

FRANKLIN & FRANKLIN, PA.

CERTIFIED PUBLIC ACCOUNTANTS

****REQUIRED****

As a firm we aim to best meet your needs and to offer top quality service in the most effective and efficient manner possible. To assist in doing so, *please complete and return this checklist along with all your 2024 tax return information. Thank you!*

*****ITEMS NEEDED CHECKLIST*****

- Signed Engagement Letter**
- Completed 5 page questionnaire (“ORG 3 & 4”)**
- Copies of Social Security Cards for all NEW Dependents**
- Please include IRS issued IPPIN if applicable**
- Copies of Social Security Cards for all NEW Dependents**
- Please Confirm / Correct / Add Personal Information:**

Name(s):

Address:

Taxpayer Email:

Home Phone:

Taxpayer Cell:

Spouse Cell:

Spouse Email:

Additional Phone(s):

Additional Email(s):

Questions / Comments/ Requests for F&F:

FRANKLIN & FRANKLIN, PA
3320 Siskey Parkway, Suite 102
Matthews, NC 28105
(704) 845-1195

Dear New Client,

As 2024 ends and the new year begins, it's time to start thinking about taxes again.

Enclosed is your 2024 Tax Organizer which we will use in preparing your 2024 tax return(s). It summarizes your 2023 tax information and provides space for you to enter your 2024 data. As you receive your 2024 tax documents, please collect them and keep them with this organizer. These documents include such items as your W-2s, Form 1099s, K-1s, brokerage statements, etc. Your check register may also include pertinent information.

At the request of our insurance carrier we have enclosed an engagement letter (along with a copy for you to keep) which summarizes the services we will provide. **Please sign and date the FRANKLIN & FRANKLIN, PA copy and return it with your information prior to us beginning work on your tax return.**

When you have gathered all your tax information, please mail or drop off the tax organizer along with your various tax forms OR you may contact our office to set up an appointment to complete your 2024 tax return(s). **We must receive all information to prepare your return by March 15, 2025** to ensure that your return will be completed and E-Filed by April 15, 2024. If your return is not E-Filed by April 15, 2025 you may be subject to late filing or late payment penalties. If an extension request is requested/filed, to meet the late filing deadline of October 15, 2025 we must receive all information to prepare your return by **September 15, 2025.**

For information about our firm and other helpful information please refer to **www.franklinpas.net**.

We look forward to hearing from you soon. As always, contact us if you have any questions.

Sincerely,

FRANKLIN & FRANKLIN, PA

**FRANKLIN & FRANKLIN, PA COPY
(TO BE SIGNED AND RETURNED)**
FRANKLIN & FRANKLIN, PA
3320 Siskey Parkway, Suite 102
Matthews, NC 28105
(704) 845-1195

ENGAGEMENT LETTER

Date:

Name:

Address:

Dear New Client,

We appreciate the opportunity to work with you. To minimize the possibility of a misunderstanding between us, we are setting forth pertinent information about the services we will perform for you.

We will prepare your 2024 federal and applicable _____ state individual income tax returns from information you furnish us and we may process them using any of our staff. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some of the information. We will furnish you with questionnaires to help you gather and organize the necessary information for us, in order to keep our fee to a minimum.

The IRS requires all individual income tax returns prepared by a paid preparer to be electronically filed (“E-Filed”). It is imperative you review your tax returns and return the E-File authorization form with all required signatures to our office within 10 days of receipt, or by April 1, 2025, whichever comes first. Without this signed authorization, your taxes will not be filed and you may be subject to late filing or late payment penalties.

We must receive all information to prepare your return by **March 15, 2025**, to ensure that your return will be completed and E-Filed by April 15, 2025. If your return is not completed and E-Filed by April 15, 2025 you may be subject to late filing or late payment penalties. If an extension request is filed, to meet the late filing deadline of October 15, 2025 we must receive all information to prepare your return by **September 15, 2025**.

It is your responsibility to disclose to us all sources of income and to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support charitable contributions of all amounts. If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns before signing and mailing them to the tax authorities. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest. The IRS has imposed more stringent preparer penalties which require that positions taken on tax returns must be “more likely than not” sustained on its merits. It is your responsibility to fully communicate these facts. We will file using the filing status from the previous year, not exploring other filing status options unless you expressly indicate a desire for us to do so. If filing a joint return we are authorized upon request to give either spouse a copy of the return.

Fees for our services will generally be at our standard rates plus computer charges and out-of-pocket expenses for all work performed. Our fee for the preparation of your tax return does not include research, responses to government agencies or responses to questions, which is billed separately. Payment for service is due when rendered and interim billings may be submitted as work progresses and expenses are incurred. We reserve the right to stop work on any account that is 180 days past due, in accordance with our firm’s stated collection policy. Interest at 8% per year may be computed on invoices not paid within 30 days.

It is our firm's policy to retain copies of your tax returns and selected documents for five years, after which the records may be destroyed. Original documents are returned to you promptly at the completion of the engagement, along with a completed copy of your tax return. By your signature below, you acknowledge and agree that upon the expiration of the 5 year period Franklin & Franklin, PA shall be free to destroy our records related to this engagement, as records retention is your responsibility, and that our engagement file is our property.

We are responsible for preparing only the returns listed above. Our fee does not include responding to inquires or examination by taxing authorities. However, we are available to represent you under a separate engagement for such services at our standard rates.

We strive to provide timely responses to client inquiries. If you contact us and you do not receive a response within 5 business days you should assume that we have not received your message and contact us again. Since tax advice is very complicated and not well suited to telephone conversations and email, it is agreed that only written advice on our letterhead will be relied upon.

We will use our judgment to resolve questions in your favor where a tax law is unclear if there is a reasonable justification for doing so. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your return. We will follow whatever position you request, so long as it is consistent with the codes and regulations and interpretations that have been promulgated. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. Currently, the IRS and state taxing agencies are aggressive in assessing penalties. We assume no liability for any such additional penalties or assessments. In the event, however, that you ask us to take a tax position that in our professional judgment will not meet the applicable laws and standards as promulgated, we reserve the right to stop work and shall not be liable to you for any damages that occur as a result of ceasing to render services.

As your CPAs, we collect:

- ***Information provided by you from your tax organizer, worksheets, documents, and discussions and***
- ***Information that we develop as part of this engagement.***

As your CPAs, we are required to keep all information about our engagement confidential, so we will not disclose any information about you unless we have your approval or are required/permitted by law. This applies even if you are no longer a client.

As your CPAs, we are committed to the safekeeping of your confidential information and we maintain physical, electronic, and procedural safeguards to protect your information. We also retain some information electronically and sometimes access that information over the internet. You authorize us to transmit, update and store information electronically and to transmit your information over the internet when needed.

For tax years beginning in 2000, the IRS has provided that an individual taxpayer and his or her spouse, if applicable, may authorize the IRS to discuss the taxpayer's tax return with the CPA who signed the taxpayer's return as the return preparer. The authorization is granted by checking the "yes" box in the signature area of the tax return. By checking the "yes" box, you are granting the IRS permission to contact our firm with questions that may arise during the processing of your return. You would also be granting our firm the permission to (1) provide the IRS with any information that may be missing from your return, (2) call the IRS to inquire on the processing of your return or on the status of your refund, and (3) respond to any IRS notices that you have provided to our firm relating to mathematical errors, offsets, and return preparation. Please note that our firm will not receive separate copies of IRS notices; therefore, you must provide our firm with copies of any notices you receive from the IRS. Once elected, the authorization cannot be revoked. The authorization is valid for one year after the due date for filing the tax return.

Federal law has extended the attorney-client privilege to some, but not all, communications between a client and the client's CPA. The privilege applies only to non-criminal tax matters that are before the IRS or brought by or against the U.S. Government in a federal court. The communications must be

made in connection with tax advice. Communications solely concerning the preparation of a tax return will not be privileged.

Federal law requires that certain individuals and entities report financial interests in, and signatory authority or certain other authority over, foreign financial accounts with more than \$10,000 in aggregate value in a calendar year. This form is not a tax form and is not filed with the tax return but is instead filed separately. Unless otherwise specifically agreed in writing, we will not prepare, file or provide assistance with respect to this filing requirement.

In addition, your confidentiality privilege can be inadvertently waived if you discuss the contents of any privileged communication with a third party, such as a lending institution, a friend, or a business associate. We recommend that you contact us before releasing any privileged information to a third party.

If we are asked to disclose any privileged communication, unless we are required to disclose the communication by law, we will not provide such disclosure until you have had an opportunity to argue that the communication is privileged. You agree to pay any and all reasonable expenses that we incur, including legal fees, that are a result of attempts to protect any communication as privileged.

If any dispute arises among the parties, they agree to try first in good faith to settle the dispute by mediation administered by the American Arbitration Association (AAA) under its Rules for Professional Accounting and Related Services Disputes. All unresolved disputes shall then be decided by final and binding arbitration in accordance with the Rules for Professional Accounting and Related Services Disputes of the AAA. Fees charged by any mediators, arbitrators, or the AAA shall be shared equally by all parties. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE OVER FEES CHARGED BY THE ACCOUNTANT, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.

If the above fairly sets forth your understanding, please sign this letter and return it to us with your tax information. If tax information is received without a signed engagement letter, we will presume agreement with all above provisions.

Also, please indicate, by circling the appropriate response in the following sentence: **I hereby grant / do not grant (circle one)** limited authorization for your firm to contact the IRS on our/my behalf as discussed in the above letter. If you fail to indicate a response, it is our firm's policy to mark the box that grants authorization.

We are pleased to have you as a client and look forward to a long and mutually satisfying relationship.

Sincerely,

FRANKLIN & FRANKLIN, PA

I (We) have submitted this information for the sole purpose of preparing my (our) 2024 tax return(s). Each item can be substantiated by receipts, cancelled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge and we agree to the above terms.

Taxpayer's Signature Date Spouse's Signature Date
Primary Email Address: _____ Secondary Email Address: _____

Taxpayer's Cell: _____ Spouse's Cell: _____

Preferred Method of Contact (i.e. cell, email, other): _____

[] By checking here I/we ask that you set up an appointment mid-year for the purposes of tax planning, to be billed separately.

General Questions

ORG3

PERSONAL INFORMATION

	Yes	No
1 Did your marital status change during 2024? If yes , explain	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you want to allow your tax preparer to discuss this year's return with the IRS? If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy. Designee's Name ▶ Phone Number ▶ Personal Identification Number (5 digit PIN) ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Do you or your spouse plan to retire in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2024 or 2025): Taxpayer: _____ Spouse: _____		
6 Were you or your spouse a member of the U.S. Armed Forces during 2024?	<input type="checkbox"/>	<input type="checkbox"/>

DEPENDENT INFORMATION

	Yes	No
7 a Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,600?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2024?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2024?	<input type="checkbox"/>	<input type="checkbox"/>

IRA, PENSION AND EDUCATION SAVINGS PLANS

	Yes	No
12 Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
14 a Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you roll over all or part of a qualified plan into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>

ITEMS RELATED TO INCOME/LOSSES

	Yes	No
16 Did you receive any disability payments in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you buy, sell, refinance, or abandon a principal residence or other real property in 2024? (Attach copies of any escrow statements or Forms 1099.)	<input type="checkbox"/>	<input type="checkbox"/>
19 a If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	<input type="checkbox"/>	<input type="checkbox"/>
b Are you planning to purchase a home soon?	<input type="checkbox"/>	<input type="checkbox"/>
c Did you incur any casualty or theft losses during 2024?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR YEAR TAX RETURNS

	Yes	No
21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

- | | Yes | No |
|--|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24a At any time during 2024, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2024 ? Report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Did you at any time during 2024, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | Yes | No |
|---|--------------------------|--------------------------|
| 27 Did you receive Form 1095-A (Health Coverage)? If so, please attach | <input type="checkbox"/> | <input type="checkbox"/> |
| 28a Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024 ? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you purchase a motor vehicle or boat during 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , attach documentation showing sales tax paid. | | |
| 33 Did you purchase an energy efficient vehicle in 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , enter year, make, model, and date purchased: _____
also provide VIN: _____ | | |
| 34 Did you donate a vehicle in 2024 ? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 What was the sales tax rate in your locality in 2024 ? _____ % State ID _____ | | |
| 36 Did you or your spouse make gifts of over \$18,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach details. | | |
| 39 Did you or your spouse participate in a medical savings account in 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 40 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 Did you pay any individual for domestic services in 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you, your spouse, or your dependents attend post-secondary school in 2024 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did a lender cancel any of your debt in 2024 ? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach information. | | |
| 46 At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47a Do you want to change the language with which the IRS communicates with you? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes, which language? | | |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | Yes | No |
|--|--------------------------|--------------------------|
| 48 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |

Caution: Review transferred information for accuracy.

- 50 If **yes**, please provide the following information:
- a Name of your financial institution
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32)
- c Account number
- d What type of account is this?Checking Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2024 ? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2024 ?	<input type="checkbox"/>	<input type="checkbox"/>
12 Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient Do you have records to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you purchase special fuels for non-highway use?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

Additional Questions:

Required Minimum Distribution (RMD):

In 2024 were you 73 years old or older? Yes No

If yes, did you take your "Required Minimum Distribution"? Yes No

If yes, did you transfer it to a 501c3 charitable organization (as a "QCD" Qualified Charitable Distribution)? Yes No

If yes, please provide supporting information.

New Virtual Currency Question:

At any time during 2024, did you a) receive as reward, award, or payment for property or services or b) sell, exchange gift or otherwise dispose of a digital asset? Circle: Yes or No

If yes, please provide supporting information.

State Tax Return Items

Consumer Use Tax

North Carolina has a use tax on purchases made outside the State for use inside the State called a Consumer Use Tax. You should pay the use tax on your individual income tax return. If you owe use tax on consumer items but are not required to file an individual income tax return, you should report and pay the use tax on Form E-554, Consumer Use Tax Return.

An individual owes consumer use tax on an out-of-state purchase when the item purchased is subject to North Carolina sales tax and the retailer making the sale does not collect sales tax on the sale or the state sales tax rate imposed by the other state is less than the state sales tax rate imposed by North Carolina. Examples of items that are subject to the consumer use tax include computer and other electronic equipment, software, books, audio and video tapes, compact discs, records, clothing, appliances, furniture, sporting goods and jewelry. Out-of-state retailers include mail-order companies, television shopping networks and firms selling over the internet. When an out-of-state retailer does not collect sales tax or the tax collected is less than the state tax imposed by North Carolina, the responsibility of paying the tax falls on the purchaser. This includes items purchased in other states during "tax-free holidays". Other states share information with North Carolina on sales to North Carolina residents and the U.S. Customs Service provides information on overseas purchases. The use tax is calculated at the same rate as the sales tax. If you paid another state's sales or use tax on out-of-state purchases, that amount can be credited against the North Carolina use tax due. If you file the Form D-400, the use tax will be shown on this form.

Please circle A, B, C or D. If you are not a NC resident please complete part D.

- A. I have records of all out-of-state purchases and no sales tax was charged on the following purchases: Total purchases from 1/1/24-12/31/24 \$ _____**
- B. I do not have records of my 2024 purchases, but I had less than \$1,000 in out-of-state purchases in which no sales tax was collected. Please use the Use Tax Table.**
- C. I had no out-of-state purchases or I did not have any out-of-state purchases in which sales tax was not collected.**
- D. I am not a NC resident. (circle one below)**
- a. I did have out-of-state purchases in which sales tax was not charged.
Total purchases from 1/1/24-12/31/24 \$ _____**
 - b. I did not have out-of-state purchases in which sales tax was not collected.**

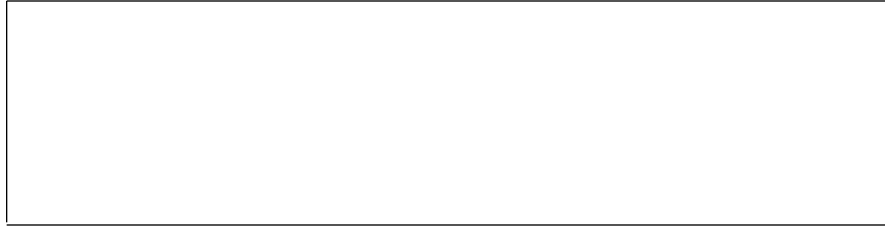
North Carolina Education Endowment Fund

NC fund established in 2015 to provide additional funds for NC teacher compensation funded by:

- a-Gifts, grants and contributions to the State (By way of designated tax refunds or Form NC-EDU)
- b-The Sale of "I Support Teachers" license plates
- c-Appropriations from NC General Assembly

NC taxpayers have the option to donate to this fund on your tax return. Please circle below:

- a. Please designate ALL of my NC overpayment to the NC Education Endowment fund**
- b. Please designate \$ _____ of my NC overpayment to the NC Education Endowment fund**
- c. Please provide a payment voucher, form NC-EDU, so that I may donate \$ ___ to the fund**
- d. I DO NOT want to donate to the NC Education Endowment fund**



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2024 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2024 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2023 information is included for your reference. You do not need to make any 2023 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2023 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, Form 1099-NEC or Form 1099-K.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- Copies of invoices regarding residential clean energy improvements.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

FRANKLIN & FRANKLIN, PA
3320 Siskey Parkway, Suite 102
Matthews, NC 28105
Telephone: (704)845-1195 Fax: (704)845-1194
E-mail: info@franklinpcpas.net

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	_____	_____
First name	_____	_____
Middle initial and suffix	MI _____ Suffix _____	MI _____ Suffix _____
Social security number	_____	_____
Occupation.....	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address.....	_____	_____
Driver's License/Id issuing state	_____	_____
License /Id number.....	_____	_____
License/Id issue date	_____	_____
License/Id expiration date.....	_____	_____
Birthdate	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number
City.....	_____ State.....	ZIP code.....
Home phone.....	_____ Foreign country	_____
Fax.....	_____ Foreign phone	_____

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year

Check this box if you are eligible to claim spouse's exemption

Check this box if your spouse itemizes deductions.....

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

5 Qualifying surviving spouse

Check the box for the year the spouse died 2022 2023

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Not qualified credit Other dep	Date of Birth	2024 Child Care Expense
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

** For the Dependent Code, enter the following: L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

****Type of Interest**
 blank = Regular taxable interest
 ME1 = ME bond interest in federal income
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest
 NH1 = NH nontaxable interest — taxable federal
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest
 TN1 = TN nontaxable interest — taxable federal
 WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2024 Box 1 Interest	Type of Interest**	2024 Box 3 US/Treasury Interest	2024 Box 8 Tax Exempt	State	2023 Box 1 + 3

X* Check if you did not receive income from this account in 2024 .

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2024 Box 1a Ordinary Dividends	2024 Box 1b Qualified Dividends	2024 Box 2a Capital Gains	State	2023 Box 1a + 2a

X* Check if you did not receive income from this account in 2024 .

Business Income and Expenses

ORG19

GENERAL INFORMATION

Is this activity a qualified trade or business under Section 199A? Yes No

1 Check ownership **Taxpayer** **Spouse** **Joint**

2 Business name

3 a Business street address.....

b 1 City, State and Zip Code, or

2 Foreign country.....

4 Principal business/profession

5 Employer ID number.....

6 Business code (**Preparer Use Only**)

7 Was this business fully disposed of in a fully taxable transaction during 2024? **Yes** **No**

8 Accounting method:
 Cash Accrual Other (specify)

9 Method used to value closing inventory:
 Cost Lower of cost or market Other (explain)

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) **Yes** **No**

11 Did you materially participate in the operation of this business during 2024? **Yes** **No**

12 Did you start or acquire this business during 2024? **Yes** **No**

13 a Did you make any payments in 2024 that require you to file Forms 1099? **Yes** **No**

b If yes, did you or will you file all the required Forms 1099? **Yes** **No**

14 At-risk determination:

a Is all of the investment in this activity at risk? **Yes** **No**

b Is some of the investment in this activity not at risk? **Yes** **No**

15 Did you have unallowed passive losses in 2023? **Yes** **No**

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? **Yes** **No**

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** **Extension** **No**

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? **Yes** **No**

d Was this business located in a Qualified Disaster Area? **Yes** **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2024	2023
17 Gross receipts or sales.....		
18 Returns and allowances plus other adjustments.....		
19 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2024	2023
20 Inventory at beginning of year		
21 Purchases		
22 Items withdrawn for personal use		
23 Cost of labor (do not include your salary)		
24 Materials and supplies		
25 Other costs		
26 Inventory at end of year.....		

Business Income and Expenses (continued)

ORG19

EXPENSES	2024	2023
Business name _____		
27 Advertising		
28 Car and truck expenses (complete ORG18).....		
29 Commissions and fees		
30 Contract labor		
31 Depletion		
32 Depreciation and Section 179 deduction (Preparer Use Only).....		
33 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
34 Insurance (other than health)		
35 Self-employed health insurance attributable to this business		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098.....		
b Other		
37 Legal and professional services		
38 Office expenses		
39 Pension and profit-sharing plans		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property.....		
41 Repairs and maintenance		
42 Supplies (not included in cost of goods sold)		
43 Taxes and licenses not reported to you on Form 1098		
44 Travel and meals		
a Travel.....		
b Meals subject to 50% limit.....		
c Meals subject to 80% limit.....		
d Meals not subject to limit		
45 Utilities		
46 Gross wages		
47 Other expenses:		

48 Expenses for business use of your home (Preparer Use Only).....		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs		
50 DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018.....		
51 DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017		

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property description: _____
 Property type: * _____ If type is other, enter a description: _____
 Location (street address) _____
 City: _____ State: _____ Zip: _____
 If a foreign address: Foreign province or state: _____
 Foreign postal code: _____ Foreign Country: _____

Is this activity a qualified trade or business under Section 199A? Yes No

- 1** Check property owner **Taxpayer** **Spouse** **Joint** Yes No
- 2 a** Did you make any payments that would require you to file Form(s) 1099? Yes No
- b** If **yes**, did you or will you file all required Forms(s) 1099? Yes No
- 3 a** Enter the ownership percentage (if not 100%) _____
- b** If not 100%, are you reporting 100% of the income and expenses? Yes No
- 4** Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) Yes No
- 5** Did you have personal use of this property or rent it for part of the year at less than fair rental value? Yes No
- 6** For all rental properties, **enter the number of days** during 2024 that:
- a** The property was rented at fair rental value _____
- b** The property was used personally or rented at less than fair rental value _____
- c** You owned the property, if not the entire year _____
- 7 a** Does this rental have multiple living units and you live in one of the units? Yes No
- b** If **yes**, enter percentage of rental use _____
- 8** Did you actively participate in this property's management during 2024 ? Yes No
- 9** Did you materially participate in this property's management during 2024 ? Yes No
- 10** Do you want to treat this property as non-passive? Yes No
- 11** Did this property have unallowed passive losses in 2023 ? Yes No
- 12** Did you dispose of this property in a fully taxable transaction? Yes No
- 13** Check this box if some of this investment was **not** at-risk Yes No
- 14 a** Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No
- b** Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** **Extension** **No**
- c** Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No
- d** Was this activity located in a Qualified Disaster Area? Yes No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2024	2023								
15 Rents or royalties received										
<p style="margin: 0;">* Property Types:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">1 Single family residence</td> <td style="width: 50%; border: none;">5 Land</td> </tr> <tr> <td style="border: none;">2 Multi-family residence</td> <td style="border: none;">6 Royalties</td> </tr> <tr> <td style="border: none;">3 Vacation/short-term rental</td> <td style="border: none;">7 Self-rental</td> </tr> <tr> <td style="border: none;">4 Commercial</td> <td style="border: none;">8 Other</td> </tr> </table>			1 Single family residence	5 Land	2 Multi-family residence	6 Royalties	3 Vacation/short-term rental	7 Self-rental	4 Commercial	8 Other
1 Single family residence	5 Land									
2 Multi-family residence	6 Royalties									
3 Vacation/short-term rental	7 Self-rental									
4 Commercial	8 Other									

Rent and Royalty Income and Expenses (continued)

ORG25

EXPENSES	2024	2023
Property location		
16 Advertising		
17a Automobile (complete ORG18 for autos).....		
b Travel.....		
18 Cleaning and maintenance		
19 Commissions.....		
20a Mortgage insurance premiums – qualified		
b Other insurance		
21 Legal and professional fees		
22 Management fees		
23a Mortgage interest paid to banks – qualified.....		
b Mortgage interest paid to banks – other		
24 Other interest		
25 Repairs.....		
26 Supplies.....		
27a Real estate taxes.....		
b Other taxes		
28 Utilities		
29 Other expenses:		
a		
b		
c		
d		
e		
30a Depreciation and Section 179 deduction (Preparer Use Only)		
b Depletion (Preparer Use Only)		

Tax Payments

ORG40

2024 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/15/24								
2 Qtr 2 due by 06/15/24								
3 Qtr 3 due by 09/15/24								
4 Qtr 4 due by 01/18/25								
5 a Additional payments								
b Additional payments								
c Additional payments								
d Additional payments								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2023 overpayment applied to 2024			
7 Balance due paid with 2023 return			
8 a 2023 Quarter 4 payments paid in 2024			
b 2023 extension payments paid in 2024			
9 Other taxes paid in 2024 for prior years (include explanation)			

2025 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2025, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	_____
	Spouse	_____
11 Self-Employment Income	Taxpayer	_____
	Spouse	_____
12 Capital Gains (sale of stock, real estate, etc)		_____
13 Other Income:		
Description		_____

Deductions

14 Allowable Itemized Deductions	_____
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	_____
16 Federal Withholding	_____
17 Number of personal exemptions expected for 2025	_____

ADDITIONAL INFORMATION

18 Check to use your 2024 tax amount for your 2025 estimate	<input type="checkbox"/>
19 If you have an overpayment of 2024 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment	_____
21 Number of installments for estimated tax (1 - 4)	_____