

2024 Tax Checklist

This form is to assist you in gathering your income tax information. Use it as a guide.

GENERAL INFORMATION

- First, middle initial, and last names of taxpayers and dependents as written on the Social Security cards.
- Dates of birth for taxpayers and all dependents, **especially** new dependents.
- Address (city, state, and zip), telephone number, and e-mail address.
- Marital Status: Single ___ Married ___ Head of Household ___ Separated ___ Registered Domestic Partners ___
- Number of Dependents: ___ Did any dependents have any income? Yes ___ No ___
- Did all dependents live with you for 6 months or more? Yes ___ No ___

FOREIGN INCOME

- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account located in a foreign country?
- Did you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?

TYPES OF INCOME & TAX REPORTING FORMS

- Wages: All W-2s
- Pensions/Retirements: 1099-R
- Social Security: SSA-1099
- Bank Interest: 1099-INT
- Dividends: 1099-DIV
- Commissions: 1099-MISC
- Tips and Gratuities
- Affordable Care Act Reporting: Form 1095-A
- Sales of Stock, Mutual Funds: 1099-B
- Income from Rentals: All 1099-MISC
- Business Income: All 1099-MISC & 1099-K
- Farm Income
- Alimony Received: Total amount
- Unemployment: 1099-G
- State Tax Refund: 1099-G
- Miscellaneous: Jury Duty, Gambling, Other
- K-1 forms from Partnership, S-Corporation, or Trust

BUSINESS INCOME & EXPENSE ITEMS – If you don't see an expense listed below, please ask.

Total (Gross) Income

- Advertising
- Asset Purchases
- Auto: Parking &Tolls
- Bank/Credit Card Fees
- Business Phone Expense
- Business Vehicle:
 - _____ Auto
 - _____ Date Placed in Service
 - _____ Business Miles
 - _____ Total Miles
- Cell Phone Expense
- Cleaning/Maintenance
- Commissions Paid
- Contractors/Subcontractors
- Dues & Publications
- Education Expense
- Equipment/Supplies
- General Office Expense
- Hotel/Travel Expense
- Insurance
- Interest Paid
- Legal or Professional Fees
- License Fees/Taxes Paid
- Meals/Entertainment
- Postage
- Rent/Lease Fees Paid
- Repairs
- Tools
- Utilities

ADDITIONAL ITEMS FOR RENTAL PROPERTIES

- | | | |
|---|---|--|
| <input type="checkbox"/> Days Rented ____ | <input type="checkbox"/> Room Rentals (in home) | <input type="checkbox"/> Vacation Rental |
| <input type="checkbox"/> Condo/PUD Association Fees | <input type="checkbox"/> Mileage/Travel | <input type="checkbox"/> Keys/Other |
| <input type="checkbox"/> Gardening/Yard Work | <input type="checkbox"/> Mortgage Interest | <input type="checkbox"/> Property Tax |
| <input type="checkbox"/> Management Fees | <input type="checkbox"/> Termite Treatment | <input type="checkbox"/> Utilities |

DEDUCTIONS/CREDITS TO INCOME

- | | |
|---|--|
| <input type="checkbox"/> Adoption Expense | <input type="checkbox"/> Medical Savings Account (5498-SA/1099-SA) |
| <input type="checkbox"/> Alimony Paid* | <input type="checkbox"/> Moving Expenses |
| <input type="checkbox"/> Child Care Expenses: ____ Provider Name
____ Phone Number ____ EIN ____ Amount Paid | <input type="checkbox"/> Penalty on Early Savings Withdrawal |
| <input type="checkbox"/> Education Expenses | <input type="checkbox"/> Retirement Contributions (not through employer) |
| <input type="checkbox"/> IRAs/Keogh/SEPs (Form 5498) | <input type="checkbox"/> Self-employed Health Insurance |
| | <input type="checkbox"/> Teacher Expenses |

* Total Alimony Paid: Must have name and Social Security number of recipient and amount paid. Generally, alimony or separate maintenance payments are deductible by the payer spouse and includible in the recipient spouse's income if paid under a divorce or separation agreement executed before 2019.

ESTIMATED TAXES PAID

Date of payment and amount paid for **each** Federal and State quarterly tax estimate.

HEALTH CARE INFORMATION

- Did you have qualifying health care coverage (employer group plan coverage or government-sponsored coverage) for every month of 2024 for you, your spouse and all members of your family as claimed on your tax return?
- Did you or anyone in your family qualify for an exemption from the health care coverage mandate?
- Did you acquire health care coverage through the Marketplace under the Affordable Care Act? If yes, provide Form(s) 1095-A and 1095-C.
- Did you make any contributions to or receive distributions from a Health Savings Account, Archer MSA or Medicare Advantage MSA?

ITEMIZED DEDUCTIONS

MEDICAL

- | | |
|--|---|
| <input type="checkbox"/> Medical & Dental Bills | <input type="checkbox"/> Lab Fees |
| <input type="checkbox"/> Prescriptions | <input type="checkbox"/> Medical Miles |
| <input type="checkbox"/> Glasses/Contact Lenses or Hearing Aids | <input type="checkbox"/> Out-of-pocket Expenses |
| <input type="checkbox"/> Medical Insurance Premiums ____ Medical ____ Dental ____ Long-term Care | |

TAXES & INTEREST

- | | |
|--|--|
| <input type="checkbox"/> Local Tax (found on previous year's return) | <input type="checkbox"/> Mortgage Interest |
| <input type="checkbox"/> Sales Tax | <input type="checkbox"/> Mortgage Insurance Premiums |
| <input type="checkbox"/> Real Estate Tax | <input type="checkbox"/> Investment Interest |
| <input type="checkbox"/> Personal Property Tax (Vehicle License Fee) | |

CHARITABLE CONTRIBUTIONS

- | | |
|---|---|
| <input type="checkbox"/> Cash Contributions * | <input type="checkbox"/> Out-of-pocket Volunteer Expenses |
|---|---|

Non-Cash Contributions **

Charitable Miles

IRA RMD Charitable Distribution

Other

* Documentation required.

** Donation dates, list of items donated with Fair Market Value for **each** non-cash donation to a Charitable Organization are needed.

ADDITIONAL TAX DOCUMENTS

Completed Organizer

Signed Engagement Letter

Year-End Broker Statements

Notices Received from IRS or FTB

HUD Statement (for each home sold, purchased, or refinanced)

IDENTITY THEFT

Did you receive an Identity Protection PIN from the Internal Revenue Service, or have you been a victim of identity theft? If so, please provide the IRS letter.

VIRTUAL CURRENCY

At any time during 2024, did you: (a) receive (as a reward, award, or compensation); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? If so, please provide details.

Any questions please don't hesitate to reach out to me: Jim@TitanTaxandBusiness.com