you provided this information last year and you ID didn't expire during the year.**

Taxpayer's **DRIVER'S LICENSE** or **STATE ID** (circle one) # \_\_\_\_\_ Issuing State \_\_\_\_\_  
Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

Spouse's **DRIVER'S LICENSE** or **STATE ID** (circle one) # \_\_\_\_\_ Issuing State \_\_\_\_\_  
Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

- ☐ Mark this box if taxpayer doesn't have a license or ID. ☐ Mark this box if spouse doesn't have a license or ID.  
☐ Mark this box if the taxpayer has a license or ID but DECLINES to provide. ☐ Mark this box if spouse DECLINES to provide.

**DECLARATION :**

I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. Where business deductions shown, I acknowledge having spent these amounts and have kept a log of such activities, pursuant to section 274(a) and can fully substantiate such deductions.

<b>NOTE:</b> <b>PLEASE DO NOT FORGET YOUR SIGNATURE</b>
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Signature \_\_\_\_\_

Date \_\_\_\_\_

## DEPENDENTS

Name	Date of Birth	SOCIAL SECURITY NUMBER For New Dependents Only	RELATIONSHIP	MONTHS LIVED IN HOME	MONTHS AS A STUDENT

## HEALTH INSURANCE

If you were covered with health insurance through the Marketplace, we will need **FORM 1095-A**. We must have the form in order to complete your tax return.

If you had your 2024 health insurance through the “**MARKETPLACE**” and you are receiving, or expect a premium credit or subsidy, we will also need the income from all dependents listed on your tax return in order to calculate the credit.

## INCOME

### Review for the following:

**Foreign Bank Accounts?** Yes No If Yes and more than \$10,000, send details. **There are SUBSTANTIAL PENALTIES for not providing this information.**

——→ **CRYPTO/VIRTUAL CURRENCY:** At anytime during 2024, did you receive, sell, exchange or, otherwise dispose of any financial interest in any VIRTUAL CURRENCY? Yes No if yes, please send details of the transactions.

**Wages, Salaries, Tips, Etc.?** Yes No If YES, enclose ALL W-2's

**Interest and Dividends** (from Banks & Financial Institutions)? Yes No. If YES, enclose ALL 1099's

**Pensions or IRA Distributions?** Yes No If YES, enclose 1099R's

Did you **convert** or **rollover** a traditional **IRA** into a ROTH IRA? Yes No. If YES, enclose 1099R's

Did you receive **Alimony**? Yes No. If YES, how much did you receive? \$ \_\_\_\_\_

## OTHER INCOME

**Estates, Trusts, Partnerships or S-Corps?** (Enclose K-1's) Jury Duty Income \$ \_\_\_\_\_

**Tips** not reported to your employer? Yes No. If YES, how much did you receive? \$ \_\_\_\_\_

**Prizes & Awards?** Yes No. If YES, how much \$ \_\_\_\_\_

**State Tax Refund?** Yes No. If YES, how much \$ \_\_\_\_\_ If we did your '24 return, we will have this. \_\_\_\_\_

**Unemployment Compensation?** Yes No. If YES, how much \$ \_\_\_\_\_ and attach 1099G's

**Did your dependent child receive Unemployment?** Yes No. If YES, please attach 1099G's for each.

**Gambling Winnings?** Yes No. If YES, how much \$ \_\_\_\_\_ and attach W-2 G's

**Gains & losses from sale of property, stock, etc.?** Yes No. If YES, attach 1099B's

**Social Security?** Yes No. If YES, attach SSA 1099's and answer the two following questions:

**Rental Property Income?** Yes No. If YES, please call for form or download it at: [www.compacctg.com](http://www.compacctg.com) under Forms & Tools.

Did you have **any other income** from any other source such as a 1099-MISC? Yes No. If YES, enclose 1099s:

Type of work performed: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_

Total income would also include income not reported on a 1099.

Please detail any "ordinary and necessary" expenses associated with the above income below or on a separate sheet. If you want to use mileage for your vehicle, download our Business Use of Vehicle form at [www.compacctg.com](http://www.compacctg.com) under Forms & Tools.

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

## **INCOME ADJUSTMENTS**

Did you or your spouse contribute to a ( )REGULAR IRA, ( )ROTH IRA, ( )SIMPLE, or ( )KEOGH?

If YES, how much (You) \$ (Spouse) \$

Did you pay alimony? **Yes** **No.** If **YES**, how much \$ Recipient's name & S.S.# - -

Date of Divorce: -

Did you contribute to or establish a Health Savings Account? Attach 5498-SA or HSA

Individual Plan Contribution \$ or Family Plan Contribution \$

VA Disability Comp \$ Disability \$ State or Fed Aid \$ Gifts \$

## **DEDUCTIONS**

Standard deductions amounts are \$14,600 Single, \$29,200 Married & \$21,900 Head of Household. If your deductions do not exceed the standard deduction amount for your filing status, we will take the standard deduction.

### **Taxes:**

Did you pay **Sales** Taxes on **major** purchases last year? **Yes** **No.** If **YES**, how much \$

What for? -

Auto License Fees (list years & fees)

Year ( ) \$  
Year ( ) \$  
Year ( ) \$

Other Taxes:

\$  
\$

Real Estate Taxes on main residence: \$

Property Taxes on all other real estate  
Addresses:

Estimated taxes are reported at the  
bottom of page 4.

\$  
\$

## **OTHER DEDUCTIONS**

### **Interest:** (Attach all 1098's)

1ST HOME	BANK NAME	AMOUNT	2ND HOME	NAME	AMOUNT
Mortgage.....		\$	Mortgage.....		\$
2nd Mortgage.....		\$	2nd Home Mortgage...		\$
Interest paid to an individual? Provide name, address and social security #.			Real Estate Loan Fees		\$
			Points Paid		\$

Were any funds used for anything other than to buy, build or improve either home? **Yes** **No.** If "Yes", how much? \$

### **Contributions:** (please note, the IRS will require receipts if audited)

Church	\$	Colleges	\$
Cancer Foundation	\$	Humane Society	\$
Red Cross	\$	Public TV	\$
Salvation Army (cash/checks)	\$	Other	\$
United Way	\$	Other	\$

Did you donate any **non-cash items** such as food, clothing or furniture? **Yes** **No.** If **YES**, attach receipts & list descriptions with thrift store values. We need the values in order to claim the deduction.

**Medical:** please fill in this information and keep all receipts for your records. **Medical deductions must exceed 7.5% of your adjusted gross income to be deductible.**

Medicines / Drugs	\$	Hearing Aids	\$
Doctors / Dentists	\$	Lab Fees	\$
Eyeglasses	\$	Long Term Care Premiums	You \$ Spouse \$
Transportation Miles	\$	Medical insurance Paid	\$
Lodging	\$	Hospital	\$

### COLLEGE TUITION

If you are claiming one or more college students as dependents, provide the following information and attach form 1098-T for each:

How much was actually paid for the student's tuition, fees and course materials during 2024? \$ \_\_\_\_\_

What was the student's first year of college? \_\_\_\_\_

Enrolled for at least one academic period in a degree, certificate, or other program leading to a recognized credential? **Yes** **No**

Did the student carry at least half the normal full-time workload for his/her course of study? **Yes** **No**

**If the student was convicted before the end of 2024 of a felony for possession or distribution of a controlled substance they don't qualify for a schooling credit.**

### CHILD OR DEPENDENT CARE

Did you pay for child care expenses last year? **Yes** **No** If **YES**, complete the following:

NAME OF CHILD	NAME OF PROVIDOR	S.S. # or EIN #	ADDRESS OF PROVIDOR	AMOUNT PAID
				\$
				\$

### MICHIGAN HOMESTEAD PROPERTY TAX CREDIT

#### For Homeowners:

2024 Property Tax **BILLED** \$ \_\_\_\_\_ 2024 **Taxable Value** \$ \_\_\_\_\_ Not the Equalized Value

#### For Renters:

Total Rent Paid in 2024 \$ \_\_\_\_\_ Landlord's Name and Address: \_\_\_\_\_

Must have this info \_\_\_\_\_

### OUT OF STATE PURCHASES

If you made any out-of-state purchases, either by phone, mail order catalog or internet, the State is now requiring you to report it on your Michigan Tax Return. Please list the total dollar amount of purchases made for 2024 (**that you didn't pay sales tax on**) below.

2024 Out-of-State purchases \$ \_\_\_\_\_ (**that Sales Tax was NOT paid on**)

### ESTIMATED TAXES PAID

CREDIT FROM PRIOR YEAR'S RETURN	FIRST QUARTER (April 15, 2024)	SECOND QUARTER (June 17, 2024)	THIRD QUARTER (Sept. 16, 2024 )	FOURTH QUARTER (JAN. 15, 2025)	TOTAL FOR YEAR 2024
Federal	\$	\$	\$	\$	\$
State	\$	\$	\$	\$	\$
City	\$	\$	\$	\$	\$



## Additional Questions

### Personal Information

	Yes	No
Did your address change during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Dependents

Did you pay for childcare while you worked or looked for work? If yes, see page 4 for further details. ....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 or a full-time college student under 24 with unearned investment income (not wages) more than \$2,600? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Purchases, Sales and Debt

Did you have any debts canceled, forgiven, or refinanced during 2024? If yes, please attach all 1099's. ....	<input type="checkbox"/>	<input type="checkbox"/>
Did you start a new business, purchase a new rental property or farm, or acquire any new interest in a partnership or S Corporation during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate in 2024? If so, please attach closing statements .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw any amounts from your IRA or Roth IRA to acquire a principal residence? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan in 2024? If yes, provide closing statement. What were the funds used for: .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the 1098? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest during the year? Please include statement. ....	<input type="checkbox"/>	<input type="checkbox"/>

### Itemized Deductions

Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? If yes, you will need to have the property appraised. ....	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or theft losses during the year? This now only applies if the disaster happened in a federally declared disaster area. ....	<input type="checkbox"/>	<input type="checkbox"/>

### Credits

Did you purchase a solar energy system, such as a solar water heater or solar panels? If yes, please include a copy of the receipt. ....	<input type="checkbox"/>	<input type="checkbox"/>
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### Miscellaneous

Did you or your spouse contribute to or establish a medical savings account (MSA ) in 2024 or a Health Savings Account (HSA)? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how much did you contribute? <input type="text"/>		
Did you pay any individual \$2,000 or more to perform household services during the year such as babysitting, cleaning, cooking or gardening? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were there any changes made to federal or state returns filed in prior years? If yes, provide copies of the correspondence received. ....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse contribute to or establish a Roth IRA or convert an existing IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>

Questions (continued)

	Yes	No
Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw any amounts from a Coverdell Education Savings Account or state education savings plan?	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If yes, how many months were you covered? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive distributions from long-term care insurance contracts? If yes, please include Form 1099-LTC .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$18,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
* Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or authority over a foreign bank account, securities account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
* Did you create or transfer money or property to a foreign trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>There are substantial penalties for answering these foreign banking questions incorrectly.</b>		
<b>We will need to get the details if either of these foreign account information quesitons apply.</b>		
Have you received a punitive damage award or an award for damages other than for physical injuries or illness .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make a contribution to a state MET or MESP? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid vehicle or a plug-in electric vehicle? If yes, provide a copy of the invoice that includes, make, model and date of purchase.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sale of Your Home</b>		
Did you sell your home in 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you (or your spouse if MFJ) own the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Was the home acquired through a tax free (1031) exchange? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of sale, was the residence owned by the taxpayer, spouse or both? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchase of Home</b>		
Did you purchase a home in 2024? If yes, please enclose your closing statement. ....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Severance/Retirement</b>		
Did you retire or change jobs in 2024? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive retirement/severance compensation? If yes, date received. ....	<input type="checkbox"/>	<input type="checkbox"/>
Is there a chance you may retire, take a buyout from your job or start collecting Social Security in 2024?	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

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