



## Please check the box for any statements that are TRUE.

**FOR ANY ITEMS CHECKED, please provide the requested details, attach notes, and/or complete organizer section.**  
**Items are numbered for easy reference. Missing or blank responses will be treated as if answered false/zero.**

- ☒ Taxpayer Name: \_\_\_\_\_
- ☒ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ ☐ Allow Texting
- ☒ How do you want the CLIENT COPIES of your returns provided to you? (select one of the below):
- ☐ Paper- Please send my copy through US Post Office Mail
  - ☐ Paper- I'll pick up my copy when ready
  - ☐ PDF- please email copy of return to me and my supporting documents (originals will be destroyed)
  - ☐ PDF- please email copy of return to me and mail original supporting documents back to me
- Note- if you selected PDF, please ensure the correct email is provided above!*
- ☒ How do you prefer to receive any possible refunds? (\*attach voided check for direct deposit)
- ☐ Paper Check ☐ Direct Deposit\* ☐ All/part carried to next year (amount \$ \_\_\_\_\_)
- ☐ Taxpayer/Spouse (and all new clients) driver's license changed or renewed from last year (*If yes, please provide a copy*)
- ☐ MA Residents ONLY: Made charitable contributions – even if you take the standard deduction MA allows a deduction for contributions made during the year. How much did you contribute in cash/check/credit card for which you have supporting documentation (checks, credit card receipts, written acknowledgment, etc.): \$ \_\_\_\_\_

### Personal Information, Electronic Filing, Refund/Payments

- 1 ☐ Marital status changed during the year (provide details)
- 2 ☐ Address changed from last year or from what we have listed on this mailing (*provide updated info*)
- 3 ☐ Moved between states during the year: Prior \_\_\_\_\_ Current \_\_\_\_\_ Date Moved \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4 ☐ You (or your spouse) can be claimed as a dependent by another taxpayer
- 5 ☐ Bank accounts that have been used for direct deposit / withdrawal last year have changed (*attach voided check*)
- 6 ☐ If you owe taxes, check the box if you would like it electronically withdrawn from your account (annual election)  
Withdrawal date: \_\_\_\_\_ (if prior to 4/15) (*if you have not done this previously with us or changed accounts, attach voided check*)
- 7 ☐ You would like subsequent year tax projections / estimates prepared using amounts that are different from the current year (*attach details of all changes*)
- 8 ☐ Received an Identity Protection PIN from the Internal Revenue Service (*If yes, attach the IRS letter(s) with PIN*)

### Quarterly Estimated Tax Remitters (if applicable) \*\*\*Please attach copies of these checks\*\*\*

9 **Carefully provide below information, you are responsible to list ONLY estimated payments for 2024 actually paid**

Quarterly Estimates	Date Paid	Federal Amount	Rhode Island	Massachusetts	State _____
Q1 (due 4/15/24)	____/____/____	\$ _____	\$ _____	\$ _____	\$ _____
Q2 (due 6/17/24)	____/____/____	\$ _____	\$ _____	\$ _____	\$ _____
Q3 (due 9/16/24)	____/____/____	\$ _____	\$ _____	\$ _____	\$ _____
Q4 (due 1/15/25)	____/____/____	\$ _____	\$ _____	\$ _____	\$ _____

### Dependent & Credit Information

- 10 ☐ There were changes in dependents from the prior year (*If new, provide SSN & DOB*)
- 11 ☐ Dependents ages 19-23 were full time students (or disabled)
- 12 ☐ Have children under age 19 (or a full-time student under age 24) that has unearned income greater than \$2,600
- 13 ☐ Provided over half the support for someone other than your dependent children (i.e. parents, relatives, etc.)
- 14 ☐ Paid expenses related to the adoption of a child during the year
- 15 ☐ Adopted a child during the year: (y/n) Specials need\_\_\_\_, Foreign\_\_\_\_, Step-Child\_\_\_\_
- 16 ☐ Paid for child-care while working or looking for work (*Attach details, including:*  
*Amount per child per child-care center, provider ID#, and provider name/address*)

- 17 ☐ Have a divorce decree or separation agreement which establishes custodial responsibilities for your child(ren)
- 18 ☐ Have been notified by the IRS of disallowance or reduction in credits claimed on prior returns
- 19 ☐ Have children or dependents that may qualify for education, child or other credits, or have low income that might qualify for earned income credits (If you are claiming a child tax credit, you MUST provide documentation supporting your claim to your dependents such as: i) Health Care Statements or ii) School / childcare statements
- 20 ☐ Your dependents did NOT live with you (or at college) the full year
- 21 ☐ Someone else is qualified to claim your dependents
- 22 ☐ You can NOT substantiate your claim to the credits/dependents
- 23 ☐ You did NOT provide more than half of the support for your dependents

## Purchases, Sales and Debt Information

- 24 ☐ Sold any securities, bonds or other investments during the year (*Provide 1099s and basis for each*)
- 25 ☐ Rented property to someone else during the year (*provide income and expense detail*)
- 26 ☐ Sold, exchanged, or purchased real estate during the year
- 27 ☐ PURCHASED or SOLD a principal residence during the year (*circle one*)  
 If yes, did you own and occupy the house as your principal residence for at least 2 years out of the last 5 years before the sale? (Y/N) \_\_\_\_ Have you sold any OTHER principal residence within the last two years? (Y/N) \_\_\_\_  
 Did you ever rent this property? (Y/N) \_\_\_\_ Did you use any portion of the home for business? (Y/N) \_\_\_\_
- 28 ☐ Foreclosed or abandoned a principal residence or real property during the year
- 29 ☐ Took out a home equity loan this year. If yes, were the funds used for improvements of the home? (Y/N) \_\_\_\_
- 30 ☐ Refinanced a principal residence or second home this year
- 31 ☐ Sold an existing business, rental, or other property this year
- 32 ☐ Lent money to someone and this year it became totally uncollectable
- 33 ☐ Had debts canceled or forgiven this year, such as home mortgage, credit card debt or student loans
- 34 ☐ Received or exercised any stock options from your employer (*If yes, attach detailed statement*)
- 35 ☐ Received, sold, sent, or exchange any Virtual Currency (e.g. Bitcoin)

## Income Information

- 36 ☐ Expect a large fluctuation in income compared to last year. If yes, reason for fluctuation: \_\_\_\_\_
- 37 ☐ Had foreign income or paid foreign taxes, directly or indirectly, such as from investment accounts, partnerships, foreign assets, or a foreign employer. Or had signature authority or other control over a foreign account.
- 38 ☐ Received income from property sold PRIOR to this year
- 39 ☐ Received unemployment benefits during the year (*must attach all unemployment statements*)
- 40 ☐ Received disability income during the year. If yes, is it taxable? (Y/N) \_\_\_\_
- 41 ☐ Had life insurance policies mature or surrendered
- 42 ☐ Received awards, prizes, hobby income, gambling or lottery winnings
- 43 ☐ Expect a large fluctuation in income/ deductions next year and want to setup an appointment after tax season to discuss and/or prepare projections and planning.
- 44 ☐ Received dividend income on any shares of stock that you did not own for at least 61 days during the 121-day period that began at least 60 days before the ex-dividend date
- 45 ☐ Have tax-exempt income, other than as provided in 1099s
- 46 ☐ Received punitive damage awards or an award from damages other than physical illness or injury
- 47 ☐ PAID or RECEIVED Alimony (*Circle one*) (*if either, date of alimony agreement* \_\_\_\_\_)
- 48 ☐ If you are a teacher, paid educator expenses in the classroom (up to \$300). Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_
- 49 ☐ Received 1099-NEC and/or 1099-K forms. *If yes, what was this money received in relation to?* \_\_\_\_\_
- 50 ☐ Had expenses associated with 1099-NEC or 1099-K income (*if yes, attach detailed list of expenses*)

## Retirement Information

- 51 ☐ Retired during the year (Date Retired: \_\_ / \_\_ / \_\_\_\_)
- 52 ☐ You or your spouse contributed to an employer sponsored pension or retirement plan
- 53 ☐ Made contributions to a qualified retirement plan (IRA, Roth, SEP, etc) in addition to what is on your W-2
- 54 ☐ Received Social Security benefits during the year (*attach 1099s*)
- 55 ☐ Did NOT take required minimum distributions from all qualified accounts (*If not, attach details*)

- 56 ☐ Made any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan
- 57 ☐ Distributions were rolled over directly to another plan with no 1099-R to be obtained
- 58 ☐ Distributions from your IRA and/or Roth IRA were used to purchase a home or due to loss of employment
- 59 ☐ Distributions from your IRA and/or Roth IRA were distributed to charitable organizations
- 60 ☐ You or your spouse converted a traditional IRA to a Roth IRA
- 61 ☐ Would like to contribute to a retirement plan account, especially if it may save you taxes. If yes, what type (*circle one*)? (IRA, Roth, SEP, Other (please specify: \_\_\_\_\_). Amount: MAX ALLOWED or \$ \_\_\_\_\_)
- 62 ☐ RI Residents Only: Received military pension benefits (*if so, Gross amount \$ \_\_\_\_\_*)

## Education Information

- 63 ☐ Paid educational expenses / tuition during the year on behalf of yourself, your spouse, or a dependent
- 64 ☐ You, your spouse, or dependents received a scholarship during the year
- 65 ☐ Made withdrawals from an education savings or 529 Plan account (*If yes, ☐ not used for qualified expenses*)
- 66 ☐ Paid student loan interest this year (*total paid \$ \_\_\_\_\_*)
- 67 ☐ Cashed in Series EE or I U.S. Savings bonds issued after 1992
- 68 ☐ Made contributions to an education savings or 529 Plan account (*If yes, what state? \_\_\_\_\_, attach details*)

## Health Care Information

- 69 ☐ Health coverage/policy in 2024 changed from 2023 coverage/policy (*attach details*)
- 70 ☐ Did NOT have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2024 for your family.
- 71 ☐ Qualified for an exemption from the health care coverage mandate
- 72 ☐ Enrolled Marketplace Coverage under the Affordable Care Act. (*If yes, MUST attach Form(s) 1095-A*)
- 73 ☐ Made contributions to a Health savings account (HSA) or Archer MSA. (*If yes, please provide details*)
- 74 ☐ If yes to above, check here if you did not qualify to contribute or over-contributed
- 75 ☐ Received distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA
- 76 ☐ If yes to above, the full amount of distributions were NOT used for qualified expenses
- 77 ☐ Received payments from a long-term care policy for yourself or your family
- 78 ☐ Paid long-term care premiums for yourself or your family (*Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_*)

## Business Owners (skip if you do not own a business)

- 79 ☐ Had PPP loans forgiven in 2024 or received other COVID related grants, credits, etc. (*If so, attach details*)
- 80 ☐ Did you start or dispose of a business during the past year
- 81 ☐ Owned a Single-Member LLC (SMLLC) (*If so, what state was it created in \_\_\_\_\_?*)
- 82 ☐ Paid health insurance premiums for you or your family through your business (*If yes, total: \$ \_\_\_\_\_*)
- 83 ☐ Utilized an area of your home EXCLUSIVELY for business purposes (*provide details: square footage of home, business area, home expenses, etc.*)
- 84 ☐ Used your personal vehicle for business AND have appropriate mileage logs containing dates, attendees, and business purposes for all business miles (you must have this information logged to deduct)
- Business Miles: \_\_\_\_\_ Commuting Miles \_\_\_\_\_ Total Miles \_\_\_\_\_*

## Miscellaneous Information

- 85 ☐ Made gifts of more than \$18,000 to any individual or trust in cash or other value
- 86 ☐ Forgave debt that someone owed you during the year
- 87 ☐ Engaged in any bartering transactions
- 88 ☐ Incurred a casualty or theft loss or any condemnation awards during the year (*attach details*)
- 89 ☐ Paid an individual as a household employee during the year
- 90 ☐ Purchased an electric vehicle (*Must attach summary tax credit report from dealership*)
- 91 ☐ Installed qualified solar electric, small wind energy, geothermal heat or solar water heating property
- 92 ☐ Made home improvements to save energy on your main home such as exterior doors/windows, insulation, energy audits, central air, gas/oil water heaters or furnaces, heat pumps, or pellet stoves. (*If yes, amount of credit received in previous years \$ \_\_\_\_\_ and attach details of current improvements including product numbers*)
- 93 ☐ Received a distribution from, or are a grantor or transferor for a foreign trust
- 94 ☐ Received correspondence from the State or the Internal Revenue Service (*if yes, attach a copy*)

- 95 ☐ Want to designate \$3 to the Presidential Election Campaign Fund. (Will not change your tax or refund)
- 96 ☐ Worked outside of the US or paid any foreign taxes (other than listed on investment statements provided)
- 97 ☐ Have income from a state that may require additional state/local tax returns than prepared in prior year
- 98 ☐ Your resident jurisdiction requires the filing of local Earned Income Tax/ School Tax Returns
- 99 ☐ (For landlords) Circumstances have changed that impact your ability to take the QBI section 199a deduction
- 100 ☐ MA Residents ONLY – paid rent to a landlord for a principal residence located in MA (if yes, please attach property address, amount paid and landlord name/address)

## Itemized & Other Deduction Information

The standard deduction in 2024 is \$14,600 for single filers and \$29,200 for married filers. If you do not exceed these amounts, you typically will take the standard deduction (and not itemize). We can compute the best benefit for you; however, even if you ultimately take the standard deduction, computing the best benefit may incur additional time/fees that may not be otherwise required to file your return. If you provide (or attach) the below information, time will be incurred to analyze it. **If you do NOT want us to optimize for the best method and you want to take the standard deduction, do not provide the below and check here:** ☐ 98

**Provide totals for 2024 only, do NOT attach checks, invoices or receipts unless specifically requested**

AMOUNT	ITEM															
\$	Amount of Real Estate / Fire taxes YOU paid in 2024 on your primary/secondary home or land															
\$	Amount of Car / Personal taxes paid in 2024 on your vehicle (not sales tax)															
\$	Amount paid in 2024 for sales tax on major purchases during the year (cars, boats, etc.)															
\$	Amount paid for out-of-pocket medical expenses in 2024 (Co-pays, prescription drugs, etc.) (if you paid more than 7.5% of your income, otherwise disregard or provide rough estimate then we will contact if more info is needed)															
\$	Cash charitable contributions made in 2024 (retain receipts or cancelled checks for your records, do NOT send to us)															
\$	DOLLAR VALUE of noncash charitable contributions (clothes, household goods, furniture, etc.) You are required to have a receipt for these items (do not provide it to us, but retain for your records) For any donations valued over \$500, also provide the following detail for each donation:															
	<table border="1"> <thead> <tr> <th>\$ Amount</th> <th>Date</th> <th>Charity Name</th> <th>Charity Address</th> <th>Items Donated</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	\$ Amount	Date	Charity Name	Charity Address	Items Donated										
\$ Amount	Date	Charity Name	Charity Address	Items Donated												
<input type="checkbox"/>	Donated vehicle or boat during the year (If yes, attach acknowledgement from the donee organization)															
<input type="checkbox"/>	Paid mortgage interest and/or primary mortgage insurance <input type="checkbox"/> Mortgage Principal was NOT used towards purchase or improvement of home <input type="checkbox"/> Total mortgage/line of credit was originally greater than \$750,000															
\$	Amount of out-of-state purchases (by phone, internet, mail or in person) for which you did not pay at least your resident state sales tax															

## Common Attachments

Applicable	Form	Applicable	Form
<input type="checkbox"/>	W-2 (Employee Wages)	<input type="checkbox"/>	1099-INT (Interest Income)
<input type="checkbox"/>	1099-DIV (Dividend Income)	<input type="checkbox"/>	1099-CONS (Investment Accts)
<input type="checkbox"/>	1099-B (Proceeds from sales)	<input type="checkbox"/>	SSA-1099 (Social Security Income)
<input type="checkbox"/>	1099-R (Pension, IRA Income)	<input type="checkbox"/>	1099-K (3 <sup>rd</sup> Party Network Transactions)
<input type="checkbox"/>	1099-MISC or NEC (Other Income)	<input type="checkbox"/>	1095-A (Health Insurance purchased through exchange)
<input type="checkbox"/>	K-1 (S-Corp, Partnership, estate/trust)	<input type="checkbox"/>	Copies of Checks for quarterly Estimates

## Additional Notes/Comments

Question #	Notes/Comments/Etc.