

Check-in for 2024 Tax Return Preparation

rev 1/25

Name

Preferred method for contact: _____ OR _____
Phone Email

SECTION 1: Only Check YES if any of the following items pertain to you.

- YES
- Included documents to prepare a tax return for someone **OTHER** than yourself/spouse.
(e.g., son, daughter, mom, dad, etc) : _____
- Included documents for a tax return **prior to 2024** to be reviewed, prepared or amended.
- Included documents for my business or other activity that requires a **SEPARATE** tax return.
(LLC, business,trust, business property tax listing) Name: _____
- **Business owners only**** - Beneficial Ownership Information (BOI) Report has been filed.
- Included my IP (Identity Protection) PIN number(s). ****Mailed to me by the IRS.****
- Included a memory stick containing information for my tax return(s).
- Included a memory stick with a QuickBooks file: Version _____ (PW: _____)
- Have QuickBooks Online: Username: _____ PW: _____
- I pay for my own health insurance and have included my Marketplace Statement **FORM 1095-A**.
- I may want to make a retirement plan contribution (IRA, ROTH, SEP, 401(k)) before the deadline, April 15, 2025. Please let me know my options.

Email

- I have **additional** documents to bring in.
(e.g., corrected investment statement, K-1s, rental property information, etc.)
*****(Please indicate what are they and when you expect to receive them.)*****

- Direct **Deposit - Tax** refund(s)
- Direct **Draft - Tax** payment(s)
- Use the same bank information as last year **-OR-** enter new bank information here:
(or provide a voided check)

Name of Bank

Routing Number

Account Number

SECTION 2: Only Check YES if any of the following items pertain to you.

- | | |
|---|---|
| <input type="checkbox"/> Bought or Sold real estate
Include HUD-1(s) or settlement statements | <input type="checkbox"/> Paid or Received alimony
Indicate which: _____
Total Amount \$ _____ |
| <input type="checkbox"/> Sold stock or other investments
Brokerage annual statement or report | <input type="checkbox"/> Got Married / Divorced / Separated / Remarried
Indicate which: _____
Date Occured: _____ |
| <input type="checkbox"/> Own a business or have rental property
Include your income and expenses | <input type="checkbox"/> Made estimated tax payments
(Include how much was paid and dates of payments) |
| <input type="checkbox"/> Paid college expenses
Form 1098-T from the school | <input type="checkbox"/> Moved to a new address (Include in next section)
Date of Move: _____ |
| <input type="checkbox"/> Received retirement or pension benefits
Form 1099-R for each | <input type="checkbox"/> Retired or Moved to a retirement facility
Indicate which: _____
Date Occured: _____ |
| <input type="checkbox"/> Received a Form 1099-K.
Explain why you recieved a 1099-K | <input type="checkbox"/> Became Disabled or Deceased
Indicate which: _____
Date Occured: _____ |
| <input type="checkbox"/> Paid daycare expense for dependent.
Name, address, tax ID number, amount | <input type="checkbox"/> Had large medical expenses / nursing home care |
| <input type="checkbox"/> Contributed to IRA / ROTH / SEP, etc | |
| <input type="checkbox"/> Contributed to an HSA
(Other than through work) | |

SECTION 3: NEW CLIENTS - Fill out completely.

RETURNING CLIENTS - **Only fill in CHANGES for 2024.**

Name (first, mi, last)	Social Security Number	Date of Birth	Occupation
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Spouse Name (first, mi, last)	Social Security Number	Date of Birth	Occupation
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Home address (street, city, state, zip)

Your Dependents (children and others living in your household)

Name (first, mi, last)	Social Security Number	Date of Birth	Relationship to you
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Name (first, mi, last)	Social Security Number	Date of Birth	Relationship to you
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Name (first, mi, last)	Social Security Number	Date of Birth	Relationship to you
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Contact Information

Your work phone	Your cell phone	Spouse work phone	Spouse cell phone	Home phone
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Your email address

Spouse email address

NEW CLIENTS ONLY

Referred by:

SECTION 4: REVIEW TAX RETURNS ****BE SURE WE HAVE YOUR CORRECT EMAIL ADDRESS****

YES NO

I would like to review a copy of my tax return before it is finalized.
(You will be provided a password for viewing)

SECTION 5: FINAL TAX RETURN - Indicate how you would like a copy of your final returns.

(You may choose more than one option)

Print a paper copy - I will pick up Email a pdf copy of the final return
 Print a paper copy - mail to me Put a pdf copy on my memory stick (provided)
(Charge for postage will be added to your invoice)

SECTION 6: REQUIRED DECLARATIONS - ONLY check boxes that apply to you.

For the Year January 1, 2024 to December 31, 2024

I had:

No virtual currency transactions. **-OR-** Included information for my virtual currency transactions.

I have:

No foreign bank accounts. **-OR-** Included information for my foreign bank accounts.

****YOU MUST SIGN AND DATE TO VERIFY THE DECLARATION.****

Your signature

Date