



Bookkeeping & Tax Professionals

710 Buffalo St Suite 802 Corpus Christi, TX 78401 361-884-8180

2024 Tax Year

Taxpayer

Spouse

X

Name SS# Blind? Yes No Driver's License # Iss/Exp Date Birthdate Occupation

Name SS# Blind? Yes No Driver's License State & # Birthdate Occupation

Address Phone Work Phone Filing Status eMail

Dependents

Table with 5 columns: Name, Birthdate, SS#, Relationship. Rows 1-5.

Estimated Tax Payments Paid for 2024

Table with 9 columns: 1st Qtr Date Pd, Amount, 2nd Qtr Date Pd, Amount, 3rd Qtr Date Pd, Amount, 4th Qtr Date Pd, Amount. Rows: Federal, State, Local.

Income (Include W-2s, 1099s and K-1s with your tax information)

W-2 Alimony Farm Income Pensions & Annuities Rents K-1 Gambling Winnings Prizes/Awards Royalties State/Local Refunds Social Security Jury Duty Self Employment Unemployment Commissions Interest Dividends Other

Capital Gains & Losses From Sale of Stock or Property

Table with 5 columns: Description, Date Acquired, Date Sold, Sale Price, Cost or Other Basis.

Bring all relevant papers relating to the acquisition and sale of property and stocks. Include settlement sheet for sale of property and bring cost basis of all stocks sold.

# Itemized Deductions: LIST ONLY IF LARGER THAN STANDARD

SINGLE-\$14,600    MARRIED FILING JOINT=\$29,200    MARRIED FILING SEPARATELY=\$14,600    HEAD OF HOUSEHOLD=\$21,900

### Medical

Prescriptions \_\_\_\_\_  
 Med Ins Premiums \_\_\_\_\_  
 Long Care Prem \_\_\_\_\_  
 Doctors \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Med Mileage \_\_\_\_\_

### Interest

Mortgage \_\_\_\_\_  
 Home Equity \_\_\_\_\_  
 Investment \_\_\_\_\_  
 Points \_\_\_\_\_  
 Mortgage Ins Prem \_\_\_\_\_

### Taxes

Real Estate \_\_\_\_\_  
 Sales Tax \_\_\_\_\_  
 Personal Property \_\_\_\_\_  
 State/Local \_\_\_\_\_  
 State 2015 estimated taxes,  
 if paid in 2015 \_\_\_\_\_

**XX**

Did you have Health Insurance for entire year?     Self Only     All Family Members     Thru the market place     Employer  
 Please provide Form 1095A

### Contributions

*All cash contributions must have a receipt of bank documentation*

Church \_\_\_\_\_  
 Miscellaneous \_\_\_\_\_  
 Goodwill \_\_\_\_\_  
 Charity Miles \_\_\_\_\_

### Miscellaneous Deductions

Business Miles \_\_\_\_\_  
 Tax Prep Fees \_\_\_\_\_  
 Investment Exp \_\_\_\_\_  
 Safe Dep Box \_\_\_\_\_  
 Uniforms/Tools \_\_\_\_\_  
 Union dues \_\_\_\_\_  
 Gambling Losses \_\_\_\_\_

### Non Cash Contributions

Item \_\_\_\_\_  
 Date \_\_\_\_\_  
 FMV \_\_\_\_\_

### Other Deductions & Credits - (T) for Taxpayer (S) for Spouse

IRA Contributions (T) \_\_\_\_\_ (S) \_\_\_\_\_      Books & Supplies (T) \_\_\_\_\_ (S) \_\_\_\_\_  
 Please Check:     Traditional     Roth      Student Loan Interest (T) \_\_\_\_\_ (S) \_\_\_\_\_  
 Self Emp Health Ins (T) \_\_\_\_\_ (S) \_\_\_\_\_      Educators Expenses (T) \_\_\_\_\_ (S) \_\_\_\_\_  
 Tuition & Fees (1098-T) (T) \_\_\_\_\_ (S) \_\_\_\_\_      Moving Expenses \_\_\_\_\_  
 Alimony Paid \_\_\_\_\_ Name \_\_\_\_\_ SS# \_\_\_\_\_  
 Child Care Paid \_\_\_\_\_ Provider \_\_\_\_\_ ID# or SS# \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did you purchase or sell a home?     Yes     No    If yes, provide settlement sheet.

If you expect a refund: Bank Name \_\_\_\_\_  
 Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**X** Special Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax return for which I have adequate records.

**X** \_\_\_\_\_ Date \_\_\_\_\_