

## 2024 TAX YEAR CHECKLIST

Please complete this checklist and gather all relevant documents.

\*New clients: Provide the previous 2 years' tax returns, SSN & DOB for taxpayer, spouse & any dependents.

\*New business clients: if losses from business activities in prior years, include prior 5 years of returns.

TAXPAYER		SPOUSE	
Last, First, MI			
Cell			
Email			
Occupation			
Please select all that apply	<input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> Changed Jobs <input type="checkbox"/> Disabled <input type="checkbox"/> Legally Blind <input type="checkbox"/> Full-time student	<input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> Changed Jobs <input type="checkbox"/> Disabled <input type="checkbox"/> Legally Blind <input type="checkbox"/> Full-time student	
Driver's License	<input type="checkbox"/> Copy Attached <input type="checkbox"/> Does not have DL	<input type="checkbox"/> Copy Attached <input type="checkbox"/> Does not have DL	
Work in a taxable city?	<input type="checkbox"/> Y _____ <input type="checkbox"/> N <input type="checkbox"/> Not Sure	<input type="checkbox"/> Y _____ <input type="checkbox"/> N <input type="checkbox"/> Not Sure	
Contact person	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse   Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other		
Address			
Did you move in '24?	<input type="checkbox"/> Y <input type="checkbox"/> N   If Yes, official move date: ____/____/____		
Status @12/31/24	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced; date: ____/____/____ <input type="checkbox"/> Spouse passed away; date: ____/____/____		

### IF REFUND

If I have a refund, I want it deposited into my: ☐ checking ☐ savings at bank \_\_\_\_\_ ☐ I prefer a  
 Routing# \_\_\_\_\_ Account# \_\_\_\_\_ (or attach canceled check/deposit slip) paper check

### DEPENDENTS

☐ NO CHANGE IN DEPENDENTS

Name on SS Card	Relationship	DOB	SSN	Paid for Daycare <sup>1</sup>	2024 College Student
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

☐ One or more dependents has earned income and may need to/has filed ☐ <sup>1</sup> Attach year-end daycare statement.

### COLLEGE / VOCATIONAL / POSTSECONDARY

- ☐ College: please provide paid tuition & required enrollment fees, course-related books, materials, supplies & equipment  
☐ Provide copy of Form 1098-T (download from educational institution).

### IN 2024, DID YOU OR YOUR SPOUSE

- ☐ Y ☐ N (or your dependents) receive an **Identity Protection PIN** (IP PIN) by the IRS? If yes, please provide documentation.  
☐ Y ☐ N Send or receive any correspondence to/from **IRS or other tax authority**? If so, please attach.  
☐ Y ☐ N Receive/buy/sell/exchange/gift/dispose of any **cryptocurrency/digital assets** or financial interest in any digital asset?  
☐ Y ☐ N **Gift** any individual (non-spouse) **over \$18,000**? If Yes, are you splitting the gift with your spouse? ☐ Y ☐ N  
☐ Y ☐ N Receive or exercise any **employee stock options**?  
☐ Y ☐ N Have an **investment gain/loss** not reported on financial statement? (If Yes, please provide additional details.)  
☐ Y ☐ N Have **investments** that became **worthless**?  
☐ Y ☐ N Receive a distribution from a **foreign** trust or live/own property/earn income/conduct business in a foreign country?  
☐ Y ☐ N Make any purchase on which no **sales tax** was paid? (If Yes, please provide details.)  
☐ Y ☐ N Incur a gain/loss due to **damaged or stolen property**, while living in a **federally declared disaster area**?  
☐ Y ☐ N Acquire a **new or additional interest** in a partnership or an S corporation?  
☐ Y ☐ N Have any children under age 19 or a full-time student under age 24 with **>\$2,500 of investment income**?  
☐ Y ☐ N Did you pay estimated tax payments to the IRS, State, City, or another taxing authority?  
 If yes, provide detailed documentation including payment amount, date paid, entity paid and tax year.

## INCOME

- ☐ Wages (**W-2**)
- ☐ Gambling or Lottery (**W-2G**) include win/loss report
- ☐ Social Security (**SSA-1099**)
- ☐ IRA, 401(k), Pension & Annuity Distributions (**1099-R**)
- ☐ Investment Dividends/Interest (**1099-INT, 1099-DIV**)
- ☐ Income/Losses from Brokered/Bartered Transactions (**1099-B**)
- ☐ Tax Refunds or Unemployment Compensation (**1099-G**)
- ☐ Canceled or forgiven debts (**1099-C**)
- ☐ Payment Card Transactions (**1099-K**) (Ex: Venmo, PayPal)
- ☐ Receive any interest or principal during this year for property sold in prior years/an **installment** sale?
- ☐ Bought/Sold primary residence (provide closing statements, how long you lived there)
- ☐ 529 distributions (**1099-Q**). Were all 529 distributions used for qualified educational expenses? ☐Y ☐N
- ☐ HSA distributions (**1099-SA**). Were all HSA distributions used for qualified medical expenses? ☐Y ☐N
- ☐ Long-term care distributions (**1099-LTC**)
- ☐ Healthcare Exchange (**1095-A**)
- ☐ Refund of student loan interest (**1098-E**)
- ☐ **K-1s** from Partnerships, S Corps, Estates, Trusts, & Royalties.
- ☐ Side hustle & other income, such as Jury Duty, Executor Fees

## ADJUSTMENTS, DEDUCTIONS & CREDITS

### In 2024, did you or your spouse:

- ☐Y ☐N Contribute to retirement account (e.g., **IRA**) outside of work? (If yes, please provide additional details.)
- ☐Y ☐N Contribute to a health savings account (**HSA**) outside of work? (If yes, please provide additional details.)
- ☐Y ☐N Pay **interest** on a **student loan** in your name/you're legally obligated to pay? If Yes, please provide Form 1098-E.
- ☐Y ☐N Pay for a Residential **Energy Efficient** Upgrade? (Provide receipts, type (e.g., windows), manufacturer & model #s)
- ☐Y ☐N Incur **moving** expenses with the **military** during the year?
- ☐Y ☐N Purchase a new or used **clean vehicle** (electric/plug-in hybrid, fuel-cell, qualified commercial clean vehicle) in 2024?  
If Yes, provide the report the dealer or seller is required to provide to you.
- ☐Y ☐N Contribute to a **529**/Education Savings Account/Qualified Tuition Program during the year?
- ☐Y ☐N Pay **Alimony/Child Support?** (Only if divorced before **2019**) Provide: Name | SSN | Amount | Paid or Received.

## THIS SECTION APPLICABLE IF YOU ITEMIZE DEDUCTIONS

- ☐Y ☐N Paid **real estate** taxes (provide property tax statements, date paid)
- ☐Y ☐N Paid interest on **mortgage** or home equity loan (only deductible if used to buy, build, or improve home) (Form 1098)
- ☐Y ☐N Paid out of pocket **medical**/dental/prescription expenses (must be >7.5% of adjusted gross income)  
Please attach detailed summary. Can include health insurance, long-term care premiums & medical mileage
- ☐Y ☐N **Cash charitable** contributions: provide total and receipt for each donation greater than \$250.
- ☐Y ☐N **Non-cash charitable** contributions >\$500 require receipt with name, address, location, & donation date.  
Include a description of fair market value (FMV) & how you figured FMV. Donations >\$5000 require an appraisal.

## RENTAL & INVESTMENT PROPERTY

- ☐Y ☐N Rental or investment property: include a detailed report of all income, expenses, and improvements.
- ☐Y ☐N Closing statements from properties bought, sold or exchanged, including 1099-S, if issued.

## BUSINESS OWNERS

- ☐Y ☐N I have one or more business entities: ☐LLC ☐C Corp ☐S Corp ☐Partnership ☐Other  
If Yes, please complete **Business Checklist** (aspiretaxaccounting.com) & provide detailed income & expenses.

## PLANNING AND NOTES

- ☐Y ☐N Do you anticipate your **income/withholdings** to be **different** for 2025?
- ☐Y ☐N If applicable, are you interested in making an IRA contribution to **offset tax liability**?
- ☐Y ☐N Do you anticipate any major **life changes** that could impact your financial situation next year?

Notes to Preparer: