

**IMPORTANT
TAX QUESTIONNAIRE
ENCLOSED**

**INCOME TAX GUIDE AND ORGANIZER
2024**

PERSONAL DATA

TAXPAYER	SPOUSE	DEPENDENTS				
Last Name:	Last Name:	Name (First,Initial,Last)	D.O.B.	Soc. Sec. No.	Relationship	# Mos. In Home
First Name:	First Name:					
Occupation:	Occupation:					
Phone (Main):	Phone (Main):					
Phone (Secondary):	Phone (Secondary):	If additional space is needed, please use a separate piece of paper.				
Soc. Sec. Number:	Soc. Sec. Number:	CHILD AND DEPENDENT CARE				
		Name/Address of Provider	I.D. Number	Amount Paid		
Date of Birth:	Date of Birth:					
Address:						
City, State, & Zip:						
			TOTAL:			

E-MAIL ADDRESS:		HEALTH INSURANCE		
TAXPAYER:		Did you have health insurance coverage through the market place at any point in the year?	YES	NO
SPOUSE:			IF YES, <u>MUST</u> PROVIDE FORMS 1095-A	

DIRECT DEPOSIT INFORMATION

Routing Number:	
Account Number:	

Checking or Savings (Circle One)
 (If possible provide copy of check)

RETIREMENT CONTRIBUTIONS

	Date	Traditional IRA	SEP/SIMPLE	Roth IRA	Total Value
Single/Taxpayer					
Spouse					

HIGHER EDUCATION EXPENSES

*note if not a full time student	1st Student	2nd Student	3rd Student	4th Student
Taxpayer/Spouse/Dependent				
First 4 years of education? Y/N				
	Amount	Amount	Amount	Amount
Tuition				
Fees, Books, Supplies				
Scholarships or Grants				
Job Related Education				
	Miles Driven	Room and Board	Books and Supplies	Seminar Fees
Taxpayer				
Spouse				

****Please Provide Form 1098-T****

OTHER LOSSES AND DEDUCTIONS

	TAXPAYER (T)	SPOUSE (S)	NOTES
Alimony paid (Recipients name, Soc. Sec. Number, & Amount Paid)			
(Divorce prior to 12/31/18)			
Health savings account deduction (Form 8889)			
Educator expenses			

AUTOMOTIVE WORKSHEET (DOES NOT APPLY TO W-2 EARNINGS)

Vehicle Information	Date Placed in Service	Make	Year	Model	Cost or Basis	
Vehicle 1- (T)						
Vehicle -2 (S)						
Vehicle 3						
Mileage		Vehicle 1- (T)		Vehicle 2- (S)	Vehicle 3	
Beginning of Year						
End of Year						
Total Miles						
Business Miles						
Personal Miles						

Actual Expenses	Vehicle 1 - (T)	Vehicle 2 - (S)	Vehicle 3
Gas & Oil			
Washing/Lube			
Repairs/Maint.			
Tires/Accessories			
Insurance			
Parking/Tolls			
Licenses			
Lease Payments			
Other			

Tax Payer must maintain log, including beginning and ending odometer readings, when claiming auto expense deductions.

SELF EMPLOYED EXPENSES ONLY

Is another vehicle available for personal use? Yes / No	
T= Taxpayer S=Spouse	

INCOME

WAGES/SALARIES/W2 FORMS

T/S	Name of Employer	Taxable Wages	Fed. W/Held	Soc. Sec.	Medicare	State	Local

(Please provide a copy of ALL W2's claimed in this section)

INTEREST INCOME

T/S/J	Name of Payer	Amount

DIVIDEND INCOME

Name of Payer	Total Ord. Div.	Qualified Div.	Cap. Gains

Do you have an interest in a foreign bank account or trust? YES/NO
 Please provide 1099's

PENSIONS/ANNUITIES/IRA'S

T/S/J	Payer	Gross Distribution	Taxable Amount	Fed. W/Held

(Please attach ALL 1099's for the above sections)

CAPITAL GAINS AND LOSSES

T/S/J	Description	Date Acquired	Date Sold	Sales Price	Cost or Basis

(Please include ALL 1099's for the above section, including **SALES PRICE & BASIS**)

MISCELLANEOUS INCOME

Source of Income	Amount
Alimony (Divorce prior to 12/31 /18)	
Jury Duty (Or other public service)	
Tips/Gratuities (Not reported on W2)	
Contests/Awards (Attach 1099's)	
Commissions/Bonuses (Not reported on W2)	
Pensions/Annuities (Attach 1099-R)	
IRA/Keogh (Attach 1099's)	
Profit Sharing Distributions (Attach 1099's)	
Unemployment Compensation (Attach 1099-G)	
Partnerships/Estates/Trusts (Provide K-1's)	
Small Business Corps/Sub Chapter S (Provide K-1's)	
Farm Income (Provide Details)	
Forgiven Debt	
Gambling winnings (Provide W2-G)	
Other (Explain)	

SOCIAL SECURITY INCOME

SSA-1099	Benefits (box 5)	Medicare
Taxpayer		
Spouse		

SALE OF RESIDENCE

Date Acquired	
Date Sold	
Cost or Basis	
Improvements	
Expense of Sale	
Selling Price	
Was any part of home rented or used for business?	Yes/No
Was home used as principal residence for 2 years?	Yes/No
(Please provide closing Documents)	

For Rental, Farm, or Small Business activities please contact us and we will provide a detail worksheet.

DEDUCTIONS

MEDICAL		CONTRIBUTIONS			
Include only un-reimbursed medical expenses		Receipts/cancelled checks are now required to deduct contributions			
Description	Amount	Description	Amount		
Doctors, Dentists, Hospitals, Etc.		Church/Temple (Name)			
Prescriptions & Drugs		Cancer, Heart, Etc. (attach list)			
Eye Glasses/Contacts		Red Cross, United Way, Etc. (attach list)			
Hearing Aids & Supplies		Public TV/Radio			
X-Ray/Lab Fees		Veteran's Org. (Name)			
Ambulance/Paramedics		Schools (Name)			
Nurses		Other:			
Medical Aid Rental		Non-Cash Contributions (Food, Clothing, Etc.)			
Equipment (Prescribed)		Volunteer Work (Mileage & Parking)			
Nursing Home Care					
MISC. ITEMIZED DEDUCTIONS					
		Description	Amount		
Smoking Cessation Program					
Other		*Gambling Losses (Limited to winnings) - See Below			
Medical Insurance		Casualty / theft losses of income-producing property.			
Group Health Plans		Loss from other activities from Sch K-1			
Pre-Tax _____ After-Tax _____		Federal estate tax on income in respect of decedent			
Transportation (Miles or Actual Cost)		Amortizable bond premium			
Lodging (While away from home)		Misc. other:			
Other Insurance					
Long Term Care: Taxpayer					
Long Term Care: Spouse					
TAXES		Casualty and Theft Losses			
Description	Amount	Casualty and theft loss from a federally declared disaster. Attach Form 4684 line 18.			
Real Estate Taxes (Home)					
Real Estate Taxes (Other)					
Property Tax Other					
Personal Property Tax					
INCOME TAXES PAID OR REFUNDED					
		Estimated Taxes Paid			
State or Local Income Taxes		Date Paid	Federal	State	
Sales Tax / Other / Excise		1st Qtr.			
		2nd Qtr.			
		3rd Qtr.			
		4th Qtr.			
INTEREST		Taxes Paid/Refunded			
Mortgage interest Principal Residence	Paid to Institution (1098)				
	Paid to Ind. (List name, address, & Soc. Sec. below)				
Mortgage Interest Second Home	Paid to Institution (1098)		Federal	State	
	Paid to Ind. (List name, address, & Soc. Sec. below)				
Points paid to acquire new mortgage		Balance paid on last year's return			
Home Equity Loan Interest		Refunds received from last year's return			
Home Improvement Loan Interest					
Gambling Losses Information					
Student Loan Interest (Attach 1098-E)		Adequate records must be kept to support gambling winnings and losses.			
Mortgage Insurance Premiums		Maintain a written document of gambling activities noting DATE, LOCATION, WAGER AMOUNT, TYPE OF GAMBLING, AND WINNINGS AND LOSSES.			
Investment Interest					