



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 Cryptocurrency? 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 _____

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

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

STATE

Date	Amount
	\$
	\$
	\$
	\$