

## PERSONAL TAX RETURN - 2024 CHECKLIST

This list is **not** inclusive. Some items may not apply. It is a guide to assist you in gathering information for preparation of your personal tax return. Backup documentation for all deductions will be required in the event of an audit. **Please complete, sign, and date the back page. THANK YOU!**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Filing status change (i.e. married, single, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Address change
<input type="checkbox"/>	<input type="checkbox"/>	New dependents ( <b>birth date, social sec card</b> ) / No longer eligible- <b>(is child claiming self??)</b>
		Name <span style="float: right;">Birthdate <span style="float: right;">SS#</span></span>
		Name <span style="float: right;">Birthdate <span style="float: right;">SS#</span></span>
		Name <span style="float: right;">Birthdate <span style="float: right;">SS#</span></span>
<input type="checkbox"/>	<input type="checkbox"/>	Proof of estimated taxes paid: please provide check #s or copies showing dates and amounts
<input type="checkbox"/>	<input type="checkbox"/>	<b>At any time during 2024, did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>FOREIGN bank accounts (do you have any?)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>DIRECT DEPOSIT:</b> bank _____ chk or sav? _____ Rt# _____ Acct # _____
<input type="checkbox"/>	<input type="checkbox"/>	Wages <i>FORM W-2</i>
<input type="checkbox"/>	<input type="checkbox"/>	Interest and/or Dividend Income - <i>FORM 1099-INT</i> and/or <i>FORM 1099-DIV</i>
<input type="checkbox"/>	<input type="checkbox"/>	Alimony received OR paid ( <b>Date of divorce</b> )
<input type="checkbox"/>	<input type="checkbox"/>	Pension/Annuity/IRA withdrawal/rollover - <i>FORM 1099-R</i>
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment received - <i>FORM 1099-G</i>
<input type="checkbox"/>	<input type="checkbox"/>	Social Security received - <i>FORM 1099-SSA</i>
<input type="checkbox"/>	<input type="checkbox"/>	Gambling winnings <i>FORM W-2G</i>
		<b><i>Stock/Mutual Funds sales transactions - FORM 1099-B</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	Need <b>BASIS</b> information (purchase date, purchase price, and number of shares)
		<b><i>Itemized Deductions:</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	Medical expenses paid out of pocket AFTER insurance or FSA reimbursement: (mileage _____) Drs, Copays, Chiro, vision, dentist _____ RX _____ Health/dental/vision ins ( <b>only if paid out of pocket, not through paycheck</b> ) _____
<input type="checkbox"/>	<input type="checkbox"/>	Long Term Care Insurance Policy # _____ Premium _____ Holder _____ Carrier _____ Policy # _____ Premium _____ Holder _____ Carrier _____
<input type="checkbox"/>	<input type="checkbox"/>	FORM 1095-B or 1095-C Health Coverage (not required) OR
<input type="checkbox"/>	<input type="checkbox"/>	<b><i>FORM 1095-A Health Ins Marketplace Statement (may include premium tax credit)(REQUIRED)</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	Real estate taxes on all personal homes
<input type="checkbox"/>	<input type="checkbox"/>	License tabs for vehicles
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage interest statements - <i>FORM 1098</i> (principal residence and/or 2nd home)
<input type="checkbox"/>	<input type="checkbox"/>	If refinanced: loan origination fees, date, length of mortgage (closing statement is preferable)
<input type="checkbox"/>	<input type="checkbox"/>	Charitable Contributions-must have receipts mileage _____ (cash/check) _____ noncash _____ (need receipts if over \$500)

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YES	NO	
		<b>Subject to 2% of adjusted gross income for States only (suspended by Federal)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Non-reimbursed employee business expenses: amts by categories & amt reimbursed
<input type="checkbox"/>	<input type="checkbox"/>	Mileage - _____
<input type="checkbox"/>	<input type="checkbox"/>	Job hunting expenses (provide amounts by detailed categories)
<input type="checkbox"/>	<input type="checkbox"/>	Tax preparation fees _____ safe deposit box _____
<input type="checkbox"/>	<input type="checkbox"/>	Advisory/investment fees _____
<input type="checkbox"/>	<input type="checkbox"/>	Gambling losses _____
<input type="checkbox"/>	<input type="checkbox"/>	K-1s from Partnerships, S Corporations, Trusts, Estates
<input type="checkbox"/>	<input type="checkbox"/>	Rental property income and expenses ( <b>expenses must be itemized</b> ) must have complete address
<input type="checkbox"/>	<input type="checkbox"/>	Sale or purchase of real estate - <b>include closing stmts for each</b>
		<b>Education:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Tuition Statement - <i>FORM 1098 T</i>
<input type="checkbox"/>	<input type="checkbox"/>	Student Loan Interest - <i>FORM 1098 E</i>
<input type="checkbox"/>	<input type="checkbox"/>	Education Savings Withdrawals - <i>FORM 1099 Q</i>
<input type="checkbox"/>	<input type="checkbox"/>	Section 529 Education Savings Plans CONTRIBUTIONS - <b>need details (States only)</b>
		12/31/24 statement for each child <b>or</b>
		account number, name on account, beneficiary, basis as of 1/1/24, amount contributed
		basis as of 12/31/24
<input type="checkbox"/>	<input type="checkbox"/>	Kindergarten thru 12th grade school expenses PER CHILD (must have receipts) - <b>MN ONLY</b>
<input type="checkbox"/>	<input type="checkbox"/>	MSA (medical savings acct) / HSA (health savings account): \$ contributed - <i>FORM 5498-SA</i>
<input type="checkbox"/>	<input type="checkbox"/>	MSA (medical savings acct) / HSA (health savings account): \$ distributed - <i>FORM 1099-SA</i>
<input type="checkbox"/>	<input type="checkbox"/>	IRA contributions (per individual) - Traditional _____ or Roth _____
<input type="checkbox"/>	<input type="checkbox"/>	Moving Expenses (new job more than 50 miles; other rules may disallow) <b>States only</b>
<input type="checkbox"/>	<input type="checkbox"/>	Daycare provider information ( <b>AMTS MUST BE BY CHILD</b> ):
		Federal ID #
		Name
		Address
		Amount pd PER CHILD
<input type="checkbox"/>	<input type="checkbox"/>	<b>Residential Energy credits on principal residence--Qualified--windows, exterior doors, insulation</b>
		<b>new furnace, a/c, water heater, (invoice required)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Prior Year Federal and State Tax Return ( <b>new clients only</b> )
TAXPAYER SIGNATURE		
PRINTED NAME		DATE
SPOUSE SIGNATURE		
PRINTED NAME		DATE