



# Wildhorse Tax Service, LLC

Voice: (913) 904 – 0447

Fax: (913) 815 – 1257

Email: [info@wildhorsetaxservice.com](mailto:info@wildhorsetaxservice.com)

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## Personal Info

- ☐ Government issued ID (Driver's lic., Passport, etc)
- ☐ Prior year's tax return (New Clients Only)
- ☐ Birth date & SSN for everyone on return
- ☐ Amount of alimony paid & SSN of ex-spouse
- ☐ Daycare provider's Tax ID #, address & amount pd.
- ☐ Form 8332 if you are claiming a child, but you are not the custodial parent.

## Income

- ☐ W-2 forms
- ☐ Unemployment or State refund received (1099-G)
- ☐ Gambling Income and expenses (W-2G)
- ☐ Alimony received
- ☐ Jury Duty income
- ☐ Hobby Income & Expenses
- ☐ Prizes and awards
- ☐ Other Income

## Savings & Investments

- ☐ Interest or Dividend income (1099-INT, 1099-OID, 1099-DIV)
- ☐ Income from sale of stock or other property (1099-B or 1099-S)
- ☐ Dates of acquisition & cost basis of property sold

## Retirement & Health Ins. Information

- ☐ Pension / IRA / Annuity (1099-R)
- ☐ Social Security or Railroad Retirement (1099-SSA, RRB-1099)
- ☐ Amount contributed to IRA
- ☐ Amount withdrawn or transferred (1099-R)
- ☐ Health Savings Acct. withdraws or contributions (1099-SA)
- ☐ Form 1095-A if you were enrolled in a Marketplace Health Insurance plan

## Education

- ☐ Tuition paid (1098-T)
- ☐ Student Loan interest paid (1098-E)
- ☐ Amount paid for books or computer
- ☐ Amount contributed to or withdrawn from College Savings Acct. (1099-Q)

## Rental Income

- ☐ Asset information including purchase & sale information or depreciation schedule
- ☐ Completed Rental Income & Expense worksheet from our website

## Self Employment, Trust or Business Info

- ☐ K-1
- ☐ Form 1099-MISC & 1099-NEC
- ☐ Completed Business Income & Expense worksheet from our website
- ☐ Depreciation schedule
- ☐ Automobile business mileage and tolls paid

## Deductions or Credits

- ☐ Personal Property tax paid
- ☐ Mortgage Interest paid (Form 1098)
- ☐ Real Estate tax paid
- ☐ Prior years State & Local income taxes paid
- ☐ HUD closing statement if you purchased/sold real estate or refinanced a mortgage
- ☐ List of Charitable monetary donations
- ☐ Records of non-cash Charitable donations
- ☐ Miles driven for charity or medical purposes
- ☐ Medical expenses (if greater than 7.5% of your income)
- ☐ K-12 Teacher expenses - up to \$250
- ☐ Adoption expenses
- ☐ Electric vehicle (credit form from dealer)
- ☐ Energy credits (purchase receipts for solar panels, windows, doors, HVAC, etc.)
- ☐ National Guard mileage
- ☐ Military moving expenses
- ☐ MO residents – Military active duty pay (LES & orders)



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Taxpayer Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ (street, city, state, zip)

Marital Status: \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone (day): \_\_\_\_\_

Dependents Name: (first and last name)	Date of Birth (mm/dd/yy)	Dependent's Soc. Sec. Number	# of months they lived in your home last year or at college	Relationship

Did you incur Child Care Expenses? Yes / No (circle one)

Provider's Tax ID #: \_\_\_\_\_ Amount Paid to Provider: \_\_\_\_\_

Provider's Name & Address: \_\_\_\_\_

Do you have a child that was born this year? If so, would you like to establish a Trump account for this child so that the child may receive \$1000 from the U.S. Treasury? **Yes / No**

Has the IRS ever issued you a special **Identity PIN**? If so, what is it? \_\_\_\_\_

Did you receive, sell, send, exchange or otherwise acquire interest in any virtual currency? **Yes / No**

Alimony Paid: \_\_\_\_\_ Recipient's SSN: \_\_\_\_\_ Date Divorced: \_\_\_\_\_

Did any of your income include Overtime Pay or Tips? If so, provide us with your last paystub.

Teaching expenses (includes K-12 teachers, instructors, counselors, principals or aides): \$ \_\_\_\_\_

Name of the school where you taught: \_\_\_\_\_



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Student Loan Interest Paid: \$ \_\_\_\_\_

Did you contribute to a 529 college savings plan? If so, Amount: \$ \_\_\_\_\_

We need Form 1099-Q if you withdrew money from a 529 college savings plan or Educational Savings acct.

We need Form 1098-T from the university if anyone in your household incurred college expenses.

Amount of Sales tax paid if you purchased a new vehicle or other large item. \$ \_\_\_\_\_

Did you purchase an electric vehicle? **Yes / No** We will need the sales receipt including the VIN.

Personal Property Taxes Paid(ie car,boat): \_\_\_\_\_ Real Estate Tax Paid: \_\_\_\_\_

Charitable Donations: Cash or check \$ \_\_\_\_\_ Non-Cash Value \$ \_\_\_\_\_

Were any charitable donations made directly from your IRA (via Qualified Charity Distribution)? **Yes / No**

Did you buy or sell your primary residence this year? If so, we need the following:

Original price paid for the house you sold: \_\_\_\_\_ Date it was originally purchased: \_\_\_\_\_

Amount spent on major improvements during ownership: \_\_\_\_\_ We also need the Closing statement.

Did you sell any other real estate? If so, we need the details and closing statement.

Did you refinance or obtain a new mortgage? If so, please send us the closing statement.

Amount paid if you installed a new air conditioner: QMID code \_\_\_\_\_ Amount \_\_\_\_\_

Amount paid if you installed a new furnace: QMID code \_\_\_\_\_ Amount \_\_\_\_\_

Amount paid if you installed a new water heater: QMID code \_\_\_\_\_ Amount \_\_\_\_\_

Amount paid if you installed new energy efficient exterior doors or windows: QMID \_\_\_\_\_ Amount \_\_\_\_\_

Amount paid if you installed a new heat pump: QMID code \_\_\_\_\_ Amount \_\_\_\_\_

Amount you installed new insulation or a new electrical sub-panel: QMID code \_\_\_\_\_ Amount \_\_\_\_\_

Amount paid if you installed a geothermal unit or solar: QMID code \_\_\_\_\_ Amount \_\_\_\_\_

Did you contribute to a Missouri or Kansas First Time Home Buyer Savings acct? If so, how much? \_\_\_\_\_

Did you have health insurance via [www.healthcare.gov](http://www.healthcare.gov)? If so, we MUST have your Form 1095-A.

Amount paid for Health Ins. Prem. outside of your work plan. (medicare supp., etc.): \$ \_\_\_\_\_

Amount paid for Long Term Care Insurance premiums. \$ \_\_\_\_\_

Amount of IRA Contributions (separate from work plan): \_\_\_\_\_ Type of IRA: \_\_\_\_\_

Amount of Spouse IRA Contribution: \_\_\_\_\_ Type of IRA: \_\_\_\_\_

Are you interested in making an additional IRA contribution before tax day? **Yes / No**

Did you make any Roth IRA conversions? **Yes / No**

Did you withdraw money from a retirement plan or move your account from one brokerage to another? **Yes / No**

Did you max out your **HSA** contribution? If not, are you interested in making an **additional contribution** to reduce your tax liability?



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Did you withdraw money from a Health Savings Acct. (HSA) or use it to pay medical expenses? If so, we need your Form 1099-SA.

Did you contribute to an ABLE acct (Achieving a Better Life Experience) for qualified disability expenses?

Have you had any tax credits disallowed by the IRS such as Earned income credit, Child tax credit or College tax credits? **Yes / No**

Did you physically work or live within the City of KCMO during the year? **Yes / No**

Were KCMO city taxes withheld from your paycheck while you worked remotely outside of the city of KCMO? **Yes / No**

Would you like to receive the finished copy of your return via email or as a paper copy? **E-Mail / Paper**

Would you like us to connect you with a financial advisor? **Yes / No**

Did you make estimated tax payments to the Fed or any state? If so, enter the dates and amounts below.

### Federal

Payment #	Amount due	Date paid	Amount paid (not including credit card fee)	Overpayment Credit 2024 applied
1				
2				
3				
4				

### State(s)

Payment #	Amount due	Date paid	Amount paid (not including credit card fee)	Overpayment Credit 2024 applied
1				
2				
3				
4				