



Meinershagen & Co., LLC

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2024 INDIVIDUAL INCOME TAX ORGANIZER

ALL TAX INFORMATION NECESSARY TO COMPLETE YOUR RETURN MUST BE IN OUR OFFICE BY MARCH 15TH, 2025 IN ORDER FOR US TO TRY AND MEET FILING BY THE APRIL 15TH, 2025 DEADLINE

1. GENERAL INFORMATION

Taxpayer (TP) _____ Spouse (SP) _____
Last Name First MI. Last Name First MI.
 TP Social Security Number _____ SP SSN _____
 TP Date of Birth _____ SP Date of Birth _____
 TP Date of Death _____ SP Date of Death _____

*****Please enclose a COPY of the taxpayers & spouses DRIVER'S LICENSE*****

Address _____
Street City State Zip

TP Occupation _____ SP Occupation _____
 TP email _____ SP email _____
 TP cell phone _____ SP cell phone _____
 Home phone _____
 "X" If Blind _____ Spouse _____

Were you claimed as a dependent by another taxpayer? Yes ___ No ___

Please indicate your filing status for 2024 (circle one): Single Married Head of Household Married filing Sep

If you are married but wish to file a separate return from your spouse, please answer the following questions.

Did you live with your spouse at any time during 2024? Yes ___ No ___

Will your spouse be itemizing his or her deductions? Yes ___ No ___

2. DEPENDENTS: Please list the name and age of each child or other dependents for whom you provided **OVER One- Half** of their support. **If a dependent does not live with you, please give details.** For dependents other than children, give relationship. If you need more space enter information at end of organizer.

Full Name	Social Security #	Date of Birth	Relationship	Full Time Student?	% of Support You Furnished	Dependents Gross Income
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

2A. DEPENDENTS OF DIVORCED PARENTS:

We will need you to certify via Form 8332 as to your

qualifying to claim a child for Earned Income Credit, Dependent Child Credit, and Educational Credits. MC to be provided Certification before filing tax return and certification will need to be signed by taxpayer(s).

If divorced, please provide copy of divorce decree, and if you have dependents, a copy of the parenting plan, and settlement statement if applicable.

2B. DEPENDENTS FILING THEIR OWN RETURN – If you are going to claim a child as a dependent, or for other tax credits, we will **REQUIRE a copy of the tax return the child filed with the IRS.**

3. CHILD CARE EXPENSES - FORM 2441: The law provides for a ratable credit against tax liability for household and dependent care expenses. These expenses must be necessary for both you and/or your spouse to be gainfully employed, unless the expense is related to a non-working spouse who is incapacitated or a full-time student.

Person or Organizations Who Provided the Care: This information is **REQUIRED** to claim this credit.

<u>Name</u>	<u>Address</u>	<u>Social Security # or Federal ID#</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____

4. INCOME FROM WAGES & SALARIES:

Please include ALL copies of your **W-2's**. Be aware Kansas and Missouri wages can be on separate pages/copies.

KCMO Earnings Information - If you live outside of KCMO and worked outside KCMO, please provide # of days worked outside of KCMO city limits out of 260 available workdays. **Please also provide Supervisor Name, Phone, & Email address**

5. INTEREST INCOME - SCHEDULE B

Please provide All **1099-INT** and **Consolidated Brokerage Statement 1099's, All Pages**

Are you the Seller in a Seller Financed Morg. Or Seller Financed Business? If so, please provide details on next line

Buyer Name: _____ Tax ID #: _____ Income Received: \$ _____

6. DIVIDENDS - SCHEDULE B

Please provide All **1099-DIV** and **Consolidated Brokerage Statement 1099's, All Pages**

7. IRA & PENSION DISTRIBUTIONS Please Enclose All **1099-R's**

Please provide all information related to Rollovers of IRA's, or Qualified Charitable Donations (QCD) made out of your Required Minimum Distributions (RMD), in addition to your **1099-R**

8. SOCIAL SECURITY RETIREMENT STATEMENT OR RAILROAD RETIREMENT STATEMENT

Please provide **SSA-1099** and/or provide **RRB-1099**

9. LONG-TERM CARE BENEFITS RECEIVED

	<u>Taxpayer</u>	<u>Spouse</u>
Amount of IRA contributions paid in 2024 for 2024	_____	_____
Amount of IRA contributions paid in 2025 for 2024	_____	_____
KEOGH/SEP contributions	_____	_____
If you have not made a contribution, do you want the maximum amount computed?	_____	_____
If "No", and you want to use a percentage of income, Enter the percentage.	_____	_____
Roth IRA Contributions	_____	_____

14. MEDICAL EXPENSES: Please show net amounts paid out of pocket. List health insurance premiums paid or withheld from your **taxable** income in 2024. Medical expenses in excess of 7.5% of your adjusted gross income are deductible. **(Kansas Residents, please provide information for items 14, 15, 16 & 17 as Kansas allows itemized deductions at a lower level than Federal)**

	<u>Amount</u>
Prescriptions, Medicines, Drugs & Insulin	_____
(Missouri Residents please always provide insurance premium information as we may be able to deduct on State Return)	
Health Insurance Premiums	_____
Long Term Care Insurance Premiums Paid	_____
Doctors, Dentists, Nurses, Hospitals, Etc.	_____
Transportation (\$.21 per mile for 2024) for medical miles driven	_____
Lodging paid for during stays for medical visits	_____
Did you receive any Premium Assistance Credits for your insurance?	
If so, how much? Please provide all Form 1095's.	_____
Did you pay Nursing Home expenses? – If yes, include a statement(s)	_____
Other Medical Expenses (Including Glasses, Hearing Aids, Dentures, etc.)	_____
_____	_____
_____	_____
_____	_____

15. TAXES PAID:

	<u>Amount</u>
Real Estate Taxes	_____
Personal Property Taxes	_____
Motor Vehicle Sales Tax Paid	_____
Kansas City Missouri Earnings Tax – Kansas Residents only	_____
_____	_____
_____	_____

16. INTEREST EXPENSES:

Please enclose **Form 1098**
(1098 includes mortgage insurance premiums paid)

Other Home Mortgage Interest Paid to Individuals

Amount _____

Name _____

Address _____

ID or SS# _____

17. CONTRIBUTIONS: Substantiation requirements have increased for contributions. Please enclose receipts (canceled checks are not accepted as receipts for contributions of \$250 or more). Clothing, furniture, etc. should be designated as such using fair market value at time of donation. Enclose receipts for all contributions. Mileage (@ \$.14 per mile) plus parking fees & tolls may be deducted when used for charitable work.

Cash Contributions (List)

Amount

Other Than Cash Contributions (Given to)

Description of Donated Property

a. _____
b. _____
c. _____

<u>Date of Contribution</u>	<u>Date Acquired</u>	<u>How Acquired</u>	<u>Cost or Adjusted Basis</u>	<u>Fair Market Value</u>	<u>Method Used to Determine FMV</u>
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____

18. ESTIMATED TAX PAYMENTS:

	<u>FEDERAL</u>		<u>KANSAS</u>		<u>MISSOURI</u>	
	<u>Date Paid</u>	<u>Amount</u>	<u>Date Paid</u>	<u>Amount</u>	<u>Date Paid</u>	<u>Amount</u>
Amount applied from Prior year tax return		_____		_____		_____
Voucher 1	4-15-24	_____	4-15-24	_____	4-15-24	_____
Voucher 2	6-17-24	_____	6-17-24	_____	6-17-24	_____
Voucher 3	9-16-24	_____	9-16-24	_____	9-16-24	_____
Voucher 4	1-15-25	_____	1-15-25	_____	1-15-25	_____
	or 12-24	_____	or 12-24	_____	or 12-24	_____

If you paid estimates to a state **OTHER** than Missouri or Kansas, please note below the State, Date Paid, and Amount Paid:

State: _____ 1st Qtr \$ _____ 2nd Qtr \$ _____ 3rd Qtr _____ 4th Qtr _____

If so, they must file a tax return, please provide documents to prepare tax return

Did you incur any non-business bad debts in 2024? _____

Did you pay any one household employee cash wages of \$2,700 or more in 2024? _____

At any time during 2024, did you receive, sell, send, exchange, gift or otherwise acquire any financial interest in any virtual currency/digital asset? _____

If yes, please provide any documentation you may have

If yes, what is the total cost basis and sale price? \$ _____

Did you hold the currency for more than 12 months? _____

Did you make any qualified energy efficient home improvements? _____

If yes, please provide supporting documents.

Did you purchase an electric vehicle? _____

If yes, please provide purchase documents related to vehicle purchase

If you are an educator, did you incur unreimbursed teaching/classroom expenses? _____

Maximum amount is \$300 for 2024

Do you have an HSA account? Have you made contributions during the year? _____

How much in contributions have you made? _____ Provide **Form 5498-SA**

Did you take distributions from an HSA account during the year, and if so, were all distributions for qualified medical expenses? Please provide **Form 1099-SA** _____

Did you purchase your health insurance through the Healthcare Marketplace? _____

If yes, please include a copy of your Form 1095-A

Did you receive any correspondence/notices from the IRS or State Department of Revenue? _____

If yes, please provide a copy of the correspondence/notice

IF you have been a victim of ID theft, please enclose a copy of the IRS IP PIN assignment letter.

WE MUST HAVE YOUR IRS IP PIN LETTER TO FILE YOUR TAX RETURN

Review prior year's tax return and make sure at a minimum you have the same documents this year that you had in the previous year, and if you do not, understand why you do not have the same documents

WE WILL BE EXTENDING YOUR TAX RETURN IF THE MARCH 15TH, 2025 DEADLINE FOR HAVING ALL INFORMATION INTO OUR OFFICE IS MISSED. WE WILL COMPLETE YOUR RETURN AS SOON AS POSSIBLE AFTER THE APRIL 15TH DEADLINE.

21. MISCELLANEOUS: List any information pertaining to your situation that was not covered in this questionnaire.

22. QUESTIONS FOR TAX PREPARER?

NOTE: YOU ONLY NEED TO COMPLETE SECTIONS 23 THRU 26 IF YOU HAVE A SMALL BUSINESS OR RENTAL PROPERTIES

23. BUSINESS AUTO EXPENSES: Auto expense, parking, and tolls required for business must be accounted for. You must be able to prove miles driven for business purposes, (Mileage rate per mile below).

	<u>Vehicle #1</u>	<u>Vehicle #2</u>
Make, Model, Year of Vehicle	_____	_____
Odometer Readings: 01-01-24	_____	_____
12-31-24	_____	_____

General Information REQUIRED by the IRS:

Enter the date the vehicle was placed in service.	_____	_____
Total mileage during 2024.	_____	_____
Miles included above that the vehicle was used for business.	_____	_____
January 1 to Dec 31 (\$.67 per mile)	_____	_____
Do you or your spouse have another vehicle available for personal purposes?	___ Yes ___ No	___ Yes ___ No
If your employer provides you with a vehicle, is personal use during off-duty hours permitted? ___N/A	___ Yes ___ No	___ Yes ___ No
Do you have evidence to support your deductions?	___ Yes ___ No	___ Yes ___ No
If yes, is the evidence written?	___ Yes ___ No	___ Yes ___ No

24. SELF-EMPLOYED BUSINESS INCOME - SCHEDULE C: List gross income and itemized expenses.

Provide all Form **1099-Misc.**, **1099-NEC**, **1099-K** received for the businesses.
Provide profit & loss statement for each business if available.
Please complete the following questions.

Business # 1

Business # 2

Name _____	Name _____
Federal ID# _____	Federal ID# _____
Product or Service _____	Product or Service _____
Did you materially participate in the operation? _____	Did you materially participate in the operation? _____
Are you required to file form 1099? Yes ___ No ___	Are you required to file form 1099? Yes ___ No ___
Did you file 1099s for this business? Yes ___ No ___	Did you file 1099s for this business? Yes ___ No ___

25. SELF-EMPLOYED BUSINESS INCOME - SCHEDULE C - CONTINUED:

Income	<u>Business #1</u>	<u>Business #2</u>
Gross Receipts	_____	_____
Returns & Allowances	_____	_____
Other Income	_____	_____
Cost of Goods Sold		

Beginning Inventory (2024 Schedule C) _____
Purchases, less cost of items for personal use _____
Cost of Labor..... _____
Materials and Supplies _____
Other Costs _____
Ending Inventory _____

Deductions

Advertising _____
Auto Expenses (or mileage) _____
Bank Charges..... _____
Commissions & Fees..... _____
Depreciation & Section 179 Expense..... _____
Dues & Publications..... _____
Employee Benefits..... _____
Freight..... _____
Insurance _____
Mortgage Interest _____
Other Interest _____
Laundry & Cleaning _____
Legal & Professional Fees..... _____
Meals & Entertainment _____
Office Expenses _____
Pensions & Profit Sharing _____
Rent (office & rental equipment) _____
Repairs & Maintenance _____
Supplies _____
Taxes & Licenses _____
Travel _____
Utilities _____
Wages _____
Fixed Assets Purchased (Attach list with dates & amounts).... _____
Other expenses, describe : _____

Self Employed Health Insurance..... _____

Home office deduction information – Safe Harbor Rules Total Square Feet of Home: _____

Square Feet of home used solely and exclusively for Business: _____ (Max under Safe Harbor rule is 300sf)

26. RENTAL INCOME - SCHEDULE E: List gross income and itemized expenses. Identify location and designate commercial or residential designation. If property has been bought or sold, please include closing statements.

Does this activity qualify for QBI deduction? Yes__ No__
Is this a self-rental activity (your business is renting a building from you) Yes__ No__

Description and Address

#1 _____

#2 _____

#3 _____

	#1	# 2	# 3
Did you actively participate in the rental operation? Y/N	_____	_____	_____
Percent of Ownership.....	_____	_____	_____
Rents Received	_____	_____	_____
Royalties Received	_____	_____	_____
Are you required to file form 1099?	_____	_____	_____
Did you file Form 1099s for your rental?.....	_____	_____	_____
How many days did you rent this property during the year?	_____	_____	_____
How many days did you use the property for personal use?	_____	_____	_____

Expenses:

Advertising	_____	_____	_____
Auto Expenses or Mileage & Travel	_____	_____	_____
Cleaning & Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Management Fees.....	_____	_____	_____
Insurance	_____	_____	_____
Legal & Professional Fees	_____	_____	_____
Mortgage Interest Paid	_____	_____	_____
Other Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Utilities	_____	_____	_____
Wage & Salaries	_____	_____	_____
.....	_____	_____	_____
.....	_____	_____	_____

Is this a vacation or second home? Y/N..... _____

If you vacationed any in this home, how many days did you use this home on your vacation? _____