**Tax Preparation Checklist**

**Personal Information (If you are returning client and no information has changed, you can leave dates of birth and social security numbers blank for security purposes)**

**If you are a new client, please provide a copy of your previous TWO years of federal tax returns.**

Full Name:      Date of Birth:Click or tap to enter a date.

Street Address:

Social security number:      Occupation:

Phone #:      E-mail Address:

**Driver’s License Information – State: Number: Expiration:**

Were you legally married as of December 31, 2024? [ ] YES[ ] NO

If married, Spouse’s name:

Date of Birth: Click or tap to enter a date. SSN:       Occupation:

**Spouse’s License Information – State: Number: Expiration:**

Do you want $3 of your tax to go to the Presidential Election Fund? [ ] YES[ ] NO Does anyone claim you as a dependent? [ ] YES[ ] NO

Do you have any children that you may claim as a dependent? [ ] YES[ ] NO
If so, dates of birth and social security numbers (Please check the LWY box if the child lives with you.):

Name:      DOB:      SSN      LWY[ ]

Name:      DOB:      SSN      LWY[ ] Name:      DOB:      SSN      LWY[ ]

Are the children in any type of childcare? [ ] YES[ ] NO

Childcare provider and amount paid: (including the provider's name, address, and Tax ID number):
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Did your employer reimburse you for any of this care? [ ] YES[ ] NO

Did anyone else (other than your spouse or children) live in your home at some point during

the year or did you provide support to anyone who did not live with you? [ ] YES[ ] NO

**Income (Please provide all forms also: W-2’s, 1099’s, K-1s, etc)**

Did you receive income this year from work that you did as an employee? [ ] YES[ ] NO

Did you have more than one job this year? [ ] YES[ ] NO

 If yes, which one best describes the situation? [ ] Change Jobs [ ] Second Job [ ] Both

Did you receive income this year from work you did as an independent contractor? [ ] YES[ ] NO Did you receive any retirement income (401K, Pension, IRA, or Social Security income)? [ ] YES[ ] NO

 Were you required to take a required minimum distribution (RMD) in 2024? [ ] YES[ ] NO

 To the best of your knowledge, did your employer make changes to your 401K? [ ] YES[ ] NO

Did you receive disability or pension benefits from the Dept of Veteran’s Affairs? [ ] YES[ ] NO

Did you receive any savings or investment income (interest or dividends)? [ ] YES[ ] NO

Did you sell any investments this year? Please provide 1099-B form. [ ] YES[ ] NO Did you have your own business during the year (self-employed)? [ ] YES[ ] NO

 If yes, did this business provide healthcare to you or your employees? [ ] YES[ ] NO

Are you a stakeholder in a partnership or S-Corporation? [ ] YES[ ] NO

Did you receive alimony from an ex-spouse? [ ] YES[ ] NO

Did you collect unemployment during the year? [ ] YES[ ] NO Did you rent real estate to someone else this year? [ ] YES[ ] NO

Did you sell any rental real estate this year? [ ] YES[ ] NO

Did you have any gambling winnings or losses this year, including prizes and awards? [ ] YES[ ] NO Did you receive an inheritance this year? [ ] YES[ ] NO

Did you sell a home in 2024? If so, was it your primary residence? [ ] YES[ ] NO

Was your home foreclosed upon during the year or did you declare bankruptcy in 2024? [ ] YES[ ] NO Did you have any mortgage or other debt forgiven by a lender in 2024? (1099-C) [ ] YES[ ] NO

Did you have any student loan debt forgiven in 2024? [ ] YES[ ] NO

Did you engage in any transactions involving virtual currency or NFTs in 2024? [ ] YES[ ] NO

Did you receive any other income not mentioned above? [ ] YES[ ] NO

 If so, describe:

**Deductions**

If you paid alimony, amount paid and ex-spouse's social security number:

Name:      SSN:      Amount Paid:

Was this alimony agreement entered into before 1/1/2019? [ ] YES[ ] NO

Are you an active member of the military? [ ] YES[ ] NO

If so, did you move because of an active military order? [ ] YES[ ] NO

 Did you, your spouse, or any of your children take any classes this year? [ ] YES[ ] NO

If so, were they full-time students? [ ] YES[ ] NO

(Please provide all education bills, and/or 1098-T forms)
Did they receive any scholarships this year? [ ] YES[ ] NO

Did you invest or remove any money from a 529 educational savings plan this year? [ ] YES[ ] NO

Did you or your spouse invest any money into a retirement plan this year? [ ] YES[ ] NO

(Please provide all statements from your retirement plans)

Did you make payments on any student loans this year (reported on 1098-E)? [ ] YES[ ] NO

Did you contribute to an FSA, HSA, or Archer MSA in 2024? (1099-SA and 5498-SA) [ ] YES[ ] NO

**Itemizing Deductions**
What is your current living situation? [ ] OWN [ ] RENT [ ] OTHER
 If you own your home, please include 1098 from mortgage company.

 If your property taxes are not included in your mortgage, how much did you pay?

 Do you pay mortgage insurance (PMI) on your property? If so, how much did you pay?

Do you have a home equity loan or line of credit? [ ] YES[ ] NO

What was the money received from the loan used for?

 If you rent your home, how much is your monthly rent?

 How long did you live in this home this year?

Did you make any donations to charity this year? [ ] YES[ ] NO

Did you pay any medical expenses this year that you were not reimbursed for? [ ] YES[ ] NO

If so, how much? (Please separate by Doctors, Dentists, and Pharmacy)

Did you incur any mileage related to these visits? If yes how many:      [ ] YES[ ] NO

How much did you pay to have your tax return prepared last year?

**Health Coverage (this is for New Jersey state returns only)**

Did all individuals on your tax return (Taxpayer, Spouse, and Dependents) have

healthcare coverage throughout calendar year 2024? [ ] YES[ ] NO

Who provided this coverage (check all that apply)?

 [ ] Employer [ ] Self [ ]  Government Healthcare Marketplace

 **(Please provide all forms 1095-A, B, or C that you received)**

Did you receive an Advanced Premium Tax Credit for any of the coverage listed above? [ ] YES[ ] NO

Please provide the name(s) and policy number(s) of the healthcare insurance provider(s)

If you answered “No” to the first question, please explain who did not have coverage, for how long, and the reason that there was no coverage.

**“NEW FOR 2024” Items:**

Did you install energy-efficient windows, insulation, a/c, furnace or water heater,

exterior doors, new electric panel, or had an energy audit done? [ ] YES[ ] NO

Did you receive form 1099-K from any third-party payment processor (Ebay, Venmo)? [ ] YES[ ] NO

Did you purchase a new or used electric, plug-in hybrid, or fuel-cell vehicle in 2024? [ ] YES[ ] NO

Did you roll over any 529 contributions to a Roth IRA? [ ] YES[ ] NO

**Refund Direct Deposit**

If you would like your refund direct deposited, please provide the routing and account number of your financial institution (**If it is the same account as last year, just write SAME**):

Routing #:    Account #:

Please provide any other information or questions you might have that you feel is relevant to your tax situation:

I attest that the information provided above is true and accurate to the best of my knowledge.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_