NORTHGLENN TAX SERVICE
Phone: (303) 457-9263
Fax: (303) 457-4655

10701 Melody Drive, Suite 404
Northglenn, CO 80234
www.northglenntax.com

Tax Year 2024

VISA MasterCard

PLEASE COMPLETE BOTH SHEETS
If you need more space, use back of the sheet

PERSONAL INFORMATION

(T) TAXPAYER ______________________ Social Security #______________

(S) SPOUSE ______________________ Social Security #______________

Street Address ______________________

City ______________________ State __________ Zip Code __________

Phone: Home__________ (T) Cell __________ (S) Cell __________

(T) Occupation __________ Birthdate __________ E-mail __________

(S) Occupation __________ Birthdate __________ E-mail __________

DEPENDENTS (All Information Required) Name (first, initial and last name)	Dependent's Social Security Number	Birthdate	Relationship	No. of mos. lived in your home in 2024

- Is Direct Deposit the same as last year? Yes _____ No_____ Please bring new bank info.
- Did you trade in Cryptocurency? Yes_____ No_____ If yes, did you receive form 1099-DA? Yes_____ No_____
- Did you purchase health insurance through the marketplace? Yes _____ No _____ If yes, please bring form **1095A**.
- Did you purchase an energy-efficient Car, Truck or Van? Yes_____ No_____ If yes, did you transfer credit to dealership? Yes_____ No_____
- Did you make energy-efficient home improvements? Yes_____ No______
- Did you receive a 1099-C Cancellation of Debt? Yes _____ No _____
- Do you have an interest in or other authority over a bank account or any other financial account in a foreign country? Yes _____ No _____
- Did you have any online purchases that you did not pay Colorado State Sales Tax? Yes _____ No _____ If yes, please total amount purchased.
- Applies to 65 and older, did you receive the Homestead Exemption on your property tax bill? Yes_____ No_____
- May the IRS discuss your return with the preparer? Yes _____ No_____
- ✓ box if you want $3 to go to the Presidential Campaign Fund? Taxpayer Spouse

INCOME - Please bring all W-2's, 1099's, K1's and any statements regarding income.

Please X items you have and bring forms and/or provide amounts

\# of W-2's you have from Employment (T) _____ (S) _____

❒ Interest from banks & credit unions __________

❒ Interest on Life Insurance __________

❒ Interest from Municipal Bonds __________

❒ Interest from Seller Financed Mortgage__________
(Bring Payer's name, address & SS #)

❒ Dividends from Stock__________

❒ Soc. Sec. Benefits Rec'd (T)__________

❒ Soc. Sec. Benefits Rec'd (S)__________

❒ State Refund__________

❒ Unemployment Income__________

❒ Pension, Annuity Income__________

❒ IRA Distribution__________

❒ Rollover into IRA__________

❒ Prizes, Awards__________

❒ Gambling Winnings (W-2G)__________

❒ Jury Duty__________

❒ Tips__________

❒ Alimony Received__________
Divorce Prior to 12/31/18

❒ **Investments Sold** (Bring 1099-B)__________
(Date Acquired/Sold, Original Cost & Sales Priced needed if not reported on 1099B)

❒ **Real Estate Sale** (Bring date of purchase, purchase price, improvements made & closing papers)__________

❒ **Real Estate Purchase** (Bring closing papers)__________

❒ **Real Estate Refinance** (Bring closing papers)__________

❒ **Self-Employment Income** (Bring income & expenses and/or Financial Statements)__________

❒ **Partnership Income** (Bring K-1)__________

❒ **Corporation Income** (Bring K-1)__________

❒ **Trust Income** (Bring K-1)__________

❒ **Rental Income** (Bring income & expenses)__________
See website for Rental Worksheet

❒ **Bartering Income**__________

❒ **List Any Other Income**__________

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Tax Year 2024

Name ____________________

IRA

Traditional IRA Deposits

	Date Deposited	Tax Year	Amount
(T)			
(S)			

Roth IRA Deposits

	Date Deposited	Tax Year	Amount
(T)			
(S)			

Regular IRA Converted to Roth IRA

(T)	
(S)	

Alimony Paid or Received

Amount ____________________

Paid To ____________________

SS # ____________________

Divorce Final Prior to 12/31/2018

Work Related Childcare

List on back of worksheet:

Name, Address, SS#, EIN & Amount Paid to Each Child Care Provider.

____

List Amount Your Employee Reimbursed You in 2024

$____________________

Education

529 & Coverdell Plan Deposits

Name & SS# of Acct. Holder	Tax Year	Amount

Student Loan Interest Paid (bring 1098E)	
Tuition Expense (bring 1098T) & Billing Summary	
Book Expenses	
Room & Board	

Medical Expenses

After Tax Medical & Dental Insurance Premiums You Paid (please do not include Medicare premiums on SSA)____________________

____

Long-Term Care Ins. Prem (T)____________________

Long-Term Care Ins. Prem (S)____________________

Medical Bills Not Reimbursed by Insurance:

Prescriptions & Insulin____________________

Doctors____________________

Dentists____________________

Hospital ____________________

Mental Health)____________________

Glasses & Contacts____________________

Other:____________________

____

Miles Traveled for Medical____________________

Your Deposits to Health Savings Account (HSA):

____

Distribution from HSA ____________________

Taxes

Real Estate ____________________

____

____

Owner's Tax____________________

Sales Tax (New Auto) ____________________

Interest You Paid

Home Mtg. Interest Paid to Financial Institutions

____

____

____

Home Mtg. Interest Paid to Individual (Name, Address, SS#)____________________

____

HELOCK Loan Interest, only if used to buy, build or improve main home ____________________

Refinance Points Paid ____________________

Motor Home Interest Paid____________________

Contributions

Church____________________

United Way____________________

Other Qualified Donations ____________________

____

Fair Market Value of Goods Donated:

(See Website for Guidelines)

Salvation Army____________________

DAV____________________

Goodwill____________________

Other____________________

Miles Driven for Charity____________________

Must have receipts for all donations.

Gambling Losses

Bring W-2 G Forms____________________

____

____

Estimated Taxes Paid

	FEDERAL			STATE	
	Due	Date Paid	Amount	Date	Amount
1st QTR	April		$		$
2nd QTR	June		$		$
3rd QTR	Sept		$		$
4th QTR	Jan 2025		$		$

This form can be downloaded and filled out by going to www.northglenntax/tax-worksheets

Questions/Comments: Use the back of worksheet as needed.