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**For Tax Year 2024 - Fill out Pg. 1 completely**  
**Pg. 2 for income and estimated tax payments**  
**Pg. 3 for itemized deductions or claiming credits**  
**Pg. 4 complete if a box is checked in section 1 below**

*It is a pleasure for us to assist you with your taxes. We have prepared this organizer as a checklist to help gather the information needed to properly prepare your tax returns. Per IRS regulations, it is necessary that you provide us with all tax documents you have received. Please include them when you return this organizer to us.*

<b>Name and address:</b> Taxpayer _____ Spouse _____ Address _____	Check if you are being claimed as a dependent on another tax return <input type="checkbox"/>	Email Address _____ Spouse Email _____ Occupation - Taxpayer _____ Occupation - Spouse _____ Phone # _____
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<b>Additional Info For You &amp; Dependents:</b>		U.S.	Disabled
Name	Soc. Sec. #	Citizen	or Blind
<small>Check if Same as last year</small>		Y/N	D/B
Taxpayer	Date	Relationship	D/B
_____	_____	_____	_____
Spouse	_____	_____	_____
Dep. 1	_____	_____	_____
Dep. 2	_____	_____	_____
Dep. 3	_____	_____	_____

**IMPORTANT INFORMATION: (FILL OUT ALL BELOW INFORMATION EVERY YEAR)**

**1. IRS Due Diligence Requirements: (check all of the following that apply, and see instructions)**

- You were single, **and** had a dependent living with you during the tax year **(FILL OUT PAGE 4 HOH)**
- You, your spouse, or your dependent attended college during the tax year **(FILL OUT PAGE 4 AOTC)**
- You're claiming a child (under age 17 at end of the tax year) as a dependent **(FILL OUT PAGE 4 CTC)**
- You're claiming someone **other than** a child under age 17 as a dependent **(FILL OUT PAGE 4 ODC)**

**2. Deductions: (do not include contributions made through employers or your own business)**

- Were contributions made to a Colorado 529 plan? **(PROVIDE YEAR END STATEMENT)** \$ \_\_\_\_\_
- Was an HSA contribution made? **(PROVIDE FORM 5498-SA)** \$ \_\_\_\_\_
- Was a Traditional IRA contribution made? **(PROVIDE FORM 5498)** \$ \_\_\_\_\_
- Was a Roth IRA contribution made? **(PROVIDE FORM 5498)** \$ \_\_\_\_\_
- Was any student loan interest paid? **(PROVIDE FORM 1098-E)** \$ \_\_\_\_\_

**3. Annual Questions:**

- Did your marital status or name change during the tax year?
- Were you a full year resident of Colorado during the tax year?
- Did you have financial interest or signature authority over a foreign financial account, or have any involvement with a foreign trust during the tax year?
- Did you have any involvement with a virtual currency (Bitcoin, Ethereum, Ripple, Bitcoin Cash, EOS, etc.) during the tax year?
- Did you, spouse, and dependents have health insurance every month during the tax year? **(Please provide all forms 1095 A, B, and C)**
- Do you want any refunds directly deposited into your bank account?

Yes    No

If yes- Bank Name \_\_\_\_\_ Account Type \_\_\_\_\_  
Account No \_\_\_\_\_ Routing No \_\_\_\_\_

**INCOME:** (You do not need to fill out income sections for which you have provided tax forms)

**WAGE, PENSION & UNEMPLOYMENT INCOME** (Attach All Forms W-2, 1099R & 1099G):

Employer's Name	Gross Income	Federal Withholding	State Withholding	City W/H
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**INTEREST INCOME** (Attach Forms 1099 INT): **DIVIDENDS** (Attach Forms 1099-DIV):

Name of Payer	Amount	Name of Payer/Amts	1a	1b	2a
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**SALE OF REAL-ESTATE, STOCKS OR OTHER PROPERTY** (Attach Forms 1099-B):

Description	Date Purchased	Date Sold	Sales Price	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**OTHER INCOME OR RECEIPTS:**

State Income Tax Refund: (attach 1099-G) State \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Alimony Received: \$ \_\_\_\_\_ Alimony Paid \$ \_\_\_\_\_ Date of Divorce \_\_\_\_\_  
 Health Savings Account Distributions: \$ \_\_\_\_\_ All used for medical expenses? \_\_\_\_\_  
 Social Security received by: Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 Gambling income: (attach W-2G) \$ \_\_\_\_\_ Gambling Losses \$ \_\_\_\_\_  
 Your Own Business (attach Profit or Loss Worksheet) \_\_\_\_\_  
 Rental Properties (attach Rental Property Schedules) \_\_\_\_\_  
 S-Corps or Partnerships (attach Forms K-1) \_\_\_\_\_  
 Other Income: \_\_\_\_\_

**ESTIMATED TAX & EXTENSION PAYMENTS:** (please list dates & amounts)

Carryforwards of prior year overpayments: Federal \$ \_\_\_\_\_ State \$ \_\_\_\_\_

Date	Federal Amt.	State Amt.	Date	Federal Amt.	State Amt.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Any payments made with extensions? Federal Amt \$ \_\_\_\_\_ State Amt \$ \_\_\_\_\_

**ITEMIZED DEDUCTIONS: (only applies if more than the standard deduction below)**

- **Married Filing Jointly** - standard deduction of \$29,200 + \$1,550 for each spouse over the age of 65
- **Head of Household** - standard deduction of \$21,900 + \$1,950 if over age 65
- **Single / Married Filing Separately** - standard deduction of \$14,600 + \$1,950 if over age 65 (\$1,500 if MFS)

**MEDICAL EXPENSES: Only Include Amounts Paid Out Of Pocket. Do Not Provide Receipts.**

- deduction limited by 7.5% of Adjusted Gross Income - (For Example: if your AGI is \$100,000, then the first \$7,500 of medical expenses will not be deductible)

	<u>Amount</u>		<u>Amount</u>
Drugs/Prescriptions	_____	Dental	_____
Doctors' Services	_____	Vision	_____
Chiropractic Services	_____	Long-Term Care	_____
Medical Insurance Premiums	_____	Medicare Premiums	_____
Use of auto for medical purposes (Number of miles): _____			

**TAXES PAID: (\$10,000 maximum deduction for this category, \$5,000 if Married Filing Separately)**

State Tax Withheld (on W-2's/1099-R's): \_\_\_\_\_

Real Estate Taxes: \_\_\_\_\_

Auto Ownership Tax ("OWN TAX"): \_\_\_\_\_

Sales Tax Paid on Major Purchases: \_\_\_\_\_

**INTEREST PAID ON PRIMARY OR 2ND RESIDENCE: (Provide Forms 1098 for loans solely used to buy, build or improve primary and secondary residences. Other loan interest is not deductible)**

<u>Mortgage Interest Paid to:</u>	<u>Amount</u>	<u>Points Paid</u>	<u>Date paid off or refinanced</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CHARITABLE CONTRIBUTIONS: (Record even if not itemizing - deductible for state)**

<u>To Whom:</u>	<u>Amount</u>	<u>To Whom:</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CREDITS:**

**Electric Vehicle Credit (attach Invoice & seller's report validating credit):** Was vehicle assembled in the U.S.? \_\_\_\_\_

What was MSRP of vehicle when purchased? \$ \_\_\_\_\_ Did you resell the vehicle? \_\_\_\_\_ Was vehicle purchased new? \_\_\_\_\_

Battery capacity in kilowatt hours? \_\_\_\_\_ Gross curb weight? \_\_\_\_\_ Did you assign Fed or CO credits to a car dealer? \_\_\_\_\_

**Residential Energy Credit: (only include qualified improvements. Use link below to ensure improvement qualifies)**

Type of Improvement \_\_\_\_\_ Cost \$ \_\_\_\_\_ [https://www.energystar.gov/about/federal\\_tax\\_credits/non\\_business\\_energy\\_property\\_tax\\_credits](https://www.energystar.gov/about/federal_tax_credits/non_business_energy_property_tax_credits)

Complete Address of Installation \_\_\_\_\_

**Child Care Credit:** If you incurred child care expenses, which enabled you to be employed or a full time student, list the following: (amounts paid for education at a kindergarten or higher grade level do not qualify)

<u>Name of childcare center/person</u>	<u>Address</u>	<u>ID Number</u>	<u>Amount</u>
_____	_____	_____	_____

**DUE DILIGENCE WORKSHEET: Answer all questions applicable to the boxes checked on page 1****HOH (HEAD OF HOUSEHOLD) FILING STATUS:**

- What is the name of your qualifying dependent(s)? \_\_\_\_\_
- Did you provide more than half of his/her/their total support for the tax year? \_\_\_\_\_
- Did he/she/they live with you for more than half of the tax year? \_\_\_\_\_
- Did you pay more than half of the expenses to keep up your household during the tax year? \_\_\_\_\_
- Did you receive any non-taxable support during the tax year? (explain): \_\_\_\_\_
- Have you ever been married? \_\_\_\_\_ Are you currently married? \_\_\_\_\_
- If divorced, could you supply a divorce decree or separation agreement showing legal separation, dissolution, or termination of marriage as of the end of the tax year if requested by the IRS? \_\_\_\_\_
- Has your Head Of Household status ever been disallowed? (you would have been contacted by the IRS) \_\_\_\_\_

**AOTC (AMERICAN OPPORTUNITY TAX CREDIT): Attach Form 1098T (can be found in the student portal)**

- Student's name \_\_\_\_\_ U.S. citizen? \_\_\_\_\_ Full time student? \_\_\_\_\_
- Is the student claiming him/herself, or being claimed as a dependent on another tax return? \_\_\_\_\_
- Were all education expenses incurred during the tax year actually paid in the tax year? \_\_\_\_\_
- Were any education expenses paid with tax free scholarship, grant, employer provided education assistance, or VA benefits? \_\_\_\_\_ How much? \_\_\_\_\_
- If the student withdrew from classes, did the taxpayer receive a refund for education expenses? \_\_\_\_\_
- Did the student provide more than half of his/her support for the year? (rent, car payments, school, etc.)? \_\_\_\_\_
- Has the student ever been convicted of a felony for possessing or distributing a controlled substance? \_\_\_\_\_
- In how many prior years has the American Opportunity Tax Credit been claimed for this student? \_\_\_\_\_
- Has your AOTC ever been reduced or disallowed? (you would have been contacted by the IRS) \_\_\_\_\_

**CTC (CHILD TAX CREDIT): Eligible children are U.S. citizens with social security numbers; under the age of 17 (at the end of the tax year); that lived with the taxpayer more than half of the tax year; did not provide more than half of their own support; are not filing their own joint returns; and for whom you could provide birth certificates for.**

- Has your Child Tax Credit ever been reduced or disallowed? (you would have been contacted by the IRS) \_\_\_\_\_

1. Child's name \_\_\_\_\_ Blood related to both taxpayer and spouse? \_\_\_\_\_

If not, explain: \_\_\_\_\_

Can this child be claimed as dependent by any other person? \_\_\_\_\_

2. Child's name \_\_\_\_\_ Blood related to both taxpayer and spouse? \_\_\_\_\_

If not, explain: \_\_\_\_\_

Can this child be claimed as dependent by any other person? \_\_\_\_\_

**ODC (Other Dependent Credit): Eligible dependents are U.S. citizens with social security numbers; for which you provided more than half of their support for the tax year; and who could not be dependents of any other person for the tax year. (includes your children, who at the end of the tax year were age 17; or under age 24 and a full time student for 5 or more months during the tax year; or any other person that lived as a member of your household if the relationship didn't violate local law).**

- Has your ODC ever been reduced or disallowed? (you would have been contacted by the IRS) \_\_\_\_\_

1. Other dependent's name \_\_\_\_\_ Relationship \_\_\_\_\_

Did he/she have income less than \$5,050 for the tax year (don't count welfare or non-taxable Soc. Sec. benefits)? \_\_\_\_\_

Is he/she filing a joint return for tax year? \_\_\_\_\_

2. Other dependent's name \_\_\_\_\_ Relationship \_\_\_\_\_

Did he/she have income less than \$5,050 for the tax year (don't count welfare or non-taxable Soc. Sec. benefits)? \_\_\_\_\_

Is he/she filing a joint return for tax year? \_\_\_\_\_