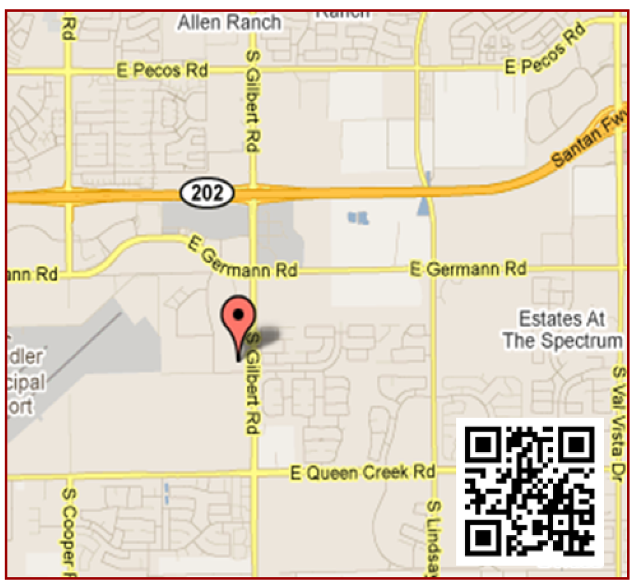
TCPA, PLC
Certified Public Accountants
2450 S Gilbert Rd., Suite 100
Chandler, AZ 85286

** 2024 Tax Preparation **

The TCPA PLC office is in Chandler on south of the 202 Santan Freeway and Germann Rd. It is located on northwest corner of Gilbert Rd and Insight Way, inside the Cambridge Plaza building. The entrance to the suite and parking is through the tunnel, on the north side. Please call us if you have any problems finding our office.



2450 S Gilbert Rd., Suite 100 · Chandler, AZ 85286
OFFICE (480) 857-3048 · **FAX** (480) 840-3954 · **EMAIL** info@tcpa.tax

TCPA, PLC
2450 S GILBERT RD STE 100
CHANDLER, AZ 85286-1594
480-857-3048

January 8, 2025

Dear :

As 2024 ends and the new year begins, it is time to start thinking about taxes again. We hope this last year has been a prosperous year for you.

Enclosed is your 2024 Tax Organizer which we will use in preparing your tax return(s). It summarizes the information used on your 2023 tax return and gives you a questionnaire of relevant information. Please go through these questions to the best of your ability and enter/update your contact information including any address, e-mail, or telephone number changes. As you receive your 2024 tax documents, please collect them and keep them with this organizer.

S-Corporation and Partnership tax clients need to provide all business tax information prior to us preparing your personal tax return so make sure you have everything ready.

The following is a reminder of items frequently forgotten:
- Form(s) W-2 (wages, etc.) and Form(s) 1099 (interest, dividends, etc.)
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
- Form(s) 1098 (mortgage interest)
- Vehicle registration
- Brokerage statements and cost basis from stocks, or other investment transactions
- Closing statements pertaining to real estate transactions
- Any tax notices received from the IRS or other taxing authorities
- **A copy of your 2023 tax return (new clients only)**

The information you give us is considered confidential and we will not share or disclose it to any party without your permission.

You can mail, upload, or drop off your information prior to your appointment. We will again have in person availability but have found enormous success with the use of virtual appointments along with electronic signing. **This 15-minute virtual or in person interview, prior to preparing your return, is included in the price of the return. If your tax situation requires additional time or the information needed to process your return is not complete before the interview, you may incur additional charges.**

Thank you for your help in the completion of the Tax Organizer. Please go to our website (https://thecpa.tax/schedule-appointment/jordan) or contact us to schedule your appointment with Jordan.

Sincerely,
TCPA PLC

AGREEMENT FOR TAX SERVICE

This is to confirm and specify the terms of our engagement with you, and to clarify the nature and extent of services that we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom tax returns are prepared to confirm the following arrangements. Specifically, the Client, as identified below, has retained TCPA PLC to prepare federal and requested state business and/or individual tax returns for calendar year: 2024 .

A. *Client Fees*. Our fees for the preparation of tax returns will be based upon nonrefundable flat rates, which include limited out-of-pocket expenses such as computer processing charges.

Our engagement is fulfilled, and all fees are earned upon completion of the applicable tax returns. All fees charged in connection with our preparation of tax returns must be paid prior to receipt and/or filing of such tax returns. Additional services relating to the Client and/or your tax returns will be charged at an hourly rate, including any time spent working with taxing authorities, and/or resulting from subpoenas, summons, notices, or audits received from taxing authorities or the courts. Any and all additional work whether required by IRS notices or audits will be charged at an hourly rate if we choose to accept the additional engagement.

There will be a 10% price increase for tax documents received after April 1st, 2025.

B. *Tax Returns.* Unless directed otherwise in writing, the Client authorizes us to prepare a federal and requested state income tax return. Federal and requested state income tax returns will be prepared from information that is furnished by the Client, without verification or audit. We suggest that you examine the return carefully and fully acquaint yourself with all items contained therein in order to ensure that there are no omissions or misstatements. The Client represents that they have disclosed all relevant facts affecting the returns, and that the information supplied is accurate and complete to the best of their knowledge and that the Client's expenses are supported by records as required by law. The Client understands that we will not verify the information you give us; however, we may ask for additional clarification of some information.

Our work in connection with the preparation of your income tax return does not include any procedures designed to discover defalcations or other irregularities, should they exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns. We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretation of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

By scheduling your appointment with us, you accept the terms and conditions outlined herein and agree to pay the required fees for completion of our tax services. Fees paid are earned upon receipt and are NON-REFUNDABLE.

Questions

Please check the appropriate box and include all necessary details and documentation.

Yes	No	PERSONAL INFORMATION
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year? Move date________________
☐	☐	Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts used for direct deposit from the IRS?
☐	☐	Could you be claimed as a dependent on another person's tax return?
☐	☐	Were there any changes in dependents?
☐	☐	Did you receive an Identity Protection PIN (IP PIN) from the IRS, or have you been a victim of identity theft? If yes, attach the IRS Letter.

Yes	No	HEALTH CARE COVERAGE
☐	☐	Did you or your dependents purchase healthcare through the Marketplace for 2024?
☐	☐	Did you receive any of the following IRS Documents? Form 1095-A, 1095-B or 1095-C?
☐	☐	Did you make any contributions/distributions from a Health Savings Account (HSA)?

Yes	No	INCOME/DEBT
☐	☐	Did you receive any disability or unemployment income?
☐	☐	Did you buy or sell any virtual currencies stocks, bonds, or other investment property?
☐	☐	Did you purchase, sell, or refinance your principal home or second home?
☐	☐	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
☐	☐	Did you purchase a new or previously owned "clean vehicle" this year that is eligible for the new clean vehicle credit? If yes, please attach the vehicle statement from the dealer. https://www.irs.gov/credits-deductions/credits-for-new-clean-vehicles-purchased-in-2023-or-after
☐	☐	Did you or your spouse make any gifts to an individual that total more than $18,000?
☐	☐	Did you make any non W2 Federal/State estimated tax payments for 2024?

Yes	No	RETIREMENT
☐	☐	Did you receive a distribution from or make a non W-2 contribution to a retirement plan (401 (k), IRA, etc.)?
☐	☐	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
☐	☐	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2024?
☐	☐	Will you be older than 73 this year or are you required to receive RMD from your retirement account (401(k), IRA, etc.)?

Yes	No	EDUCATION
☐	☐	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
☐	☐	Did you receive a distribution from or contribute to a 529 Education Savings Account or a Qualified tuition program?

Yes	No	MISCELLANEOUS
☐	☐	A pdf of your return and a pdf of your original documents will be saved to your account (www.thecpa.tax/client-portal). Do you need the link sent again?
☐	☐	The Internal Revenue Service can deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?
☐	☐	Do you (or your spouse) want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	Are you an owner or do you control 25% of a company's ownership interest for a company registered with a secretary of state or similar office before January 1, 2024? https://www.fincen.gov/boi (Currently under litigation to determine legality)
☐	☐	Do you plan to become an owner or control at least 25% of a company's ownership interests for a company registered with a secretary of state for the first time after January 1, 2024?

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) ___

Mark if you were married but living apart all year ___ Mark if your nonresident alien spouse does not have an ITIN ___

	Taxpayer	Spouse
Social security number		
First name		
Last name		
Occupation		
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)	2	
Mark if legally blind		
Mark if dependent of another taxpayer		
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)		
Date of birth		
Date of death		
Work/daytime telephone number/ext number		
Do you authorize us to discuss your return with the IRS (Y, N)	N	

General: 1040, Contact

Present Mailing Address

Address ___

Apartment number ___

City/State postal code/Zip code ___

Foreign country name ___

Foreign phone number ___

Home/evening telephone number ___

Taxpayer email address ___

Spouse email address ___

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name ___

First and Last name ___

Street address ___

City, state, and zip code ___

Social security number OR Employer identification number ___

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) ___

Amount paid to care provider in 2024 ___

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited		

NOTES/QUESTIONS:

Client Contact Information

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) ___ [8]

Taxpayer email address ___ [9]

Spouse email address ___ [10]

	Taxpayer	Spouse
Fax telephone number	___ [11]	___ [20]
Mobile telephone number	___ [12]	___ [21]
Mobile telephone #2 number	___ [13]	___ [22]
Pager number	___ [14]	___ [23]
Other:	___ [15]	___ [24]
Telephone number	___ [16]	___ [25]
Extension	___ [17]	___ [26]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	___ [18]	___ [27]

NOTES/QUESTIONS:

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.
Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.
Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.
Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

NOTES/QUESTIONS:

Income: B1

Interest Income

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information

Income: B3

Seller Financed Mortgage Interest

T, S, J ___ Payer's name ___ Payer's social security number ___
Payer's address, city, state, zip code ___
Amount received in 2024 ___ Amount received in 2023 ___

Income: B2

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information

Income: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

Income: Income

Other Income

Please provide copies of all supporting documentation.

	2024 Information	Prior Year Information
State and local income tax refunds		

	T/S	Agreement Date	2024 Information	Prior Year Information
Alimony received				

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits			
Medicare premiums to be reported on Schedule A			
Railroad retirement benefits			

T/S/J	Other Income:	2024 Information	Prior Year Information

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2024 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		
Enter the total traditional IRA contributions made for use in 2024		
Roth IRA Contributions for 2024 -		
Mark if you want to contribute the maximum Roth IRA contribution		
Enter the total Roth IRA contributions made for use in 2024		

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2024 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2024 Information	Prior Year Information

Complete this section if you paid qualified education expenses for higher education costs in 2024.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	
Taxpayer/Spouse/Joint (T, S, J)	
Mark if the move was due to service in the armed forces	
Number of miles from old home to new workplace	
Number of miles from old home to old workplace	
Mark if move is outside United States or its possessions	
Transportation and storage expenses	
Travel and lodging (not including meals)	
Total amount reimbursed for moving expenses	

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2024 Information	Prior Year Information

Street address

City, State and Zip code

*Enter the divorce/separation agreement date

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
Other adjustments:			

Itemized: A1

Medical and Dental Expenses

T/S/J		2024 Information	Prior Year Information
_	Medical and dental expenses		
_	Medical insurance premiums you paid***		
_	Long-term care premiums you paid***		
_	Prescription medicines and drugs		
_	Miles driven for medical items (21 cents)		

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2024 Information	Prior Year Information
_	State/local income taxes paid		
_	2023 state and local income taxes paid in 2024		
_	Sales tax paid on actual expenses		
_	Real estate taxes paid		
_	Personal property taxes		
_	Other taxes		

Itemized: A2

Interest Expenses

T/S/J		2024 Information	Prior Year Information
_	Home mortgage interest From Form 1098		

Other home mortgage interest paid to individuals:

T/S/J	Payee’s Name	SSN or EIN	2024 Information	Prior Year Information
_				

Address	City	State	Zip Code

T/S/J		2024 Information	Prior Year Information
_	Investment interest expense, other than on Sch K-1s:		

Refinancing Information:	Refinance #1	Refinance #2
T/S/J	_	_
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2024		

Itemized: A3

Charitable Contributions

T/S/J		2024 Information	Prior Year Information
_	Contributions made by cash or check		
_	Volunteer miles driven		
_	Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3, A-St

Miscellaneous Deductions

T/S/J		2024 Information	Prior Year Information
_	Other expenses		
_	Gambling losses (enter only if you have gambling income)		

*****STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA**

T/S/J		2024 Information	Prior Year Information
_	Unreimbursed expenses***		
_	Union dues, other than amounts reported on Form W-2***		
_	Tax preparation fees***		
	Other expenses, subject to 2% AGI limitation***:		
_			
_			
_	Safe deposit box rental***		
_	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***		

Charitable Contributions

T/S/J		2024 Information	Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of $250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

[2] + [3]

[5] Volunteer miles driven [6]

Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

[8] + [9]

Miscellaneous Deductions

T/S/J		2024 Information	Prior Year Information

Other expenses

[12] + [13]

Gambling losses: (Enter only if you have gambling income)

[15] + [16]

NOTES/QUESTIONS:

	Control Totals +		Form ID: A-3

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number , and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct.

Primary account:

- Financial institution routing transit number
- Name of financial institution
- Your account number
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*)
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)
- Enter the maximum dollar amount, or percentage of total refund Dollar **or** Percent (xxx.xx)

Secondary account #1:

- Financial institution routing transit number
- Name of financial institution
- Your account number
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*)
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)
- Enter the maximum dollar amount, or percentage of total refund Dollar **or** Percent (xxx.xx)

Secondary account #2:

- Financial institution routing transit number
- Name of financial institution
- Your account number
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*)
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)
- Enter the maximum dollar amount, or percentage of total refund Dollar **or** Percent (xxx.xx)

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

- Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)
- Identification number
- Issue date
- Expiration date
- Location of issuance
- Document number (New York only)

Spouse -

- Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)
- Identification number
- Issue date
- Expiration date
- Location of issuance
- Document number (New York only)

NOTES/QUESTIONS:

Estimated Taxes

If you have an overpayment of 2024 taxes, do you want the excess:

Refunded ____ [52]

Applied to 2025 estimated tax liability ____ [53]

Do you expect a considerable change in your 2025 income? (Y, N) ____ [54]

If yes, please explain any differences:

____ [55]

____ [56]

____ [57]

____ [58]

Do you expect a considerable change in your deductions for 2025? (Y, N) ____ [59]

If yes, please explain any differences:

____ [60]

____ [61]

____ [62]

____ [63]

Do you expect a considerable change in the amount of your 2025 withholding? (Y, N) ____ [64]

If yes, please explain any differences:

____ [65]

____ [66]

____ [67]

____ [68]

Do you expect a change in the number of dependents claimed for 2025? (Y, N) ____ [69]

If yes, please explain any differences:

____ [70]

____ [71]

____ [72]

____ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) ____ [74]

2024 Federal Estimated Tax Payments

2023 overpayment applied to 2024 estimates + ____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	04/15/24	[6]	+ [7]		
2nd quarter payment	06/17/24	[8]	+ [9]		
3rd quarter payment	09/16/24	[10]	+ [11]		
4th quarter payment	01/15/25	[12]	+ [13]		
Additional payment		[14]	+ [15]		

***Method of payment indicated in prior year**

EFW = Electronic funds withdrawal **EFTPS = Electronic Federal Tax Payment System**

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/OUESTIONS:

Upload to TCPA PLC

	Control Totals +	PAYMENTS	Form ID: Est