

**Client Contact Information (If any changes, please contact us prior to appointment)**

Taxpayer Name	SSN	Date of Birth
Spouse's Name	SSN	Date of Birth
Address		County
Municipality (City, Borough, Township)		Cell Phone
Home Phone	Work Phone	School District
Taxpayer's Occupation	Spouse's Occupation	Email
Did you receive, sell, send, exchange or acquire any virtual currency in 2024? Yes ___ No ___ Did you make any new energy-efficient improvements to you home? If yes, please provide details. Did you purchase or sell a main home during the year? If yes, please provide closing statement.		

**Dependent Information**

First and Last Name	SSN	Relationship	Date of Birth	Months at home	Disabled?	Full-time Student?	Qualifying Child Care Expenses Paid

Were any children attending college? Please provide Form 1098-T.  
 Can another person qualify to claim any dependents? Provide details.  
 Did you incur any expenses associated with the adoption of a child? Provide details.

**Estimated Tax Payments**

	Federal		State		Local	
	Amount Paid	Date Paid	Amount Paid	Date Paid	Amount Paid	Date Paid
First Quarter (April 2024)						
Second Quarter (June 2024)						
Third Quarter (September 2024)						
Fourth Quarter (January 2025)						

**Tax Refund--Direct Deposit Information**

If you are expecting a federal tax refund, the refund can be routed to up to three of your checking or savings accounts. If you prefer a direct deposit, please complete the following information, otherwise a refund check will be mailed to you at the address on your tax return.

Name of Bank	Type of Account	Routing Number (9 digits)	Account Number

**The following may affect your tax return.**

Did you have any foreign bank accounts that exceeded \$10,000 at any time during the year? Provide details.  
 Did you purchase health insurance through the Exchange? If so, please provide Form 1095-A.  
 If you are self-employed, did you pay health insurance premiums for yourself and your family? Amount \$ \_\_\_\_\_  
 Did you contribute to a Health Savings Account (HSA)? Taxpayer: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_  
 Did you receive any distributions from a Health Savings Account during the year? Provide details.  
 Did you contribute to an IRA, Roth IRA or Self-employed retirement plan? Taxpayer: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**INCOME: Please provide W2's, 1099's, SSA-1099, Unemployment, Interest & Dividend Statements**

Itemized Deductions		Office in the Home	
<b>Medical and Dental Expenses</b>	<b>Amount</b>	<i>(Unreimbursed Employee - State Use Only)</i>	
Medical, Dental & Vision Expenses		Are you required for the convenience of your employer to have an office in your home?      Yes      No	
Prescriptions (Not over-the-counter drugs)			
Health Insurance Premiums (not including Medicare)		Area Used Exclusively for Business	
Long Term Care Insurance Premiums		Total Area of Home	
Medical Miles		<b>Expenses</b>	<b>Amount</b>
		Mortgage Interest	
<b>Taxes</b>		Real Estate Taxes	
State & Local Sales Tax Paid for Major Purchases		Insurance	
Real Estate Taxes (Principal Residence)		Repairs	
Real Estate Taxes, Other (Not included on Rental)		Utilities	
		Electric	
Personal Property Taxes		Heat	
		Water	
		Sewer	
		Telephone	
<b>Interest Expense</b>		Was another office available to you outside the home?	
Mortgage Interest Principal Residence			
PMI                      Provide Forms 1098			
Home Equity Loan Interest		<b>Vehicle Mileage Analysis</b>	
Home Mortgage paid to an individual		<i>(Unreimbursed Employee Mileage - State Use Only)</i>	
Student Loan Interest (Form 1096-E)		Do you have a diary log of Business Miles?                      Yes      No	
		<b>Recordkeeping:</b> Your vehicle expenses will not be allowed by the IRS without adequate records or sufficient evidence verifying business use.	
<b>Charitable Contributions</b>			
Charitable Contributions by Cash or Check		Date Placed into Service	
Charitable Payroll Deduction		Make & Year of Vehicle	
Non-Cash Contributions		Cost of Vehicle	
Charitable Miles			
		Mileage Reading Beginning of Year	
<b>**Under the new law, miscellaneous deductions subject to 2% AGI are no longer deductible on the Federal Return.</b>		Mileage Reading End of Year	
		Total Miles	
		Business Miles	
<b>Other Deductions (State Use Only)</b>		Personal Miles	
Union and Professional Dues			
Necessary Job Expenses (not reimbursed)		Was the vehicle available for personal use during off duty hours?	
Job Educational Courses/Tools		Do you or your spouse have another vehicle for personal use?	
Job Travel		Amount of reimbursement provided by your employer?	
Gambling Losses		Was the reimbursement included in your Form W-2?	

<b>Rental &amp; Royalty Income (Gas Royalty - Please provide Statements of Gas &amp; Oil Payments)</b>			
Property	Kind of Property	Address	
A			
B			
C			
D			

	A	B	C	D
Rents or Royalties Received				
Advertising				
Auto - mileage (no. of miles driven)				
Cleaning and Maintenance				
Commissions				
Insurance				
Legal & Professional Fees				
Management Fees				
Mortgage Interest (Form 1098)				
Other Interest				
Repairs				
Supplies				
Taxes				
Utilities				
Other Expenses (List)				

*Items expected to last more than one year, list below. Do not duplicate in above expense categories.*

**Purchases of Business/Rental Property, Equipment, Improvements, etc.**

Property	Description	Cost Amount	Date Placed in Service	% of Business Use

<b>Business Income and Expenses</b>		<b>Farming Income and Expenses</b>	
Business Name		Revenue	
		Milk	
Gross Receipts (Attach 1099-MISC Forms)		Calves	
Returns & Allowances		Crops	
Other Income		Cooperative Distributions	
		Agricultural Program Payments	
Inventory at beginning of year		Custom Hire	
Purchases less cost of items for personal use		Gas Tax Federal	
Cost of Labor		Gas Tax State	
Materials & Supplies		Cattle	
Other Costs			
Inventory at end of year		Car & Truck Expenses	
		Chemicals	
Advertising		Conservation Expenses	
Vehicle Expense		Custom Hire (machine work)	
Commissions		Employee Benefit Programs	
Depletion		Feed Purchased	
Employee Benefit Programs		Fertilizers & Lime	
Insurance (other than Health)		Freight & Trucking	
Interest--Mortgage		Gasoline, fuel, and oil	
Interest--Other		Insurance (other than Health)	
Legal & Professional Services		Interest--Mortgage	
Office Expense		Interest--Other	
Pension & Profit-Sharing Plans		Labor Hired	
Rent--Vehicles, Machinery, & Equipment		Pension & Profit-Sharing Plans	
Rent--Other Business Property		Rent--Vehicles, Machinery, & Equipment	
Repairs & Maintenance		Rent--Other Business Property	
Supplies		Repairs & Maintenance	
Taxes & Licenses		Seeds & Plants Purchased	
Travel		Storage & Warehousing	
Meals & Entertainment		Supplies	
Utilities		Taxes	
Wages		Utilities	
Other (List)		Veterinary, Breeding, & Medicine	
		Other (List)	

*Items expected to last more than one year, list under Purchase of Business Property, Equipment, etc. Do not duplicate in above expense categories.*