

# MONETTI STANDARD

## ACCOUNTANTS AND ADVISORS

### 2024 Tax Organizer

The purpose of this organizer is to help us prepare your returns so you can get the best tax result.  
If you have any questions, please call our office at (732) 255-3585

### Personal Information

	Occupation	SSN (New Clients Only)	Date of Birth (New Clients Only)
Taxpayer Name			
Spouse Name			

Address  Check if no change

Street Address

City	State	Zip
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### Preferred Method of Contact

Email  Phone

Email

Phone Number

<u>Marital Status end of 2024</u>	<u>Other Information</u>	<u>Taxpayer</u>		<u>Spouse</u>	
<input type="checkbox"/> Married	Are you blind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Married Filing Separately	Are you disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Single	Are you a full-time student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Widow(er)	Do you want \$3 to go to the	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If spouse died in 2024 enter date of death _____	Presidential Election Campaign Fund?				

### Dependent Information

Check here if no change

First and Last Name	SSN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student

### Account Information for Deposits or Withdrawals

Check here if no change

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

Questionnaire

**Dependent Information**

If this does not apply to you check here \_\_\_\_\_ and skip to the next section.

- |       |       |  |
|-------|-------|--|
| Yes   | No    |  |
| _____ | _____ | Did you have any change in dependents during the year?<br>If "Yes" please explain _____  |
| _____ | _____ | Can another person qualify to claim any of your dependents?  |
| _____ | _____ | Did you have any childcare expenses during the year?   |
| _____ | _____ | Did you have any adoption expenses during the year?  |
| _____ | _____ | Did you have any children under age 19 or a full-time student under age 24 with \$5,050 or more of unearned income?<br>Provide documentation for proof of dependent-related credits (school records, medical records, daycare records, etc.) |

**Health Care Information**

- |       |       |  |
|-------|-------|--|
| Yes   | No    |  |
| _____ | _____ | Did every member of your household have health insurance?<br>If "Yes" , provide copies of Form 1095-A or 1095-B                              |
| _____ | _____ | Did you receive any distributions from a Health Savings Account (HAS), Archer MSA or Medicare Advantage MSA during the year?                 |
| _____ | _____ | Did you or any member of your family enroll in health insurance coverage through healthcare.gov?<br>If "Yes" , provide a copy of Form 1095-A |

**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)?<br>If yes, provide form 1098-T and a college billing statement |
| _____ | _____ | Did you contribute to or receive a distribution from an Educational Savings Account or Qualified Tuition Program during the year?   |
| _____ | _____ | Did you pay student loan interest for yourself, your spouse or your dependent(s) during the year?   |
| _____ | _____ | If you had education expenses, did you use any tax advantages funds like a 529 plan?  |
| _____ | _____ | Did you contribute any money to a NJBEST college savings account?<br>If so how much? _____  |
| _____ | _____ | Did you make loan or interest payments on a NJCLASS student loan?<br>If so how much? _____  |

**Retirement Information**

- |       |       |  |
|-------|-------|--|
| Yes   | No    |  |
| _____ | _____ | Did you convert any traditional, SEP, or SIMPLE IRA's to a Roth IRA in 2024?   |
| _____ | _____ | Did you receive any payments from a retirement account, such as an IRA, a pension, profit sharing, or 401(k) plan during the year? If so, were any amounts rolled over?<br>_____ Yes                      _____ No |
| _____ | _____ | Did you receive any Social Security benefits during the year?  |

Questionnaire

**Income, Purchases and Sales**

- | Yes | No  |  |
|-----|-----|--|
| ___ | ___ | Did you receive any tips not reported by your employer?  |
| ___ | ___ | Did you receive any unemployment or disability income during the year?   |
| ___ | ___ | Did you cash any U.S. savings bonds during the year?   |
| ___ | ___ | Did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currencies, such as bitcoin?  |
| ___ | ___ | Did you receive any other income not provided with this organizer?<br>If yes, explain _____  |
| ___ | ___ | Did you start a new business or purchase any rental property during the year?  |
| ___ | ___ | Did you purchase any business assets or convert any assets to business use?  |
| ___ | ___ | Did you buy or sell a principal residence during the year?<br>If "Yes" provide documentation for the purchase and the sale of the home.  |
| ___ | ___ | Did you have a principal residence or a piece of real property foreclosed during the year?   |
| ___ | ___ | Did you abandon a principal home or piece of real property during the year?  |
| ___ | ___ | Did you refinance your principal home or second home or take out a home equity loan during the year?<br>If "Yes", provide all escrow, closing or other pertinent documentation and information.          |
| ___ | ___ | Did you receive any principal or interest during this year from property sold in prior years?  |
| ___ | ___ | Did you rent out your home or use it for a business?   |
| ___ | ___ | Did you sell, exchange or purchase any real estate during the year?  |
| ___ | ___ | Did you acquire a new or additional interest in a partnership or S corporation?  |
| ___ | ___ | Did you have any debts canceled or forgiven this year?   |
| ___ | ___ | Does anyone owe you uncollectable money?   |
| ___ | ___ | Did you purchase a new hybrid, alternative motor or electric motor energy efficient vehicle during the year?<br>If "Yes" provide the year, make, model, VIN, and date the vehicle was placed in service. |
| ___ | ___ | Did you pay or receive alimony?<br>If "Yes" provide the date of the agreement _____ and the date of the most recent revision if any _____.   |
| ___ | ___ | Did you sell any stocks or other securities, or did they become worthless?   |

**Itemized Deduction Information**

- | Yes | No  |   |
|-----|-----|---|
| ___ | ___ | Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year? Please provide us with the total and keep the receipts for your records. |
| ___ | ___ | Did you pay any long-term care premiums for yourself, your spouse or dependents?  |
| ___ | ___ | 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 during the year?   |
| ___ | ___ | Did you pay mortgage interest during the year?  |
| ___ | ___ | Did you make any cash donations to charity during the year? Total cash donations \$ _____   |
| ___ | ___ | Did you make noncash donations to charity (clothes, furniture, etc.) during the year? Value \$ _____  |
| ___ | ___ | Did you have gambling winnings or losses during the year?   |

Questionnaire

**Foreign Accounts**

- |       |       |   |
|-------|-------|---|
| Yes   | No    |   |
| _____ | _____ | Did you have an interest or signature authority in a foreign bank account, foreign trust, or foreign real estate? |
| _____ | _____ | Did you receive any income from, or pay taxes to, a foreign country?  |

**Miscellaneous Information**

- |          |       |   |
|----------|-------|---|
| Yes      | No    |   |
| _____    | _____ | Can you or your spouse be claimed as a dependent by someone else?   |
| _____    | _____ | Did you make gifts to any one person or trust in excess of \$18,000 during the year?  |
| _____    | _____ | Did you make any energy-efficient improvements to your main home during the year?   |
| _____    | _____ | Did you apply an overpayment of your 2023 taxes to your 2024 estimated taxes?   |
| _____    | _____ | If you have an overpayment of 2024 taxes, do you want the refund applied to your 2025 estimated taxes?  |
| _____    | _____ | Did you receive any notices from the IRS or State taxing authority?<br>If "Yes", please include a copy  |
| <u>X</u> | _____ | May the IRS discuss your tax return with your preparer?   |
| _____    | _____ | Do you anticipate your income or withholdings to be different in 2025?  |
| _____    | _____ | Are you or a spouse a military veteran?   |
| _____    | _____ | Do you have a will?   |
| _____    | _____ | Do you own any trusts?  |
| _____    | _____ | Is there any other information that affects your return? If so, please describe below.  |
| _____    | _____ | Do you have any questions or concerns we can help you with? If yes please describe below.   |
| _____    | _____ | Did anyone in your household receive an identity protection personal identification number? (IP PIN) If "Yes", please provide a copy of the IRS notice. |
| _____    | _____ | If you qualify, do you want to make an IRA contribution?  |

**Estimates**

Please complete below if you have made any quarterly tax payments:

	<u>Federal</u>		<u>Residential State</u>	
	<u>Date Paid</u>	<u>Amount</u>	<u>Date Paid</u>	<u>Amount</u>
Overpayment amount applied from 2023	_____	_____	_____	_____
First Quarter	_____	_____	_____	_____
Second Quarter	_____	_____	_____	_____
Third Quarter	_____	_____	_____	_____
Fourth Quarter	_____	_____	_____	_____
Additional Payments	_____	_____	_____	_____

**How would you like to receive your completed returns? (Please check one.)**

- \_\_\_\_\_ Please send my returns using the secure portal
- \_\_\_\_\_ Please mail my returns. (A \$30 paper processing fee will be added.)
- \_\_\_\_\_ I would like to pick up my returns. (We will call you when the return is complete. A \$30 paper processing fee will be added.)

**Additional Notes**

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