

TAX PREPARATION CHECKLIST FOR 2024

TAXPAYER'S NAME: _____ **SPOUSE'S NAME:** _____

Please make sure to answer these questions BEFORE your appointment and bring this (and any supporting documents) to your appointment. If you are unsure about any of these questions, please ask us!

Hagen CPA, LLC is not responsible for any interest and/or penalties that you incur if you pay after April 15th.

2024 CHANGES

YES NO

1. Were you legally married as of December 31, 2024?
2. Are there changes to who you may claim as dependents for 2024? *(If yes, please attach proof of residency or Form 8332)*

*Please list the name(s),
SSN(s), & DOB(s) of
child(ren) or dependent(s)
you are claiming for 2024:*

[illegible]

3. Did you provide more than 50% of the support for your household in 2024?
4. Did each dependent stay overnight more than 50% of 2024?
5. Did you move or have a change of address in 2024?
6. Did you purchase, sell, or refinance during 2024? *(If yes, please attach Home Sale/Closing Information)*
7. Did you earn income in a state other than the state you live in?
8. Did you receive any notices from the IRS or the state taxing agency? *(If yes, please attach)*
9. Did you receive any type of prize, award, or gambling winnings? *(If yes, please attach W-2G or other casino statement)*
10. Did you receive jury duty or alimony pay? *(If yes, please attach proof)*
11. Did you own any financial interest or had any transactions in any digital assets?
12. Did you make any gifts to any one person in 2024 more than \$18,000?
13. Did you pay wages to any household employees *(such as a nanny)*?
14. Did you have any debts forgiven or cancelled in 2024?
15. Did you pay any college tuition during 2024? *(If yes, please attach form 1098-T)*

How much was paid for any additional out-of-pocket expenses (books, fees, etc.)? \$

16. Did you pay any private school tuition cost for Grades K -12? *(If yes, please attach documentation from the school)*
17. Did you pay any student loan interest? *(If yes, please attach 1098-E)*
18. Did you make any contributions/deductions to any college savings plan? *(If yes, please attach documentation)*
19. Do you have any home equity loans where any proceeds were not used to improve your residence?
20. Did you have any foreign assets during the year?
21. Did you make any purchases in 2024 from out-of-state companies that did not charge sales tax?

If yes, please provide the amount of purchases subject to your state's Use Tax: \$ _____

[illegible]

22. Are you expecting any significant changes to 2025's income, deductions, or credits?
23. Do you have an identity protection PIN used to file your return due to identity theft? *(If yes, please attach documentation)*
24. Did you make any federal or state estimated tax payments? *(If yes, please attach documentation)*
25. Did you make improvements to your home that may qualify for Energy credits? *(If yes, please attach documentation)*
26. Did you make any contributions to a retirement plan? *(If yes, please attach documentation)*
27. Did you make any charitable contributions in 2024? Cash: \$ _____ Non-Cash: \$ _____
28. Did you purchase a *qualified* plug-in electric vehicle or fuel cell vehicle? *(If yes, please attach statement from seller)*
29. Did you pay any rent for housing? \$ _____ Was heat included? ☐ Yes ☐ No
30. Did you make any contributions/deductions to an HSA? *(If yes, please attach Form 1099-SA or Form 8889)*
31. Did you purchase your health insurance coverage from the ACA Marketplace? *(If yes, please attach form 1095-A)*
32. Did you pay for any health insurance premiums out-of-pocket? \$ _____

BUSINESS AND RENTAL QUESTIONS*(skip this section if not applicable, or if business is a Partnership or Corporation)***YES NO**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you start a new business or purchase any rental property during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you purchase (or begin using) any assets for your business costing more than \$2,500?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you sell (or stop using) any assets for your business?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you make any business payments that require you to issue 1099s? (\$600 threshold; not needed for rentals)
<input type="checkbox"/>	<input type="checkbox"/>	5. If yes, have you filed all 1099s?
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you have all the documentation to support all business expenses? <i>(If yes, please attach Schedule C)</i>
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you have all the documentation to support all rental expenses? <i>(If yes, please attach Schedule E)</i>
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you spend 250 or more hours of rental service activity? <i>(If yes, please attach log)</i>
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you have a log for business mileage? <i>(If yes, please attach log)</i>
<input type="checkbox"/>	<input type="checkbox"/>	10. FinCen Requirements: Did your LLC Members or Business have a change in address or Members?

If yes, it is recommended to update with FinCen

- If you are due a refund, would you like it direct deposited into your bank account?*
- If you have a balance due, would you like it electronically withdrawn from your bank account?*

Bank Name: _____

Routing Number: _____

Account Number: _____

Is this a savings account? ☐ Yes ☐ No**CHECK YOUR PREFERRED METHOD FOR
SIGNING YOUR TAX RETURN**

- ☐ Sign Electronically
- ☐ Sign in the Janesville Office
- ☐ Sign in the Evansville Office

**CHECK YOUR PREFERRED METHOD FOR
TAX RETURN DELIVERY**

- ☐ Mail
- ☐ Portal Upload
- ☐ Paper Copy at Janesville Office
- ☐ Paper Copy at Evansville Office

*If signing electronically, please provide your e-mail address(es).***TAXPAYER E-MAIL:** _____**SPOUSE E-MAIL:** _____**DRIVER'S LICENSE INFORMATION**

TAXPAYER: DOB: _____ LICENSE #: _____

STATE: _____ ISSUE DATE: _____ EXP. DATE: _____

SPOUSE: DOB: _____ LICENSE #: _____

STATE: _____ ISSUE DATE: _____ EXP. DATE: _____

By signing below, I certify all information provided on and in connection with this form is true and correct to the best of my knowledge. If any information provided is incomplete, inaccurate, misleading, or false, I may be subject to tax filing delays, tax audits, or legal action.

TAXPAYER SIGNATURE: _____ **DATE:** _____**SPOUSE SIGNATURE:** _____ **DATE:** _____

EXAMPLES OF SUPPORTING DOCUMENTS TO INCLUDE

YES	N/A	<u>INCOME</u>
<input type="checkbox"/>	<input type="checkbox"/>	Salaries and Wages (<i>Form W-2 and final paystub</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Gambling Income (<i>Form W-2G</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Plan Distributions (<i>Form 1099-R</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Income (<i>Form SSA-1099</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Railroad Retirement Income (<i>Form RRB-1099-R</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Interest Income (<i>Form 1099-INT</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Dividend Income (<i>Form 1099-DIV</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Sales of Stocks and Bonds, Bartering, and Stock Options (<i>Form 1099-B, 3921, 3922 or Brokerage Statement</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Income (<i>Form 1099-G</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Other Income (<i>Form 1099-MISC</i>)
<input type="checkbox"/>	<input type="checkbox"/>	529 Tuition Plan Distributions (<i>Form 1099-Q</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Health Savings Account Distributions (<i>Form 1099-SA</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Proof of residency for children under seventeen that qualify for Child Tax Credit or Form 8332
<input type="checkbox"/>	<input type="checkbox"/>	Income from Estates, Trusts, Partnerships, or 'S' Corporations (<i>Schedule K-1</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Detailed Mileage Log or print out
<input type="checkbox"/>	<input type="checkbox"/>	Other Sources of Income, <i>i.e. Alimony received, jury duty pay, prizes & awards, etc. (Please list):</i>

YES	N/A	<u>DEDUCTIONS & CREDITS</u>
<input type="checkbox"/>	<input type="checkbox"/>	Student Loan Interest Paid (<i>Form 1098-E</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Alimony Paid
<input type="checkbox"/>	<input type="checkbox"/>	Contributions to a Traditional IRA
<input type="checkbox"/>	<input type="checkbox"/>	Contributions to a Health Savings Account (<i>HSA</i>)
<input type="checkbox"/>	<input type="checkbox"/>	College Tuition paid for you or your dependents (<i>Form 1098-T</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Childcare Expenses for children under the age of thirteen (<i>provide facility name & EIN</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Other Deductions and Credits (<i>please list</i>):

YES	N/A	<u>ITEMIZED DEDUCTIONS</u>
<input type="checkbox"/>	<input type="checkbox"/>	Medical, Dental, and Vision expenses, prescriptions, and health and long-term insurance premiums
<input type="checkbox"/>	<input type="checkbox"/>	Miles driven and lodging for seeking medical care
<input type="checkbox"/>	<input type="checkbox"/>	Property and other State or Local Taxes
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Interest and Mortgage Insurance Premiums (<i>Form 1098</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Donations to charity (<i>cash and non-cash</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Casualty or theft losses
<input type="checkbox"/>	<input type="checkbox"/>	Gambling Losses (to the extent of winnings)
<input type="checkbox"/>	<input type="checkbox"/>	Other Itemized Deductions (<i>please list</i>):

YES	N/A	<u>WISCONSIN DEDUCTIONS</u>
<input type="checkbox"/>	<input type="checkbox"/>	Property Taxes or Rents paid for a Wisconsin residence
<input type="checkbox"/>	<input type="checkbox"/>	Contributions made for Private School Tuition (<i>Grades K-12</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Contributions made to an EdVest college savings plan.
<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance Premiums Paid, <i>excluding any amounts paid under a 'flexible spending' or cafeteria-type plan</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other Wisconsin Deductions (<i>please list</i>):

YES	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Other State Deductions (<i>please list</i>):