

**Personal Information**

If anything changed from prior year, check this box.

Taxpayer Spouse

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

**Dependents**

Table with columns: Name, Relationship, Date of Birth, Social Security Number, Months Living with you, Student Disabled, Gross Income

Checklist of questions: 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 digitas asset)?

**Required Document Check List**

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

**Adjustments to Income**

**Other Income**

Form with two columns: Adjustments to Income (Alimony Paid, IRA/SEP Contribution Taxpayer, IRA/SEP Contribution Spouse, Student Loan Interest, Health Savings Account) and Other Income (Alimony Received, Gambling/Lottery Winnings, Jury Duty, Disability Income, State Income Tax Refund, Other)

**Investments Sold**

Bring All 1099-B's and Confirmation slips

Table with columns: Investment, Date Acquired, Date Sold, Basis (cost), Sale Price

**State Information**

Form with fields for: If rent paid (Amount, No Months, W / Heat Y/N), Health/Long Term Care Insurance (Amount Paid for health insurance - employer paid a portion, 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**

Table with columns: Federal, State, and rows for quarterly payments (1st Qtr - Apr 15, 2024, 2nd Qtr - Jun 17, 2024, 3rd Qtr - Sep 16, 2024, 4th Qtr - Jan 15, 2025) and Total.

**Itemized Deductions**

Form with two columns: Medical Dental Expenses (Medical Ins Prem, Long Term Care Insurance, Prescription Drugs, Glasses, Contacts, Hearing Aids, Batteries, Medical Equipment, Supplies, Hospital, Doctor, Dentist, Specialist, Medical Miles, Other) and Charitable Contributions (Receipts Required) (Church Cash Contributions, Other Cash Contributions, Donated Goods, Organization donated to, Address, Volunteer mileage)

Other \_\_\_\_\_

**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 1 \_\_\_\_\_

Address \_\_\_\_\_

Provider 2 \_\_\_\_\_

Address \_\_\_\_\_

Soc Sec No/EIN

Amt Pd

Soc Sec No/EIN

Amt Pd

**Schedule C Business Income and Expenses** The IRS has determined that small business owners are very likely candidates to make mistakes applying the tax law. Accordingly, anticipate more audits for business owners in the near future. Please review the following information carefully to assure compliance with the law.

Business Name \_\_\_\_\_

**Total Sales** \$ \_\_\_\_\_ Owner  Taxpayer  Spouse

Holding deposits until next year is *not* a tax planning item. IRS requires all receipt to be reported in the year received. If there are absorbent deposits that occur following the year end, photo copy all checks being deposits to confirm the payment dates.

Credit Cards - Do you accept credit cards from your customers? If you receive payments exceeding \$600, your credit card service is required to send a 1099-K to you. Bring all 1099's to your appointment (1099-K's, 1099-MISC, 1099-NEC)

During 2023, did you refinance using your primary resident to secure a business loan? Bring all Paperwork.

Balance on note prior to re-finance: \_\_\_\_\_ Balance on Note at 12-31: \_\_\_\_\_

**Expenses**

Advertising	_____	*Repairs & Maintenance	_____
Business Miles # _____	_____	Supplies	_____
	_____	Taxes	_____
Commissions	_____	**Telephone	_____
Contract Labor	_____	Tools & Equipment	_____
Dues & Subscriptions	_____	Travel Expenses	_____
Insurance (Other than Health Ins)	_____	Uniforms	_____
Interest - Mortgage	_____	Utilities	_____
Interest - Other	_____	Vehicle Expense	_____
Legal & Professional Fees	_____	Wages	_____
Meals & Entertainment	_____	Employee Health Ins	_____
Office Expense	_____	Other	_____
Rent - Building	_____	Other	_____
Rent - Equipment	_____	Other	_____

\*Do any amounts shown in Repairs and Maintenance add value to the property, prolong, useful life, or adapt it to new uses? If so, these amounts can be depreciated. Bring in description of alteration, cost, and in service date.

\*\*Cell Phones: Does the business blend itself in such a manner that a cell phone is an ordinary and necessary component of the business? Is the cell phone on your business card? Is the cell phone number listed on your letterhead and/or yellow page advertising?

**Cost of Goods Sold**

Beginning Inventory	_____
Purchases	_____
Less Personal Use	( _____ )
Direct Labor	_____
Supplies	_____
Other	_____
Ending Inventory	_____

Credit Card purchases - Did you use a credit card for business purchases? Payment by credit card is considered to be a payment of cash at the time of the charge, not at the time when the credit card company is paid. Please bring a copy of December 31st credit card statement with business purchases.

**Schedule C Home Office Expenses**

Is a home office used for administrative or management activities for business? \_\_\_\_\_ Is there any other fixed location where business is conducted? \_\_\_\_\_ **Simplified** method available. Square footage of office space x \$5 for maximum of \$1,500 deduction.

Total Square Feet of Home \_\_\_\_\_ Purchase Price of Residence \_\_\_\_\_  
 Total Square Feet of Office \_\_\_\_\_ *Bring in Real Estate Tax Bill for 2023* \_\_\_\_\_

Simplified method available. Square footage of office space x \$5 for maximum of \$1,500 deduction.

Expenses: Mortgage Insurance \_\_\_\_\_ Property Insurance \_\_\_\_\_  
 Real Estate Taxes \_\_\_\_\_ Utilities \_\_\_\_\_







