



Please complete this Tax Data Organizer to help Cohick & Associates prepare your income tax return(s). By providing all the necessary information upfront, we can ensure nothing is overlooked. Moreover, this allows us to identify tax savings while minimizing the chance of errors. Your timely completion of this organizer allows us to serve you more effectively - thank you for your cooperation! If you prefer to complete this form electronically, please visit our website. <https://cohickassociates.com/resources/>

**PERSONAL INFORMATION**

	Taxpayer	Spouse
Name		
Social Security Number		
Birthdate		
Occupation		

**ADDRESS INFORMATION**

Street Address			
City, State, & ZIP			
County			
Township			
School District			
Did you move in 2024? (Circle One)	Yes	No	If yes, date moved:

**CONTACT INFORMATION**

	Taxpayer	Spouse
Email		
Best Phone Number		

**DIRECT DEPOSIT INFORMATION**

Bank	
Routing Number	
Account Number	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

**DEPENDENT CHILDREN AND OTHER DEPENDENTS**

Name	Social Security Number	Birthdate	Relationship	Filed a Return (Y/N)	Student (Y/N)	College Grade Level	Childcare Cost
							\$
							\$
							\$
							\$

**ESTIMATED TAX PAYMENTS**

	Prior-Year Carryover	First Quarter (Due 4/15/24)	Second Quarter (Due 6/17/24)	Third Quarter (Due 9/16/24)	Fourth Quarter (Due 1/15/25)	TOTALS
<b>Federal</b>	Check #	Check #	Check #	Check #	Check #	\$
	\$	\$ Date	\$ Date	\$ Date	\$ Date	
<b>State</b>	Check #	Check #	Check #	Check #	Check #	\$
	\$	\$ Date	\$ Date	\$ Date	\$ Date	
<b>Local</b>	Check #	Check #	Check #	Check #	Check #	\$
	\$	\$ Date	\$ Date	\$ Date	\$ Date	

**TAX QUESTIONNAIRE**

- Did you receive any correspondence from IRS, State, or Local? \_\_\_Y \_\_\_N (if yes, provide documentation)
- Did you retire in 2024? If yes, provide the date. Date: \_\_\_\_\_
- Did you give a gift of more than \$18,000 to one or more people? \_\_\_Y \_\_\_N (if yes, provide documentation)
- Did you contribute to a 529 College Education Savings Account? \_\_\_Y \_\_\_N (if yes, provide documentation)
- Did you install any energy-efficient improvements? \_\_\_Y \_\_\_N (if yes, provide documentation)
- Did you purchase an Electric Vehicle? \_\_\_Y \_\_\_N (if yes, provide documentation)
- Did you receive, sell, send, exchange, or otherwise acquire any virtual currency? \_\_\_Y \_\_\_N
- Did you pay personal real estate taxes in 2024? \_\_\_Y \_\_\_N If yes, amount paid: \$ \_\_\_\_\_
- Did you or will you contribute to an IRA by 04/15/25?
  - Taxpayer: Traditional \$ \_\_\_\_\_ Roth \$ \_\_\_\_\_
  - Spouse: Traditional \$ \_\_\_\_\_ Roth \$ \_\_\_\_\_
- Did you sell a property in 2024? (If yes, provide Form 1099-S or Settlement Sheet/HUDI)
  - Date Property Acquired? \_\_\_\_\_
  - Purchase Price + Improvements? \_\_\_\_\_
- Did you receive any unemployment income in 2024? \_\_\_Y \_\_\_N (if yes, provide documentation)
- Did you receive Jury Duty pay? \_\_\_Y \_\_\_N If yes, amount received: \$ \_\_\_\_\_
- Did you receive any royalties? \_\_\_Y \_\_\_N (if yes, provide documentation)
- Did you receive any lottery or gambling income? \_\_\_Y \_\_\_N (if yes, provide documentation)
- Did you receive any of the following Unreimbursed Employee Expenses related to your W-2?
  - Supplies? \$ \_\_\_\_\_
  - Tools, Equipment, Safety Equipment? \$ \_\_\_\_\_
  - Uniforms (Include Cleaning)? \$ \_\_\_\_\_
  - Travel, Lodging, Rental Car Expense? \$ \_\_\_\_\_
  - Meals? \$ \_\_\_\_\_
  - Mileage? # of miles \_\_\_\_\_
- Did you make any charitable donations during 2024? (if yes, provide documentation)
  - Cash Contributions: \$ \_\_\_\_\_
  - Non-Cash Contributions: \_\_\_\_\_
  - Qualified Charitable Distribution (QCD): \$ \_\_\_\_\_
    - IRA from which the QCD was paid: \_\_\_\_\_
  - Charitable miles driven: \_\_\_\_\_
- Total purchases/services (online, out-of-state, etc.) for which no PA sales tax was paid. \$ \_\_\_\_\_
- Did you receive or pay seller-financed interest in 2024? \$ \_\_\_\_\_ (if yes, provide documentation)
- What was your prior year tax preparation fee? \$ \_\_\_\_\_

**EDUCATION EXPENSES FOR UNDERGRADUATE & GRADUATE SCHOOL**

Student Name	Institution Name	Tuition	Date Paid	Required Fees (Enrollment & Books)	Scholarship Received
		\$		\$	\$
		\$		\$	\$
Student Loan Interest (1098-E)		\$			

**HEALTH & DENTAL**

(1) Out-of-Pocket Medical Insurance	\$
(2) Medicare Insurance	\$
(3) Long-Term Care Insurance (list the amount for taxpayer & spouse separately)	\$
(4) Doctor / Dentist / Vision / Prescriptions / Etc.	\$
(5) Nursing Home / Skilled Care	\$
Number of Miles Driven To & From Medical Care	Miles

## BUSINESSES & RENTAL PROPERTIES

- From QuickBooks to “old fashioned” paper / pen, these guidelines ensure you provide the required information:
  - **QuickBooks** (desktop): save to a flash drive as a “Backup Copy” with your username and password.
  - **QuickBooks** (online): contact our office to provide “accountant access” to your online account.
  - **Excel**: save your spreadsheet(s) to a flash drive or email it to Cohick & Associates.
  - **Paper / Pen**: assemble in a neat and legible format or use the applicable spreadsheet(s) below.
    - Categorize your income & expenses by type.
    - Do not forget to calculate your profit (income minus expenses).
- What else should be included?
  - Provide an invoice for all vehicle, real estate (HUD-1), and/or equipment purchases (\$500+).
  - Provide a copy of the end of year (12/31/24) statements for the following business accounts:
    - Checking, savings, and investment accounts
    - Loans, notes, and credit card accounts
  - **DO NOT** include receipts for ordinary expenses (maintain them in a safe place for your records).
- New entities: Include all legal documents including incorporation documents, EIN, and operating agreement.
- Multi-member & partnerships: provide any changes to ownership %, partner addresses, and so on.
- Did your business or rental property pay **\$600+** to a contractor or business?   Y   N
  - If yes, contact us prior to 1/31 for information on your filing responsibilities.

The spreadsheets that follow are designed to help you track and report income and expenses for rental and self-employment income. If you are not already utilizing your own methods or software, this spreadsheet is a basic way to input and categorize your financial information.

### RENTAL INCOME

	Property #1	Property #2	Property #3	Property #4
<b>Address</b>				
<b>Income (Gross Rent)</b>	\$	\$	\$	\$
<b>Advertising</b>	\$	\$	\$	\$
<b>Travel</b>	\$	\$	\$	\$
<b>Cleaning &amp; Maintenance</b>	\$	\$	\$	\$
<b>Commissions</b>	\$	\$	\$	\$
<b>Insurance</b>	\$	\$	\$	\$
<b>Legal &amp; Accounting</b>	\$	\$	\$	\$
<b>Mortgage Interest</b>	\$	\$	\$	\$
<b>Other Interest</b>	\$	\$	\$	\$
<b>Repairs</b>	\$	\$	\$	\$
<b>Supplies</b>	\$	\$	\$	\$
<b>Real Estate Taxes</b>	\$	\$	\$	\$
<b>Utilities</b>	\$	\$	\$	\$
<b>Improvement(s) of \$500+ (provide type, date, &amp; cost and/or invoice for each)</b>	\$	\$	\$	\$
<b># of miles driven for rental</b>	Miles	Miles	Miles	Miles
<b># of days you occupied</b>	Days	Days	Days	Days

**BUSINESS INCOME**

Business Name	Address	Home Office	
Gross Receipts or Sales	\$	Sq Ft of Home	
Beginning Inventory	\$	Sq Ft of Home Office	
Ending Inventory	\$	Homeowners Insurance	\$
Advertising	\$	Maintenance/Repairs	\$
Commissions	\$	Rent	\$
Contract Labor	\$	Utilities	\$
Insurance	\$	Real Estate Taxes	\$
Legal & Accounting	\$	Mortgage Interest	\$
Mortgage Interest	\$		
Office Expense	\$		
Rent	\$		
Repairs	\$		
Supplies	\$		
Taxes and Licenses	\$		
Utilities	\$		
Other	\$		
Out-of-Pocket Health Ins.	\$		
Did you issue any Forms 1099?			___ Yes ___ No
Active participation?			___ Yes ___ No
# of Business Miles Driven			
Purchases of \$500 or more please list amount and description			

**MILEAGE RECORD QUESTIONS**

- Do you have written records  Yes  No
- Mileage Log  Yes  No
- Year-End Odometer Reading  Yes  No
- Maintenance/Repair Records  Yes  No
- Year-End Odometer Reading  Yes  No
- Do you lease the vehicle?  Yes  No

To the best of my knowledge, the enclosed information is correct and includes all income, deductions and other information necessary to prepare my tax return. I am aware that I am responsible for maintaining adequate records. We appreciate your time to complete this Tax Data Organizer.

\_\_\_\_\_  
Signature Required Date \_\_\_\_\_

\_\_\_\_\_  
Signature Required Date \_\_\_\_\_