

112 PARKWAY  
 SEVIERVILLE, TN 37863  
 PHONE - 865-428-2824  
 TAX -865-428-8880

# TRILLIUM TN, INC.

## 2024 Client Tax Organizer

**Please visit our website for employees and individual email addresses**

[www.trilliumtn.net](http://www.trilliumtn.net)

**Please complete this Organizer before your appointment.**

Personal Information

Name	Soc. Sec No.	Date of Birth	Occupation	Work Phone
Taxpayer				
Spouse				
Street Address	City	State	Zip	Cell Phone
Email Address				

<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>
Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single

**DEPENDENTS**

Name - (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You

**Wages, Salary Income**

Attach W2s: Employer	Amount

**INTEREST INCOME**

Attach 1099-Int, and broker statements Payer	Amount	T	S
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Tax Exempt**

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Dividend Income**

Payer	Ordinary	Capital Gains	Non -Taxable

Pension, Annuity Income		
Attach 1099-R Payer	Amount	Reinvested?
		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N

Did you receive:	Taxpayer	Spouse		
Social Security Benefits			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Railroad Retirement			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**ESTIMATED TAXES PAID**

Applied from 2023 tax return

April 15, 2024	\$
June 15, 2024	\$
September 15, 2024	\$
January 15, 2025	\$

Have Marketplace Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N
Have 1099-A	<input type="checkbox"/> Y <input type="checkbox"/> N

**PARTNERSHIP, TRUST ESTATE INCOME**

List Payers of Partnership, limited Partnership, W. Corporation, Trust or Estate Income - Attach K-1

**CHILD /DEPENDENT CARE**

Child name	Name and address of provider	ID or SSN	Amount Paid
Expenses reimbursed by employer?	<input type="checkbox"/> Y	\$	

**COLLEGE/UNIVERSITY CREDIT**

Attendee	Name and address of College or University	ID Number	Amount Paid

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