

2024 CHECKLIST

FILING STATUS (CIRCLE ONE): SINGLE MARRIED FILING JOINT MARRIED FILING SEPERATE HEAD OF HOUSEHOLD QUAL WIDOW DEPENDENT UNSURE

TAXPAYER NAME: \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ OCCUPATION \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

EMAIL(S): \_\_\_\_\_

Table with columns: DEPENDENT NAME, DOB, RELATIONSHIP TO YOU, LIVED WITH YOU LAST YR, SSN, IOWA K-12 EDUCATION EXP. Includes rows for dependent information and a note about tuition/textbooks.

DID ANYONE ELSE LIVE WITH YOU LAST YEAR? Y/N If so list names, DOB, relationship to you, and number of months live with you:

INCOME
NUMBER OF W-2'S ATTACHED
NUMBER OF 1099R'S ATTACHED
OTHER INCOME: ATTACH DOCUMENTATION (GAMBLING, STOCK SALES, JURY DUTY, INTEREST, DIVIDENDS, SOCIAL SECURITY, ALIMONY, 1099-K, UNEMPLOYMENT, CANCELLATION OF DEBT, ETC.)

ADJUSTMENTS & CREDITS
IRA CONTRIBUTIONS TP \$ (ROTH/ REGULAR) SP \$ (ROTH/ REGULAR)
529 PLAN CONTRIBUTIONS TP \$ SP \$
STUDENT LOAN INTEREST PAID (1098-E ENCLOSED) \$
TEACHER CLASSROOM EXP \$
ENERGY HOME IMPROVEMENTS
CLEAN VEHICLE PURCHASED (PLUG-IN VEHICLE)
HEALTH INSURANCE PAID (not through payroll deduction) \$
SUPPLEMENTAL \$ MEDICARE \$

NEW CLIENTS ONLY
COPY OF RETURN ATTACHED Y/N OR
PRIOR YEAR FEDERAL REFUND/DUE \$
PRIOR YEAR STATE REFUND/DUE \$

ITEMIZED DEDUCTIONS
MORTGAGE INTEREST (1098 ENCLOSED) \$
REAL ESTATE TAX (1098 OR PAID STMT) \$
LICENSE PLATES \$ \$ \$
SALES TAX ON MAJOR PURCHASE (car/boat/camper) \$
DONATIONS: CASH \$ NONCASH \$
CHARITY MILES MEDICAL MILES

CHILD CARE CREDIT
BABYSITTERS/DAYCARE NAME ADDRESS SSN/FED ID NUMBER AMOUNT PAID \$

DID YOU HAVE HEALTH INSURANCE THROUGH MARKETPLACE? Y/N (1095-A REQUIRED)

DID YOU: A) RECEIVE AS A REWARD, AWARD, OR PAYMENT FOR PROPERTY OR SERVICES OR B) SELL, EXCHANGE, GIFT, OR OTHERWISE DISPOSE OF A DIGITAL ASSET? Y/N

POST SECONDARY EDUCATON CREDIT (1098-T REQUIRED)
STUDENT BOOKS W/RECEIPTS REQUIRED SUPPLIES W/RECEIPTS FRESH/SOPH/JR/SR

ELECTRONIC FILING
REFUND: DIRECT DEPOSIT/MAIL
BALANCE DUE: DIRECT WITHDRAWAL/MAIL
BANK
ROUTING NUMBER
ACCOUNT NUMBER
CHECKING OR SAVINGS

STATE INFORMATION
SCHOOL DISTRICT AS OF 12/31
COUNTY AS OF 12/31
LIVED IN THIS STATE ALL 12 MONTHS? Y/N

SIGNATURE DATE