

# **Client checklist for 2024 tax preparation**

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

Please circle how you prefer to be contacted ~ Home, work, cell, email

(NAMES AS CURRENTLY SHOWN ON SOCIAL SECURITY CARD)

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SPOUSE NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

OCCUPATIONS--YOU \_\_\_\_\_ SPOUSE \_\_\_\_\_

BLIND, DEAF OR DISABLED? YOU \_\_\_\_ SPOUSE \_\_\_\_

ISSUE DATE ON YOUR DRIVERS LICENSE \_\_\_\_/\_\_\_\_/\_\_\_\_ SPOUSE \_\_\_\_/\_\_\_\_/\_\_\_\_

(new clients, I will need to see your drivers lic)

ADDRESS \_\_\_\_\_

CITY-ZIP CODE \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_

Are either of you a disable Vet? Yes \_\_\_\_ % of disability No \_\_\_\_

## **DEPENDENTS (children)**

(NAMES AS CURRENTLY SHOWN ON SOCIAL SECURITY CARD)

NAME \_\_\_\_\_ S.S. NUMBER \_\_\_\_/\_\_\_\_/\_\_\_\_

RELATIONSHIP \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_ S.S. NUMBER \_\_\_\_/\_\_\_\_/\_\_\_\_

RELATIONSHIP \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## **REMEMBER TO BRING:**

ALL W2'S AND 1099'S and 1098'S YEAR END PAY STUBS (if you have them)

MORTGAGE STATEMENTS

TAX BILLS PAID AND (IF DIFFERENT) TAX BILLS DUE ( may need both for some people)

ALL BROKERAGE STATEMENTS. THIS INCLUDES K-1'S

## **Please fill out this section!!!!!!**

**DIRECT DEPOSIT OF REFUND** Same account as last year \_\_\_\_ I do not want direct deposit \_\_\_\_

### **New account information!**

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type \_\_\_\_ ("C" for checking "S" for saving)

# DEDUCTION CHECKLIST FOR 2024

## QUARTERLY ESTIMATES PAID

(PLEASE INCLUDE CANCELED CHECKS OR BANK STATEMENTS TO PROVE THIS)

	Amount	Date Paid
Federal	1 <sup>st</sup> Q \$ _____	____/____/____
	2 <sup>nd</sup> Q \$ _____	____/____/____
	3 <sup>rd</sup> Q \$ _____	____/____/____
	4 <sup>th</sup> Q \$ _____	____/____/____
Michigan	1 <sup>st</sup> Q \$ _____	____/____/____
	2 <sup>nd</sup> Q \$ _____	____/____/____
	3 <sup>rd</sup> Q \$ _____	____/____/____
	4 <sup>th</sup> Q \$ _____	____/____/____

## CONTRIBUTIONS (must have receipts for all contributions)

Total of all cash and checks \$ \_\_\_\_\_  
Total value of non-cash \$ \_\_\_\_\_

Name of Charity \_\_\_\_\_

Address \_\_\_\_\_

Date of Contribution \_\_\_\_/\_\_\_\_/\_\_\_\_

Total \$ amount of non-cash donation \$ \_\_\_\_\_

Please list on separate paper for more than one

Charitable Mileage \_\_\_\_\_ Miles

## MEDICAL, DENTAL, OPTICAL

Prescriptions \$ \_\_\_\_\_  
Health ins Premiums (after tax) \$ \_\_\_\_\_  
Doctor, Dentist, Hospital \$ \_\_\_\_\_  
Eye Glasses, Contacts \$ \_\_\_\_\_  
Medical Miles \_\_\_\_\_

## MISCELLANEOUS

College Tuition \$ \_\_\_\_\_ \$ \_\_\_\_\_

Dates Paid \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Names of Colleges \_\_\_\_\_

For whom tuition was paid \_\_\_\_\_

Must have 1098T from school!!!!!!

Must have receipts for books and/or other expense

IRA contributions \$ \_\_\_\_\_ \$ \_\_\_\_\_

Roth contributions \$ \_\_\_\_\_ \$ \_\_\_\_\_

Alimony Paid \$ \_\_\_\_\_

( Date divorce was final) \_\_\_\_/\_\_\_\_/\_\_\_\_

S.S. Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Alimony received \$ \_\_\_\_\_

(Date divorce was final) \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Care Expenses \$ \_\_\_\_\_

Name of Caregiver \_\_\_\_\_

Address or Caregiver \_\_\_\_\_

S.S. Number or I.D. number \_\_\_\_-\_\_\_\_-\_\_\_\_

Gambling Losses to the extent of winnings \$ \_\_\_\_\_

Student loan forgiveness amount \$ \_\_\_\_\_

## TAXES

	<u>Paid</u>	
Primary Residence	\$ _____	
Primary Residence	<u>Amount Due</u>	\$ _____
<b>Taxable Value</b>		\$ _____
Other property taxes		\$ _____
Describe _____		
Auto License Tags		\$ _____
Sales Tax on Large Purchases		\$ _____
Describe _____		

## MICHIGAN USE TAX

Internet Purchases that excluded Sales Tax \$ \_\_\_\_\_

Mail Order Purchases that excluded Sales Tax \$ \_\_\_\_\_

## INTEREST (paid out)

Home Mortgage \$ \_\_\_\_\_  
2<sup>nd</sup> Mortgage \$ \_\_\_\_\_  
PMI \$ \_\_\_\_\_  
Home Equity Loan \$ \_\_\_\_\_  
Points Paid \$ \_\_\_\_\_  
Date Points Started \_\_\_\_/\_\_\_\_/\_\_\_\_  
Land Contract Interest \$ \_\_\_\_\_  
List to whom paid ( A 1099 INT must be issued to them)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
S.S. Number \_\_\_\_/\_\_\_\_/\_\_\_\_