

2024 CLIENT INFORMATION WORKSHEET

PERSONAL INFORMATION

If everything is the same as last year, check this box

TAXPAYER NAME _____ SSN _____ BIRTHDATE _____

SPOUSE NAME _____ SSN _____ BIRTHDATE _____

PHONE NUMBER _____ EMAIL _____

*DID YOUR ADDRESS CHANGE; IF YES, PLEASE UPDATE HERE: _____

DEPENDENTS

NAME _____ SSN _____ BIRTHDATE _____

NAME _____ SSN _____ BIRTHDATE _____

NAME _____ SSN _____ BIRTHDATE _____

DID YOUR CHILDREN ATTEND PRIVATE ELEMENTARY OR SECONDARY (HIGH SCHOOL)? YES or NO

DID YOU MAKE ANY EDVEST CONTRIBUTIONS? YES or NO

DID YOU PAY DAYCARE? YES or NO If yes, please provide a statement with EIN

REQUIRED DOCUMENT CHECKLIST

INCOME:

____ WAGE STATEMENTS (W-2)
____ INTEREST/DIVIDEND STATEMENTS (1099-INT/DIV)
____ UNEMPLOYMENT BENEFITS (1099-G)
____ STOCK STATEMENTS (1099-B'S)
____ DIGITAL ASSETS STATEMENT (1099 & OTHER)
____ GAMBLING WINNINGS (1099-G)
____ SOCIAL SECURITY BENEFITS (1099-SSA)
____ PENSION, ANNUITY IRA DOCUMENTS (1099-R)
____ TRUST & ESTATE DOCUMENTS (K-1)
____ PROPERTY SOLD DOCUMENTS (1099-S)
____ JURY DUTY PAY

DEDUCTIONS/CREDITS:

____ MORTGAGE INTEREST PAID (1098)
____ REAL ESTATE TAX BILL/RENT PAID
____ CHARITABLE DONATION STATEMENTS
____ DAYCARE STATEMENT WITH EIN
____ COLLEGE TUITION PAID (1098-T)
____ STUDENT LOAN INTEREST (1098-E)
____ PRIVATE SCHOOL TUITION STATEMENT WITH EIN
____ EDVEST CONTRIBUTION STATEMENT
____ HEALTH SAVINGS ACCOUNT STATEMENT (1099-SA)
____ MARKETPLACE INSURANCE (1095-A)
____ SUPPLEMENT HEALTH INSURANCE PREMIUMS

HEALTH INSURANCE COVERAGE:

* DID YOU HAVE HEALTH INSURANCE ? YES or NO IF YES, PLEASE CIRCLE WHICH ONE:
-EMPLOYER -COBRA -MEDICARE -MARKETPLACE (1095-A Required) -OTHER

* DID YOU HAVE LONG-TERM CARE INSURANCE? YES or NO IF YES, WHAT IS THE AMOUNT YOU PAID \$ _____

INCOME:

* DID YOU RECEIVE, SELL, EXCHANGE, OR GIFT ANY DIGITAL ASSETS (CRYPTO) DURING THE YEAR? YES or NO

IF YES, PLEASE PROVIDE THE STATEMENTS FROM ALL ACTIVITY

* AT ANY TIME DURING THE YEAR, DID YOU HAVE MORE THAN \$10,000 IN A FOREIGN ACCOUNT? YES or NO

* OTHER INCOME - Do you have any other income not reported elsewhere (i.e. gambling winnings, prizes and awards, jury duty fees, debt cancellation, foreclosures, abandonment, or any other cash inflows not discussed elsewhere)? YES or NO

ADJUSTMENTS TO GROSS INCOME:

* DID YOU CONTRIBUTE TO AN IRA OUTSIDE OF EMPLOYER? (CIRCLE ONE): YES or NO

IF YES, WHAT TYPE OF ACCOUNT? -TRADITIONAL IRA -ROTH IRA CONTRIBUTION AMOUNT \$ _____

* DID YOU PAY STUDENT LOAN INTEREST? (Form 1098-E) YES or NO

* DID YOU HAVE AN HSA (HEALTH SAVINGS ACCOUNT) (Form 1099-SA) YES or NO

* DID YOU MAKE A QCD (QUALIFIED CHARITABLE DONATION) WITH YOUR IRA? YES or NO AMOUNT? _____

continue to next page

OTHER MISCELLANEOUS ITEMS

* **DID YOU INSTALL ANY INSULATION, WINDOWS, DOORS, WATER HEATER, FURNACE, OR AIR CONDITIONER IN YOUR HOME DURING THE YEAR? YES or NO** IF YES, PLEASE BRING ALL SUPPORTING DOCUMENTATION

* **DID YOU PAY RENT? YES or NO**

IF YES, HOW MUCH? _____ WAS HEAT INCLUDED? YES or NO

***DID YOU MAKE ANY QUARTERLY ESTIMATED TAX PAYMENTS DURING THE YEAR: YES or NO**

IF YES, PLEASE PROVIDE THE DATE AND AMOUNT FOR EACH PAYMENT _____

***DO YOU PREFER DIRECT DEPOSIT FOR YOUR REFUND? YES or NO SAME AS LAST YEAR? YES or NO**

BANK NAME _____ ROUTING # _____ ACCOUNT # _____

(CIRCLE ONE) CHECKING OR SAVINGS

*****IF YOU ARE A NEW CLIENT PLEASE PROVIDE A COPY OF YOUR 2021 & 2022 TAX RETURNS!!**

***DID YOU OWN A BUSINESS THIS YEAR? YES or NO**

IF YES, PLEASE COMPLETE THE **SCHEDULE C** WORKSHEET

***DID YOU OWN A RENTAL PROPERTY? YES or NO**

IF YES, PLEASE COMPLETE THE **SCHEDULE E** WORKSHEET



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