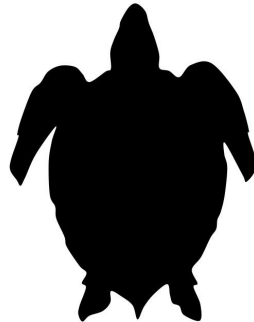


Individual Tax Organizer



TUOLUMNE BOOKS LLC

BOOKKEEPING · PAYROLL · TAXES

Books@Tuolumnegroup.com
books.tuolumnegroup.com
415.488.5025

Please upload this tax organizer and all supporting documents to our client portal.
You may also email the documents to us directly.

<https://accountants.intuit.com/tax-client-portal-for-accountants/client-invitation/>

Feel free to contact us with any questions you may have.

Thank you for choosing Tuolumne Books!



TUOLUMNE BOOKS LLC

BOOKKEEPING · PAYROLL · TAXES

Engagement Letter

Client Name: _____

Last 4 of SSN/ITIN: _____

This letter is to inform you, the client, of the services we provide and your associated responsibilities.

Our engagement is limited to performing the following services:

Federal/State Income Tax Service, on Form 1040 (Individual), Tax Year: 2024

General

This engagement does not include any audit or examination of your books or records. You have the final responsibility for the accuracy and correctness of all income tax returns, attachments, worksheets and documentation, and you should review them carefully, and correct any errors before you accept or sign them.

This engagement pertains only to the service(s) above, and for the corresponding period(s). We are not responsible for delays or late filings caused by incorrect or missing information or delayed responses.

This engagement does not include bookkeeping, payroll or sales tax service.

Tax Return Preparation

- We will prepare your federal and state tax returns, based on information you provide. Services for preparation of your returns do not include auditing or verification of information provided by you.
- You must complete a tax organizer and supply all supporting documentation before we can prepare your return. We will do our best to file your return as expediently as possible, but cannot guarantee on-time filing.
- In the event your return is audited, you will be responsible for verifying the items reported.
- Fees charged for tax return preparation do not include audit service, IRS representation, amendments or preparing materials to respond to correspondence from taxing authorities.
- The engagement to prepare your tax returns for a given period terminates upon delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years. There may be a fee for sending documents after the completion of this engagement.

Taxpayer Responsibilities

- You as the taxpayer remain responsible for the payment of all taxes, penalties and interest charges imposed by taxing authorities. You agree that our firm's liability for any and all claims, damages, losses and costs of any nature arising from this engagement is limited to the total amount of fees paid by you to our firm for the specific service and period relating to that liability, and does not include the amount paid for other services or periods rendered under this or any other agreement.
- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- Fees must be paid before your tax return is delivered to you or filed for you.
- Our responsibilities do not include preparation of any other tax returns or periods that may be due to any taxing authority.
- We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.

- If your return exposes us to a preparer penalty, and you do not agree to disclose or remove the position in question, we may withdraw from this engagement without completing or delivering your tax returns to you. Such withdrawal will complete our engagement, and the full fee will be due immediately.
- If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities.

Withdrawal

Either party may withdraw from this agreement, or part of it, at any time and for any reason. Written notice is required, and withdrawal is immediate. Fees for services rendered or periods begun prior to withdrawal are due in full at the time of withdrawal.

Fees

You agree to pay for services rendered. Our fee schedule may be updated from time to time, and fees will always be assessed the then-current rate. All additional services will be billed hourly. The fees below cover the initial preparation of your return, and associated e-signature and e-filing fees only. Significant changes to your return after its initial preparation will be billed hourly.

Form 1040	Individual, without schedule C, D, E or F.....	\$300
Form 1040	Individual, with schedule C, D, E or F.....	\$550
Form 1065	Multi-member LLC, Partnership.....	\$550
Form 1120S	S-Corp.....	\$550
Form 1120	C-Corp.....	\$550

Privacy

All information we obtain about you will be provided by you or obtained with your permission, and kept strictly confidential. Our firm has procedures and policies in place to protect your sensitive information. We restrict access to this information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to any third party without your express permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access, but in communicating with us by email, you acknowledge that we cannot guarantee the confidentiality of email communication. Please contact us with any questions regarding our privacy policy.

Signatures

By signing below, you acknowledge that you, or your representative, have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above. For a joint return, both taxpayers must sign.

Taxpayer Signature	Date	Spouse (if filing jointly)	Date
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Print Name	Spouse
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We appreciate your confidence. Call us at (415) 488-5025 if you have questions.
Sincerely,



Cian Richardson
Tuolumne Books LLC

Tax Year _____

Individual Tax Organizer

Personal Information		Taxpayer		Spouse	
First name & Initial					
Last name					
Social Security number					
Date of birth					
Occupation					
E-mail address					
Work phone	Cell		Work	Cell	
Home phone	Fax		Home	Fax	
Address				Apt/Suite	
City				State	ZIP

Taxpayer Legally Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse Legally Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Taxpayer Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pres Campaign Fund (Taxpayer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pres Campaign Fund (Spouse)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Filing status: Single Head of Household Married filing joint Married filing separate Widower Year of Spouse death? _____

Dependents (Children & Others)							
Name	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please answer the following questions to determine maximum deductions:

<p>1 Did your marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did your address change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Were there any changes in dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you receive unreported tip income of \$20 or more in any month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you receive any unemployment or disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you buy or sell any stocks, bonds or other investment property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Could you be claimed as a dependent on another person's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you pay anyone for domestic services in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you pay anyone for childcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>12 Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13 Did you give a gift of more than \$14,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you go through bankruptcy, foreclosure, or repossession proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you incur a loss because of damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Were you notified or audited by either the IRS or State taxing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Did you work from a home office or use your car for business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. May the IRS discuss your tax return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19 Were you a citizen of, have income from, or live in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Do you want to electronically file your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Did you buy any internet merchandise for which you did not pay sales/use tax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Health Insurance Did you have ACA compliant health insurance during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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(Attach Form 1095-A, 1095-B, and/or 1095-C)

Income

Type of Income	Form(s) to Attach	# Attached	Notes
Wage & Salary Income	Form W-2s		
Pensions, Annuities, Profit Sharing, IRAs, etc.	Form(s) 1099-R		
Social Security/Railroad Benefits	Form(s) SSA-1099		
Interest Income	Form(s) 1099-INT & Broker statements		
Dividend Income	Form(s) 1099-DIV		
Partnership, Trust, Estate Income	Form(s) K-1		
Investments Sold	Form(s) 1099-B & confirmation slips (should include Date Acquired, Date Sold, Cost, and Sale Price)		
Property Sold	Form(s) 1099-S & closing statements		
Address of Property Sold	Date Acquired		Cost & Improvements

Other Income

Type	Amount	Type	Amount
Alimony Received		Gambling/lottery winnings	
Jury duty		Disability Income	
State Income tax refund		Other	
Other		Other	

Adjustments to Income

Type	Amount	Type	Amount
Alimony Paid Name _____ SS# _____		Tuition and Fees paid Who was it paid for? _____	
Educator Expenses		IRA/SEP Contributions - Taxpayer	
Health Savings Account		IRA/SEP Contributions - Spouse	
		Student loan interest	

Medical/Dental Expenses

Type	Amount	Type	Amount
Medical insurance premiums (paid by you)		Medical equipment, supplies	
Long Term Care insurance		Nursing care	
Prescription drugs		Medical therapy	
Glasses, contacts		Hospital	
Hearing aids, batteries		Doctor/Dental/Orthodontist	
Braces		Mileage	

Taxes Paid

Type	Amount	Type	Amount
Real property tax (attach bills)		Other _____	
Personal property tax		Other _____	

Interest Expense

Mortgage interest paid (attach 1098's)		Interest paid to individual for your home (attach amortization schedule)	
		Paid to _____	SSN _____
Investment Interest		Address _____	

Charitable Contributions

Type	Amount	Type	Amount
Total cash contributions		Charitable mileage	
Total non-cash contributions (If over \$500 attach list)			

Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen			
Location of Property		Amount of Damage	
		Insurance reimbursement	
Description of Property		Repair costs	
		Federal grants received	

Miscellaneous/Unreimbursed Expenses

Type	Amount	Type	Amount
Dues - union, professional		Safe deposit box	
Books, subscriptions, supplies		IRA custodial fees	
Licenses		Investment periodicals, advisory fees	
Tools, equipment, safety equipment		Job search expense	
Uniforms (including cleaning)		Moving of household goods (job related)	
Tuition, Books (work related)		Other _____	
Entertainment		Other _____	
Tax Preparation Fee		Other _____	

Estimated Tax Payments

	Federal	State		Federal	State
1 st Quarter			3 rd Quarter		
2 nd Quarter			4 th Quarter		

Day Care Expense

Provider #1	Provider #2
Address	
EIN/SS#	
Amount Paid	
Children cared for	

Health Insurance

Taxpayer	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____
Spouse	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____

Health Insurance continued

Dependent _____	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____
Dependent _____	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____
Dependent _____	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____
Dependent _____	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____
Dependent _____	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Not insured at all <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____

*If we do your bookkeeping, you do not need to complete the Self-Employment section. You may also supply us with a Profit & Loss and Balance Sheet.

Self-Employment Information

Business Name

--

Total Sales		<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
Expenses		
Advertising		Repairs Expense
Commissions/Fees		Supplies Expense
Dues & Publications		Taxes
Interest Expense		Travel Expense
Insurance		Meals & Entertainment
Legal & Professional Fees		Telephone
Office Expense		Utilities
Rent (office) Expense		Wages (gross W-2)
Equipment Rental Expense		Postage
Auto Expense		Bank Charges
Auto Mileage		Tools & Equipment
		Uniforms
Assets Purchased		Notes
Date	Amount	Asset
Cost of Goods Sold		
Inventory at beginning of year		Material & supplies
Purchases		Other:
Cost of items for personal use		Other:
Cost of labor		Inventory at end of year

Expenses Related to Business

Auto Expense

Name of business vehicle is used for _____

Description of vehicle: _____

Date vehicle was placed in service: _____

Check if Applicable:

Another vehicle is available for personal use

There is evidence to support your deduction

This vehicle is available for use during off-duty hours

The evidence is written

Number of miles the vehicle was driven during the tax year: Business _____ Commuting _____ Total _____

Type	Amount	Type	Amount	Type	Amount
Garage rent		Property tax		Gas	
Insurance		Repairs		Tires	
Licenses		Tolls		Oil	
Parking fees		Interest		Lease payments	
Other _____		_____		_____	
_____		_____		_____	

Business Use of Home

Name of business home is used for _____

What is the square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions.

How many days during the year was the area used? _____

How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses	In the "Office expenses" column, enter those expenses that pertain exclusively to your office. In the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Mortgage interest			
Real estate taxes			
Excess mortgage interest			
Insurance			
Rent			
Repairs & maintenance			
Utilities			
Other expenses			

Rental Income	Property #1	Property #2	Property #3	Property #4
Address				
City/State				
Rent Received				
Expenses				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

Notes

I (We, if filing Jointly) acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge. I/We hereby relieve Tuolumne Books LLC, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/ these tax returns, and agree to hold them harmless from any damages I/We may suffer and understand that my/our sole relief is limited to the return of any fee paid for the preparation of these tax documents. I/we guarantee payment of the preparation fee and any related charges.

Primary Taxpayer's Signature _____ Date _____

Print Name _____

Spouse's Signature _____ Date _____

Print Name _____

Documentation

Please provide the following documentation with your completed tax organizer:

- The Social Security cards for all people included on your tax return.
- Driver's license, passport, or state identification card (or government-issued photo ID).
- Copy of last year's tax return (new clients only).
- W-2 form from employer.
- 1095 (health insurance statement).

If Applicable:

- Other income forms, such as 1099-MISC (freelance/self-employment income), 1099-G (unemployment benefits), 1099-INT (interest income), and 1099-DIV (dividend income).
- Year-end balance sheet, profit & loss and statement of cashflows.
- Copy of 1040ES (estimated tax payments).
- Schedule K-1 (Multi-member LLC, Trust, Partnership or S-Corp income statement).
- 1099S and closing statements (proceeds from real-estate transactions).
- Form 1098 (mortgage interest statement).
- Form 1098-T (tuition statement), 1098-E (student loan interest statement).
- Itemized deductions, and records of charitable contributions.
- Records of IRA contributions.
- Any other miscellaneous forms, receipts, or records sent to you for tax purposes.