

2024 Tax Information Checklist

Please complete the checklist and gather all applicable tax documents.

| Name: | | Best Phone #: | Email: |
|-----------------|--|---------------|--------|
| Taxpayer: | | | |
| Spouse: | | | |
| Street Address: | | City, State: | Zip: |

Preferred Contact – Taxpayer or Spouse **How should we contact you?** (choose all that apply) Email Phone Text

PERSONAL INFORMATION

1. **Driver's License** or state identification. (Provide a copy of the front for each taxpayer) OR list issue & expiration dates
 Taxpayer issue date _____ Expiration date _____ Spouse issue date _____ Expiration date _____
2. **Bank Account** – For direct deposit, list last 4 digits of account #: _____ (If new account, please provide a voided check)
 If you have tax due, would you like direct payment from your account? No Yes
3. Did the IRS, State, or City send you any tax notifications or do you have an **Identity Protection PIN**? No Yes (attach documents)
4. **Marital Status** - Did your status change? No Yes If YES, list new Marital Status and date of change: _____
5. Do you have a **Foreign Bank Account** with a balance over \$10,000 any time during the year? No Yes (provide details)
6. Did you receive **Health Savings Account (HSA) Distributions**? No Yes (If YES, attach 1099-SA)
 Was the money used for qualified medical expenses? No Yes
7. Did you make a **Health Savings Account (HSA) Contribution** NOT through your employer? No Yes (If YES, attach 5498-SA)
8. Did you receive (as a reward, award, or payment), sell, exchange, or dispose of a digital asset? No Yes (If yes, provide details)
9. Did you work remotely from home during 2024 outside the city where your employer was located? No Yes
10. Would you like us to **Prepare a Return for a Dependent** (additional fee) who had earned income greater than \$14,600, investment income greater than \$1,300, or Federal Tax withholding? No Yes (Provide W-2 and other income statements)
11. Are you expecting any major life changes in 2025? Retirement Income Changes Dependent Change Marital Status
 *Would you like us to contact you to discuss tax planning or changes to your tax situation? No Yes
12. Your completed 2024 Tax return will be delivered electronically via SAFESEND Returns – a notification will be sent to your email.
OR I prefer to pick up my tax return* I prefer a mailed paper copy* **Additional Fee May Apply*

INCOME INFORMATION (Please attach all applicable forms)

- | | |
|--|--|
| <input type="checkbox"/> Income Statements (Form W-2) | <input type="checkbox"/> Cancellation of Debt (Form 1099-C) |
| <input type="checkbox"/> Interest (Form 1099-Int or 1099-OID) | <input type="checkbox"/> Foreclosure or Abandonment of Residence (Form 1099-A) |
| <input type="checkbox"/> Dividends (Form 1099-Div) | <input type="checkbox"/> Sale of Real Estate (Provide closing statements) |
| <input type="checkbox"/> Stock or Mutual Fund Sales (Form 1099-B) | <input type="checkbox"/> Received Installment Payments for Property Sold |
| <input type="checkbox"/> Unemployment Compensation (Form 1099-G) | <input type="checkbox"/> Disability Income (Provide Documents) |
| <input type="checkbox"/> 401k or IRA Distributions/Rollovers (Form 1099-R) | <input type="checkbox"/> Income in a Foreign Country (Provide Documents) |
| <input type="checkbox"/> Social Security (Form 1099-SSA) | <input type="checkbox"/> Gambling (Form W-2G) |
| <input type="checkbox"/> Education Distributions (Form 1099-Q) | <input type="checkbox"/> Alimony Received \$ _____ Date of agreement _____ |

Are you a **Shareholder, Partner or Member of an S-Corp, LLC or Partnership?**

- Shareholder (Include Form 1120-S K-1)
- Partner (Include Form 1065 K-1)
- Beneficiary (Include Form 1041 K-1)

Upload all Documents to your [TaxCaddy Account](#) or [KirschCPA.com Secure File Upload](#) by March 7, 2025

Questions? Contact us (513) 858-6040

Did you receive **other income** during 2024? (*For a detailed worksheet visit kirschcpa.com/client-center/tax-forms/)

- Business Income (Please refer to [Schedule C Worksheet*](#) or Provide details)
- Rental Income (Please refer to [Schedule E Worksheet*](#) or Provide details)
- Farm Income (Please refer to [Schedule F Worksheet*](#) or Provide details)
- If you paid more than \$600 to an individual or unincorporated business for rent or service during 2024, Form 1099 must be issued*
* If you need help issuing Form 1099 – Provide: name, address, Social Security # and amount paid to Kirsch by **January 15, 2025**.
- Did you utilize any portion of your home for business use? No Yes (Please refer to [Schedule C Worksheet*](#), page 1)
- Did you inherit an IRA? If so, when _____?

OTHER INFORMATION

- Alimony paid \$ _____ (only applies to dates before 1/1/19) Rented a property in Indiana \$ _____
*Date of original divorce or separation _____
- Purchased a Qualified Electric Vehicle (provide invoice) Energy efficient improvement to your residence (attach details)
- Gift Tax Return may be required:
Single and gift is greater than \$18,000? * \$ _____ Paid household employee wages of \$2,700 or more
Married and gift is greater than \$36,000? * \$ _____ COBRA premiums paid \$ _____
*Provide name, address, amount & SS# of recipient Made OH statewide political contribution \$ _____
- Moving expense for military position \$ _____ Engaged in bartering transactions
- Long Term Care Premiums:** Taxpayer: \$ _____ Spouse: \$ _____
- Retirement Contribution** to which Plan Type: Please select IRA Roth IRA SEP KEOGH Back Door Roth Conversion
Contribution Amount: Taxpayer: \$ _____ Spouse: \$ _____
- Student Loan Payment** (attach Form 1098-E for interest paid)
- College Education Expenses** (attach Form **1098-T** issued by the university)

| Dependent Name | University Name | Qualified Tuition | Books/Materials | First 4 Years (yes or no) |
|----------------|-----------------|-------------------|-----------------|------------------------------|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

Contributed to a State College Saving 529 Plan

| Beneficiary Name | Beneficiary SSN | Total Contributed | Program State |
|------------------|-----------------|-------------------|---------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |

Child Care Expenses (Provide total of all expenses and detail related to childcare)

| Dependent Name | Provider Name | Federal ID or SSN | Address | Total Expense |
|----------------|---------------|-------------------|---------|---------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

Upload all Documents to your [TaxCaddy Account](#) or [KirschCPA.com Secure File Upload](#) by March 7, 2025

Questions? Contact us (513) 858-6040

Did you have a baby or add a new dependent?

| New Dependent Name | Relationship | Date of Birth | SSN or ITIN | Full Time Student | Disabled | Adopted |
|--------------------|--------------|---------------|-------------|--------------------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

QUARTERLY ESTIMATED TAX PAID IN 2024 (List below or attach copies of cancelled checks)

| List all payments | Date Paid | Federal | State | City | School District |
|--------------------------------------|-----------|---------|-------|------|-----------------|
| 2023 4 th Quarter Payment | | \$ | \$ | \$ | \$ |
| 2024 1 st Quarter Payment | | \$ | \$ | \$ | \$ |
| 2024 2 nd Quarter Payment | | \$ | \$ | \$ | \$ |
| 2024 3 rd Quarter Payment | | \$ | \$ | \$ | \$ |
| 2024 4 th Quarter Payment | | \$ | \$ | \$ | \$ |

DEDUCTION INFORMATION – (Only complete this section if greater than the standard deduction)

PLEASE NOTE: The standard deduction is \$29,200 for married filing jointly and \$14,600 for individuals filing single.

Send in your itemized deductions if you exceed the standard deduction or if you are in a state that allows itemized deductions.

Unreimbursed Medical Expense – Please enter in amounts below if greater than 7.5% of your income.

Medical Insurance Premiums: \$_____ Care Giver Expense: \$_____

Doctor/Dentist/Vision: \$_____ Prescription Expense: \$_____ Medical Miles Driven: _____

Do you live in a nursing home for medical reasons? No Yes (If yes, please provide nursing home letter with medical %)

Do you have Marketplace Insurance? No Yes (If yes, please provide the Form 1095-A)

Real Estate Tax Paid: \$_____

Mortgage Interest Payments: Provide a copy of **1098** Mortgage Interest Statement.

Did you take out a home equity loan this year? Was it used to renovate your home? If so, provide a copy of the **1098**.

Charitable Contributions: (Keep Your Receipts!) Provide totals for the following items:

TOTAL monetary contributions \$_____

TOTAL of your Charitable Miles Driven: _____

TOTAL non-cash charitable contributions \$_____ (If over \$500, please provide name of organization & description)

Did you make charitable contributions directly from your IRA to a qualified charity? No Yes (If yes, please provide letter)

Did you contribute money to a Donor Advised Fund (DAF)? No Yes (If yes, provide amount \$_____)

(Note: a charitable contribution deduction is available in the year money is put into a DAF. No deduction is allowed when funds are transferred from the DAF to your designated charities).

PLEASE SHARE ANY INFORMATION NEEDED TO PREPARE YOUR TAX RETURN THAT MAY NOT BE CAPTURED ABOVE

NEW CLIENT INFORMATION

If you are a new client of Kirsch CPA Group, please provide the following information.

- Tax Returns** – a copy of the last Two Years
- Driver’s License** – a copy of both taxpayer and spouse

| | Social Security No. | Date of Birth | Blind? (Yes or No) |
|-----------|---------------------|---------------|--------------------|
| Taxpayer: | | | |
| Spouse: | | | |

| Dependent Name | Relationship | Date of Birth | SSN or ITIN | Full Time Student | Disabled |
|----------------|--------------|---------------|-------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |