

Personal Information

If anything changed from prior year, check this box.

Taxpayer

Spouse

First Name & Initial				
Last Name				
Social Security No				
Date of Birth				
Occupation				
Home Phone				
Work Phone				
Other Phone				
E-Mail Address				
Street Address			Apt No	
City	State		Zip	

Dependents

Name	Relationship	Date of Birth	Social Security Number	Months Living with you	Student Disabled	Gross Income
					\	
					\	
					\	
					\	

	Yes	No
Do you have health insurance coverage from the Marketplace?		
Did you receive unemployment or Disability Income?		
Did you purchase, sell or refinance any of your homes or take an equity loan?		
Did you make any energy home improvements to your home during the year?		
Did you convert a traditional/SEP/SIMPLE IRA to a Roth IRA?		
Can you be claimed as a dependent on another persons tax return?		
Did you foreclose, file bankruptcy, or have repossession procedures?		
Did you make any purchases from catalog or internet and not pay sales tax?		
Did you have any education expenses for you or dependents?		
Did you receive (as a reward, award, or payment for property or services); or, sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)?		

Required Document Check List

<input type="checkbox"/> Bring All Wage Statements (W-2s)	<input type="checkbox"/> Bring Soc Security/Railroad Benefits (SSA-1099)
<input type="checkbox"/> Bring All Pension, Annuity IRA Documents (1099-R)	<input type="checkbox"/> Bring Interest Income Statements (1099-INT)
<input type="checkbox"/> Bring All Trust & Estate Documents (K-1s)	<input type="checkbox"/> Bring Dividend Income Documents (1099-DIV)
<input type="checkbox"/> Bring Property Sold Documents (1099-S)	<input type="checkbox"/> Bring Day Care Statements
<input type="checkbox"/> Bring Real Estate Tax Bill	<input type="checkbox"/> Bring any letters received from IRS or state
<input type="checkbox"/> Bring Health Ins Marketplace Statements (1095s)	<input type="checkbox"/> Bring Education Forms (1098-T, 1099-Q)

Adjustments to Income

Alimony Paid	
Name _____	SSN _____
Amount Paid:	\$ _____
IRA/SEP Contribution Taxpayer	\$ _____
IRA/SEP Contribution Spouse	\$ _____
Student Loan Interest	\$ _____
Health Savings Account	\$ _____

Other Income

Alimony Received	\$ _____
Gambling/Lottery Winnings	\$ _____
(Bring W-2 Gs)	
Jury Duty	\$ _____
Disability Income	\$ _____
State Income Tax Refund	\$ _____
Other	\$ _____

Investments Sold

Bring All 1099-B's and Confirmation slips

Investment	Date Acquired	Date Sold	Basis (cost)	Sale Price

State Information

If rent paid: Amount No Months W / Heat Y/N
 \$ _____ _____ _____
 \$ _____ _____ _____

Health/Long Term Care Insurance

Amount Paid for health insurance - employer paid a portion	Yes	No
Amount Paid for health insurance - not employed or retired	_____	_____
Amount Paid for health insurance - employer did not contribute	_____	_____

Note: If health insurance premiums are deducted pre-tax, disregard.

Estimated Tax Payments

	Federal		State
		Prior Year - Jan 15, 2024	
1st Qtr - Apr 15, 2024	_____	1st Qtr - Apr 15, 2024	_____
2nd Qtr - Jun 17, 2024	_____	2nd Qtr - Jun 17, 2024	_____
3rd Qtr - Sep 16, 2024	_____	3rd Qtr - Sep 16, 2024	_____
4th Qtr - Jan 15, 2025	_____	4th Qtr - Jan 15, 2025	_____
Total	=====	Total	=====

Itemized Deductions

Medical Dental Expenses

Medical Ins Prem (pd by you) _____
 Long Term Care Insurance _____
 Prescription Drugs _____
 Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Medical Equipment, Supplies _____
 Hospital _____
 Doctor, Dentist, Specialist _____
 Medical Miles _____ Miles
 Other _____
 Other _____

Charitable Contributions (Receipts Required)

Church Cash Contributions _____
 You must have receipts for cash contributions
 Other Cash Contributions _____
 Donated Goods _____
 Must have receipts from organization
 Organization donated to _____
 Address _____
 Volunteer mileage _____ Miles

Real Estate Taxes Paid

Real Estate Taxes -Prin Residence _____
 Other Real Estate Taxes _____
 Personal Property Tax _____
 Sales Tax _____
 Other _____

Bring Tax Bills

Miscellaneous Expenses

Gambling Losses * _____
 Other _____
 Other _____
 Other _____

Mortgage Interest Expense

Mort Int Paid - Bring 1098 _____
 Equity Line of Credit _____
 Use of Equity Loan _____
 Interest pd to others - no 1098 _____
 Paid to: Name _____
 Address _____
 Soc Sec No/EIN _____
 Investment Interest _____

* Gambling losses require documented substantiation.

Day Care Expenses

Children cared for	_____	Provider 2	_____
Provider 1	_____	Address	_____
Address	_____	Address	_____

Soc Sec No/EIN	Amt Pd	Soc Sec No/EIN	Amt Pd
----------------	--------	----------------	--------