

2024 Tax Organizer Personal Information

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

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	_____	_____	_____	_____	_____	_____

Questionnaire

Name:

SSN:

Questionnaire

Yes No

- Did your marital status change during the year? If yes, please explain including dates
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year? If yes, please provide dates and locations of move(s)
- Are you a U.S. Citizen or a Permanent Resident (Green Card Holder?) If no, please fill out NR form
- Are you a member of OUCU Financial? If yes, please provide member number here:

Dependent/Education Information

- Are you claiming any dependents on your return? If yes, please fill out section A on opposite side of form
- Did anyone in your household attend college last year? If yes, please fill out section B on opposite side

Health Care Information

- Do you have subsidized health insurance (Affordable Care Act?) If so please provide us with your 1095A
- Are you currently on Medicare or will you be within the next year?

Income, Purchases & Sales

- Did you have a change in employment or new employment in 2024? If yes, please provide details
- Did you receive any retirement and/or Social Security income in 2024?
- Did you receive any interest or dividends last year? Please include traditional and/or online (ex. Robinhood)
- Did you buy or sell any stocks, bonds or other investments during the year?
- Does OUCU Financial Services manage your investment and/or retirement accounts?
- Do you have bank accounts in a foreign country?
If yes, was the amount on any single day in 2024 more than \$10,000 USD? Yes No
- Did you have any income from, or pay taxes to a foreign country?
- Did you sell your personal residence in 2024? If yes, provide original purchase & selling dates & amounts:
- Did you receive or pay alimony in 2024? If yes, provide date of final divorce (mo/yr) & amount paid/received
- Did you receive any income that will not be provided with the forms and documents you are submitting today?

Business/Rental Property

- Do you own a business or rental property? If yes, please fill out section C on next page

Itemized Deductions and Adjustments If YES, please provide documentation.

- Did you pay any out of pocket medical or dental expenses (premiums, prescriptions, mileage etc?) If yes, and itemizing, please fill out medical expense worksheet. Note we are not staffed to total receipts.
- Did you pay long-term health insurance (nursing home) premiums for you, your spouse or dependents in 2024?
- Did you pay any real estate property tax or mortgage interest during the year?
- Did you pay any student loan interest in 2024? If yes, please provide statement
- Did you make any contributions to charity during the year? Cash/Check/CC or Non-Cash (Goodwill etc.)

Miscellaneous

- Did you make any contributions to a Traditional or Roth IRA? (please circle type) (Amount \$ _____)
Please note this is not contributions you made through your employer.
- Did you perform a backdoor Roth contribution or Qualified Charitable Distribution (QCD)?
- Did you make gifts to anyone in excess of \$18,000 during the year?
- Did you pay wages of \$2,700 or more to any household employees? (babysitter, nanny, tutor, housekeeper etc.)
- Did you make any contributions to an Ohio Qualified Tuition program during the year?
- Do you have any use tax to declare? (Example: Online purchases where you did not pay sales tax.)
- Did you receive a first time home buyer credit in 2008?
- Did you receive any notices from the IRS or a state taxing authority? If yes, please provide a copy
- Have you ever been disallowed an Earned Income, Child Tax or American Opportunity credit?
- Were you, your spouse, or any dependents issued an Identity Protection PIN by the IRS?
- Would you like to pay for your tax return preparation with OUCU Reward Points?
- May we communicate with you via text regarding the status of your tax return? If yes, which #
- Do you have a preference on how we communicate with you? Please circle: Phone Email Text
- Do you have a preference which taxpayer we communicate with? Please circle: Taxpayer Spouse
- Do you acknowledge you will sign your return in the same manner you dropped off your documents? (In Person or Electronic) Please note if you are dropping off originals in person and opt to sign via email we will mail your originals back to you and a \$25 surcharge will be added to your fee. Note all federal and state returns will be e-filed.

Signature:

Date:

Questionnaire

Name: _____

SSN: _____

Questionnaire

Yes No

Section A Dependents

- Is the child(ren) you are claiming your: son, daughter, stepchild, foster child, brother, sister, step-sibling, half-sibling or descendant of any of them?
- Does the child(ren) have a valid social security number(s) or ITIN(s)?
- Did the child(ren) live with you in the United States for over half of the year?
- Was the child(ren) between the ages of 19 to 23 and a full time student?
- Did you pay for any childcare expenses during the year?
If yes please include provider name and EIN or SSN number, and amount paid.
- Were any of the children permanently and totally disabled? (please provide documentation)
- Are any of the children married and filing a joint return?
- Did the child(ren) pay for more than half of their own support during the year?
- Did the child(ren) have more than \$2,600 in un-earned income (ex. interest or dividends)
- Do any of your dependents need their own tax return completed? If yes please ask for dependent tax return checklist. Also, please note the minimum charge for dependent returns this year is \$25. This fee includes one W2 or 1099. If additional schedules are required fees start at \$50.
- Can you provide documentation to substantiate the eligibility for your dependent? Please check all that apply: School Records , Medical Records , Social Services Statement , Other (specify)
- Unmarried or Separated Individuals - Did you pay for more than half the cost of maintaining your home in 2024? Note you may only include costs for rent, mortgage, property tax, home insurance, home repairs & maintenance, utilities and food eaten in the home.
- If you are the non-custodial parent do you have an active Form 8332? (If so please provide us with a copy)

Section B College Students

- Was the student enrolled at least half-time for one academic period in 2024?
- As of January 1, 2024 (beginning of last year) has the student completed their first bachelor's degree?
- Have you provided us with a copy of all Forms 1098-T?
- Have you ever claimed the American Opportunity Credit? If yes please provide number of years claimed
- Are there any other fees not listed on the Form(s) 1098-T? (ex books) Please provide details
- Has the student ever been convicted of felony possession or distribution of a controlled substance (drugs?)
- Please provide us with an account statement from the school and book receipts if available.

Section C Business/Rental Property Owners

- Do you have a separate bank account for business transactions?
- For rental property owners: How many hours are you actively involved annually with your property(ies)?
- Do you have documentation to substantiate your business/rental income and expenses?
- Did you purchase or sell any business assets? If yes please provide details.
- Do you have automobile expenses/mileage relating to this activity? If yes please provide both 2024 business miles by month & total annual vehicle miles. By providing mileage you agree you can provide written documentation such as a log of business miles & third party verification of total miles (ex: an oil change)
- Have you been issued a 1099 to support the income for this business?
- For business owners: Please list all cities in which you earned income for this business

Section D Any Additional Information

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____

Custom Double Checkbox Items

OUCU Financial Tax Services

90 S Shafer Street
Athens, OH 45701
tax@oucu.org

Phone: (740)597-2820 | Fax: (740)597-2827

Engagement Letter for Preparation of Your 2024 Tax Returns

:

Thank you for choosing OUCU Financial Tax and Accounting Services to assist you with your 2024 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2024 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover. The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon document signature. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

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. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

Review all tax-return documents carefully before signing them. Our engagement to prepare your 2024 tax returns will conclude with the presentation of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (740)597-2820.

Sincerely,



Lisa Wood EA
OUCU Financial Tax and Accounting Services

Engagement and Preparation of Your 2024 Tax Returns

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date