

2024 Tax Worksheet - Please fill out and bring to your appointment!

Taxpayer/Spouse Name _____ **Birthdate** _____ **Social Security # (please verify)** _____ **Occupation** _____

NEW ADDRESS (if any) _____

PHONE NUMBERS Home _____ Work _____ Cell _____ Fax _____

Taxpayer Email: _____ **Spouse Email:** _____

DEPENDENTS (if new client, list all; otherwise, list changes from last tax year):

Name	Birthdate	Social Security # (please verify)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SOURCES OF INCOME:

	Gross	Federal Tax	State Tax
W-2 _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total W-2	\$ _____	_____	_____
1099-R _____	_____	_____	_____
Soc. Security _____	_____	_____	_____
1099-MISC _____	_____	_____	_____
_____	_____	_____	_____
Unemployment _____	_____	_____	_____
State Tax Refund _____	_____	_____	_____
Alimony Received (if divorce final before 2019) _____	_____	_____	_____
Gambling Winnings (1099-G) _____	_____	_____	_____
Other _____	_____	_____	_____
Total Tax Withheld	_____	\$ _____	\$ _____

2024 ESTIMATED TAX PAYMENTS:

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Date Paid:	_____	_____	_____	_____
Amount Paid:	_____	_____	_____	_____
Total Amount: \$				_____

INTEREST INCOME:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

DIVIDEND INCOME:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

SPECIAL ADJUSTMENTS:

HSA Contributions (not on W-2) \$ _____
 HSA Distributions (Form 1099-SA) \$ _____
 IRA Deposits (not on W-2) \$ _____
 Roth Deposits (not on W-2) \$ _____
 Keogh/SEP Deposits(not on W-2) \$ _____

Alimony Paid (if divorce before 2019) \$ _____

Name: _____ SSN: _____

Educator Out-of-Pocket Expenses \$ _____

Early Withdrawal Penalties \$ _____

EDUCATION DEDUCTIONS/CREDITS:

Student Loan Interest \$ _____

Tuition (by individual, per form 1098T) \$ _____

Undergraduate Studies \$ _____

Graduate Studies \$ _____

Required Books & Supplies \$ _____

Other \$ _____

Taxpayer Name: _____	2024
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ID Verification (for preparer use)

DIGITAL MAIL PICK UP
(Must request paper copy-\$15 add'l charge applies)