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

Please complete this Organizer before your appointment.

Personal Information Work Phone Soc. Sec No. Date of Birth Name Occupation Taxpayer Spouse Cell Phone Street Address City State Zip **Email Address Taxpayer Marital Status Spouse** Blind No Yes No Married Disabled Yes No Single DEPENDENTS Social Security **Months Lived** Name - (First, Last) Relationship **Date of Birth** Number With You Wages, Salary Income Attach W2s: Employer Amount INTEREST INCOME Attach 1099-Int, and broker statements Payer Amount Tax Exempt **Dividend Income** Ordinary Capital Gains Non -Taxable Payer

Pension, Annuity Income						
Attach 1099-R Payer					Amount Reinvestee	
					Y	N
					Y	N
					Y	N
Did you receive:		Taxpayer	Spouse			
Social Security Benefits				☐ Y ☐ N	Y	N
Railroad Retirement				☐ Y ☐ N	Y	N
ESTIMATED TAXES PAID						
Applied from 2023 tax return			Have Marketpla	ce Insurance	Y	N
April 15, 2024	\$		Have 1099-A		Y	N
June 15, 2024	\$					
September 15.	2024 \$					
January 15. 202	5 \$					
PARTNERSHIP, TRUST E	limited Partnership, W. Corpo	ration, Trust or Estate Inc	come - Attach K-	1		
*	*	,				
CHILD /DEPENDENT CA	RE					
<u>Child name</u> <u>Name and address of provider</u>				ID or SSN	Amoun	t Paid
Expenses reimbursed by empl	loyer?	Y	\$			
COLLEGE/UNIVERSITY CI	REDIT					
<u>Atendee</u>	Name and address of C	College or University		ID Number	Amoun	t Paid
						_

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BUSINESS INCOME									
	2								
Do you have a business	f							_	
	Yes	No	Taxpayer	Yes		No			
Sole Proprietor			Spouse	Yes		No			
Single Member LLC			Federa	al ID No					
Income		Amount		A -l	• • • •		penses		Amount
			1 /	Advertis	Sing	ıalı Evnana	00 / A 0+114	al\	
				Car and	I Iru	ick Expens ick Miles	es (Actua	al)	
				Car and					
Durahaga far ragala						1001			
Purchases for resale				Insuran		ortanao			
			-	Interest	IºI ·	ortgage			
				Legal and Accounting Office Expense					
			J	Rent or	λμε	51130			
Do you have a Home Of	fica	Yes No		Repairs		30			
Number of Square Feed	lin Office	l les livo		Supplie					
Number of Square Feet	in Office			Travel	<u> </u>				
Trainber of oquare rect	III Office			Meals					
Equipment Purchased t	his vear				. Te	lephome a	nd Cell F	Phone	
Equipment aronacou c	ino your.			Wages	,	торионно и		110110	
			1	Payroll	Taxe	es			
			1	Other E	хре	nses			
			1	Total	Bus	iness Expe	enses		
		ı	J L						<u> </u>
RENTAL PROPERTY									
									No. of Months
					Ad	dress			Rented
Property 1									
Property 2									
Property 3									
						<u>Prope</u>	<u>rty 1</u>	Property 2	Property 3
Rent Received									
EXPENSES									
Advertising									
Auto and Travel									
Cleaning									
Commissions									
Insurance									
Legal and Professional									
Management Fees									
Mortgage Interest									
Other Interest									
Repairs									
Supplies									
Taxes									
Utilities									
Other Expenses									
TOTAL EXPENSES									
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ITEMIZED DEDUCTIONS

MEDICAL EXPENSES	Taxpayer	Spouse
Prescriptions		
Doctor/entist?Nurses		
Hospitals and Nursing Homes		
Medical Insurance Premiums		
Long-Term Care Premiums		
Out-of-Pocker Expenses		
Medical Mileage		
Other		

Do not include amounts included on your social security or paid with pre-tax dollars

INTEREST AND TAXES	Taxpayer	Spouse
Mortgage Interest		
Equity Line Interest		
Real Estate Taxes		
State Income Taxes		
Investment Interest		

CHARITABLE CONTRIBUTIONS	AMOUNT