|  |  |  |  |
| --- | --- | --- | --- |
| NAME | SOCIAL SECURITY NUMBER | DATE OF BIRTH | OCCUPATION |
| Taxpayer: |  |  |  |
| Spouse: |  |  |  |
| Address: |
| TAXPAYER EMAIL: | SPOUSE EMAIL: | TAXPAYER PHONE: | SPOUSE PHONE: |
|  |  |  |  |



2024 Tax Interview Worksheet

Marital Status:

* Married (If yes, will you file jointly?) Yes No Taxpayer: Blind Disabled
* Single Spouse: Blind Disabled
* Head of Household
* Widow(er), Date of Spouse’s Death \_\_\_\_\_\_\_\_\_\_

Dependents

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | SOCIAL SECURITY NUMBER | DATE OF BIRTH | RELATIONSHIP |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Document Checklist – (blanks next to category for internal office use only)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Last year’s tax return |  | Form(s) 1095-A (Marketplace Health Insurance) |
|  | W-2: #\_\_\_\_\_\_\_\_\_\_\_\_ Fed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: $\_\_\_\_\_\_\_\_\_ |  | Form 1098-E (Student loan interest paid) |
|  | Interest, Dividends, Cap Gains \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Form 1098-T (Tuition paid for post-secondary education) |
|  | 1099-R: #\_\_\_\_\_\_\_\_\_\_ Fed: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: $ \_\_\_\_\_\_\_\_\_\_ |  | Medical Expenses |
|  | SSA-1099 (Social Security Income) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Form 1098 (Mortgage interest)  |
|  | 1099-G Unemployment income and state tax refunds) \_\_\_\_\_\_\_\_\_\_\_ |  | Property tax statements |
|  | Schedule K-1 Partnership, S corporation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Charitable donations (cash and non-cash) |
|  | Self-Employment income (include all 1099-misc)\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ |  | 5498-SA/1099-SA (HSA contributions/distributions) |
|  | Rental income and expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Any notices received from IRS in the past year |
|  | Form W-2G (gambling income) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Banking information for direct deposit |

Direct Deposit? Yes No

|  |  |  |
| --- | --- | --- |
| BANK | ROUTING | ACCOUNT |
|  |  |  |

Identification:

|  |  |  |
| --- | --- | --- |
| Taxpayer DL #: | Issue Date: | Expiration: |
| Spouse DL #: | Issue Date: | Expiration: |

Estimated Tax Payments – Tax Year 2024

|  |  |  |  |
| --- | --- | --- | --- |
| DATE PAID | FEDERAL | DATE PAID | STATE |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |

*Please flip page to complete back side*

Questions: (if you answer yes to any of the following, please provide supporting documentation)

|  |  |
| --- | --- |
| Yes No | Did you give a gift of more than $15,000 to one or more people? |
| Yes No | Did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency (*e.g., bitcoin*)? |
| Yes No | Did you own or have financial interest in a foreign bank or financial account? |
| Yes No | Did you pay or receive alimony payments? *(if yes, please provide recipient SSN, date of divorce or separation*) |
| Yes No | Can anyone else claim any of the dependents you listed on the first page of this form? |
| Yes No | Did you purchase or sell a main home or rental/investment property during the year? *If yes, provide the closing statement.* |
| Yes No | Did you make any new energy-efficient improvements to your home? |
| Yes No | Did you, or will you, contribute any money to an IRA for 2024? (*traditional or ROTH*) |
| Yes No | Did you pay for dependent care so you could work or go to school? *Please provide the name of provider, address, EIN/SSN, amount paid.*  |

Deductions and Credits:

|  |  |
| --- | --- |
| MEDICAL/DENTAL EXPENSES | TAXES PAID |
| Medical Insurance Premiums (paid by you) | $ | Property Taxes | $ |
| Prescriptions | $ | Personal Property Taxes (vehicle tags) | $ |
| Doctors/Dentists/Hospitals | $ | Sales Tax Paid (e.g. vehicle, boat, RV) | $ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | State Income Tax Paid | $ |
| Medical Miles (# of miles) | $ | Mortgage Interest | $ |
| CHARITABLE CONTRIBUTIONS | OTHER |
| Churches | $ | Adoption Expenses | $ |
| Volunteer Expenses | $ | Post-secondary Tuition and Expenses | $ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | Self-Employed Health Insurance | $ |
| Non-Cash (include receipts) | $ | Gambling losses (to extent of winnings) | $ |
| Volunteer Miles (# of miles) | $ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

Other information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_