

## 2024 Tax Preparation Worksheet

Please use this worksheet to guide and assist you in compiling the information needed to prepare your income tax return. Please fill in as much information as you can. We will review this information and all other deductions not listed on this form. If we did not prepare your tax return last year, please bring a copy for our review.

**Taxpayer Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DOB:** \_\_\_\_\_

Best Phone: \_\_\_\_\_ Type \_\_\_\_\_ Blind? \_\_\_\_\_

Email: \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DOB:** \_\_\_\_\_

Best Phone: \_\_\_\_\_ Type \_\_\_\_\_ Blind? \_\_\_\_\_

Email: \_\_\_\_\_ Did your marital status change in 2024? \_\_\_\_\_

*A copy of both spouse's state issued driver licenses is required for e-filing.*

### **Dependent Name (Last if different)**

Soc Sec #          DOB          Relationship

1 \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / / / \_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / / / \_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / / / \_\_\_\_\_

*For each child please provide a written document that shows the child lives with you. Must have child's address the same as your address (i.e. report card, medical bills, daycare provider statement)*

### **Questions (check all that apply)**

Did you receive a 1099-K for 2024? If yes, please provide this along with description of what the income was for

Did/Will you contribute to an IRA for 2024? \_\_\_\_\_ What type? Traditional/Roth/SEP

Did you make any Roth conversions in 2024? \_\_\_\_\_

Did you contribute to a Health Savings Account (HSA)? \_\_\_\_\_ Did you use funds from an HSA? \_\_\_\_\_

Did you buy or sell a home in 2024? \_\_\_\_\_ *If yes attach HUD Statement.*

**Did you do anything to improve the energy efficiency of your home or purchase an alternative energy vehicle?** \_\_\_\_\_

*Please include copies of invoices/bills of sale for all purchases- VIN for vehicles is required for the credit*

Do you have any foreign bank accounts, trusts, or businesses? \_\_\_\_\_

Did any dependent have \$1,300+ of **unearned** income (dividends/interest/capital gains)? \_\_\_\_\_

Did you pay/receive alimony? \$ \_\_\_\_\_ Date of divorce \_\_\_\_\_ If you paid, Social Security # of the person who you **paid**.

Did you fix/replace your personal septic system? \_\_\_\_\_

Did you pay rent in Massachusetts? \_\_\_\_\_ If yes how much \$ \_\_\_\_\_

Did you go through bankruptcy proceedings or have any debt forgiven, cancelled or refinanced? \_\_\_\_\_

<b>If you had income from...</b>	<b>then provide</b>
_____ Wages	W-2
_____ Gambling	W-2G
_____ Paid Family/Medical Leave	1099-G
_____ Unemployment	1099-G
_____ Social Security	1099-SSA
_____ Interest	1099-INT
_____ Dividends	1099-DIV
_____ Pensions, IRA or retirement	1099-R
_____ Capital Gains	1099-B
_____ Debt Cancellation	1099-C
_____ 529 Distribution	1099-Q
_____ Third Party Network	1099-K
_____ Partnership or S Corp	K-1

### **Taxes Paid**

Property Tax on Home \$ \_\_\_\_\_ If over 65, include the assessed value of your property for the Circuit Breaker Credit

Other Real Estate Tax \$ \_\_\_\_\_  
Personal Property Tax \$ \_\_\_\_\_ (Vehicle/Motor Home/Boats)

**Estimated Payments:** Please list the date and amount paid for any 2024 estimates.

Date	Federal	State of _____
____/____/____	\$ _____	\$ _____
____/____/____	\$ _____	\$ _____
____/____/____	\$ _____	\$ _____
____/____/____	\$ _____	\$ _____

**Medical Expenses** (these must exceed 7.5% of your income to be deductible)

Medical/Dental Insurance: \$ \_\_\_\_\_  
(Do not include Medicare or pretax medical insurance paid through your employer)

Long Term Care Ins:

Taxpayer \$ _____	Spouse \$ _____
Prescriptions: \$ _____	Dental \$ _____
Copays (Dr./Clinic/Hospital): \$ _____	Therapy \$ _____
Vision \$ _____	Hearing Aids \$ _____
Medical Miles _____	Medical Parking/Tolls \$ _____

**Interest Paid:**

Provide all form 1098 for mortgages and home equity loans. Note: mortgage proceeds must have been used to purchase, build or improve the home.

Did you pay points on a refinance in 2024 not listed on your form 1098? \$ \_\_\_\_\_

Interest paid on a margin loan or other investment interest: \$ \_\_\_\_\_

**Charity:** You must have either a cancelled check or receipt for all contributions up to \$250 at one time, and a receipt for any contribution over \$250 at one time.

Total in 2024 by cash or check that you have a proper documentation for: \$ \_\_\_\_\_

Total receipted non-cash contributions \$ \_\_\_\_\_ If the total is over \$500, please send receipts for all non-cash donations as this needs to be reported to IRS.

Any Qualified Charitable Distributions (QCD) from your IRAs? \$ \_\_\_\_\_

**Other Information:**

Teacher Expense \$ \_\_\_\_\_ (up to \$300)

Gambling Losses: \$ \_\_\_\_\_ (up to any reportable winnings)

Student Loan interest \$ \_\_\_\_\_ (include Form 1098-E)

College Tuition \_\_\_\_\_

*For each student, please provide Form 1099-T, a copy of the bill from the college for each semester, and receipts for books, supplies and equipment.*

Child Care \_\_\_\_\_

*For each child, please provide amount paid and providers name and tax id number.*

**Rental Income** \_\_\_\_\_

*Please provide a list of rental income & expenses by property.*

**Self-employment** \_\_\_\_\_

*Please provide a list of income and expenses for your business as well as a mileage log.*

***Please provide amounts received in 2024 for ERC claims from previous years – do not include in 2024 income***

**Direct Deposit for refund:**

Bank Name \_\_\_\_\_

Checking or Savings? (circle one)

Routing # (9 digits) \_\_\_\_\_

Account # \_\_\_\_\_

*LaMothe & DeSimone Financial Services, Inc is not responsible for delayed or missing refunds due to incorrect banking information*