

Wildhorse Tax Service, LLC

Voice: (913) 904 – 0447 Fax: (913) 815 – 1257 Email: <u>info@wildhorsetaxservice.com</u>

Personal Info	Education
 ☐ 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. 	 ☐ 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paid (1098-T) ☐ Student Loan interest paid (1098-E) ☐ Amount paid for books or computer ☐ Amount contributed to or withdrawn from College Savings Acct.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)
Form 8332 if you are claiming a child, but you are not the custodial parent. Income W-2 forms	Rental Income Asset information including purchase & sale information or depreciation schedule Completed Rental Income & Expense worksheet from our website
☐ Unemployment or State refund received (1099-G)☐ Gambling Income and expenses (W-2G)	Self Employment, Trust or Business Info
 □ Alimony received □ Jury Duty income □ Hobby Income & Expenses □ Prizes and awards □ Other Income 	 K-1 Form 1099-MISC & 1099-NEC Completed Business Income & Expense worksheet from our website Depreciation schedule Automobile business mileage and tolls paid
Savings & Investments	Deductions or Credits
 □ 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 	 □ Personal Property tax paid □ Mortgage Interest paid (Form 1098) □ Real Estate tax paid □ Prior years State & Local income taxes paid
sold	☐ HUD closing statement if you purchased/sold
Retirement & Health Ins.	 ☐ HUD closing statement if you purchased/sold real estate or refinanced a mortgage ☐ List of Charitable monetary donations ☐ Records of non-cash Charitable donations



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Taxpayer Name:		SSN	N:		
Occupation:		Birth Date:			
Spouse Name:					
Occupation:					
Address:				_(street, city, state, zip)	
Marital Status:		Phone (cell):			
Email Address:					
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 e	
Did you incur Child	Care Expenses?	Yes / No (circle	e one)		
Provider's Tax ID #:		Amour	nt Paid to Provider:		
Provider's Name & A					
				virtual currency? Yes / 1	
•				Date Divorced:	
				eipals or aides): \$	
Name of the school v			-	-	
Student Loan Interes					
Did you contribute to	o a 529 college	savings plan? If	so, Amount:	\$	
We need Form 1099-	·Q if you withdi	rew money from	a 529 college saving	gs plan or Educational Sa	



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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: Amount paid if you installed a new furnace: Amount paid if you installed a new water heater: Amount paid if you installed new energy efficient exterior doors or windows: Amount paid if you installed a new heat pump: Amount you installed new insulation or a new electrical sub-panel: Amount paid if you installed a geothermal unit or solar: 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? 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? 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?

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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				