



To all our clients:

It's tax time again. Your 2024 tax organizer is enclosed.

To deal with time constraints, we have eliminated appointments. Please be assured that you will be able to speak with one of our CPAs to review your return before filing. As a reminder, our **fees increased** \$125 per full priced return.

Here are some options for providing us your documents:

1. **Drop off** at the front desk (our preferred method). You must then schedule a time to pick up the return. A CPA will call you to discuss your return and provide you an opportunity to review it. If you live far away, please call us if you would like us to work on your return while you wait in your car so that you don't have to make a subsequent trip.
2. **Electronically**. Contact us for access to our portal if you have not already established an account. After you upload 100% of your documents, please contact us so we can start preparing your return.
3. **Mail** your documents.

Our office is at the northeast corner of Winchester Courts, between Butterfield Road and Technology Way on the north side of Winchester Road, two blocks east of Route 45. Our hours are 9:00 am - 7:00 pm Monday through Friday, 9:00 am - 4:00 pm Saturday and 11:00 am - 4:00 pm on Sunday. We look forward to being of service to you again.

Chris Rudolph CPA and staff

# 2024 Tax Checklist & Organizer

Preferred email: \_\_\_\_\_

Phone number: \_\_\_\_\_

- \_\_\_\_\_ Did you receive unemployment? If so, please bring the 1099 from IDES.
- \_\_\_\_\_ Did you purchase insurance on the Exchange? If so, please provide form 1095-A.
- \_\_\_\_\_ Did you receive a distribution from or make a contribution to an HSA? Provide the 1099-SA.
- \_\_\_\_\_ Did you contribute into Bright Start or Bright Directions? Provide account numbers and amounts.
- \_\_\_\_\_ Did you sell, purchase, or refinance a home this year? Please bring your closing papers.
- \_\_\_\_\_ Did you have an account overseas that exceeded \$10,000 at any time last year?
- \_\_\_\_\_ Did any births, adoptions, marriages, divorces, or deaths occur in your family this year?
- \_\_\_\_\_ Did you have a change in residence or job location during the year?
- \_\_\_\_\_ Did you participate in an employer's day care assistance plan-- FSA?
- \_\_\_\_\_ Did you receive any notification from the IRS or state? Please bring in correspondence.
- \_\_\_\_\_ Did you convert to a Roth or rollover retirement/529 plans?
- \_\_\_\_\_ Do you anticipate significant changes in your financial situation next year?
- \_\_\_\_\_ Teachers, did you spend up to \$300 in teaching expenses?
- \_\_\_\_\_ Did you own any stock that became worthless this year?
- \_\_\_\_\_ Did you have energy efficient improvements this year or buy an EV? Please bring documents.
- \_\_\_\_\_ Do you want your refund to be directly deposited into the same account as last year?

**New clients, please provide a copy of last year's tax return**

<b>INFORMATION FOR NEW CLIENTS OR NEW DEPENDENTS*</b>			
Name _____		Spouse's Name _____	
Dependent Name*	SS#	Relationship	Birth date
1			
2			
3			
<b>* Please attach a copy of a social security card for new dependents</b>			

**Income Sources (please enclose documents)**

Yes	No		Yes	No	
_____	_____	W2	_____	_____	Rental
_____	_____	Capital gains (need cost basis)	_____	_____	Roth Conversion
_____	_____	1099 self employed	_____	_____	Unemployment
_____	_____	Interest	_____	_____	Social Security
_____	_____	Dividend	_____	_____	Gambling winnings (need losses)
_____	_____	Investment property sales (need cost basis)	_____	_____	Partnership, S corps K1's
_____	_____	Pension distribution	_____	_____	Alimony
_____	_____	IRA / 401(k) distribution	_____	_____	Other income

**Driver's license information for e-filing (each spouse if married)**

Date issued/ expires (him) \_\_\_\_\_ license # \_\_\_\_\_

Date issued/ expires (her) \_\_\_\_\_ license # \_\_\_\_\_

Estimated Tax	Federal		State	
	amount	date	amount	date
Q1	_____	_____	_____	_____
Q2	_____	_____	_____	_____
Q3	_____	_____	_____	_____
Q4	_____	_____	_____	_____

**Unreimbursed Medical Expenses**

Hospital & MD	_____	Long term care premiums	_____
DDS	_____	Nursing care	_____
Prescriptions	_____	Medical travel miles	_____
Medical insurance	_____	Lodging while receiving care	_____
Eye care	_____	Counseling	_____
Childbirth class fees	_____	Other expenses	_____

**Real Estate Taxes Paid**

Personal Residence \_\_\_\_\_ 2nd Home/ Vacant Land \_\_\_\_\_

List Parcel ID # (PIN) on residence for IL state credit \_\_\_\_\_

**Mortgage Interest**

Primary Residence \_\_\_\_\_

Second Home \_\_\_\_\_

Home Equity/ Second mortgage \_\_\_\_\_

Private mortgage insurance (deductible again) \_\_\_\_\_

**Charitable Contributions** (please indicate amounts and names of organizations)

Religious Organizations \_\_\_\_\_

Payroll Deductions \_\_\_\_\_

Cash/ Miscellaneous \_\_\_\_\_

Volunteer Service Mileage \_\_\_\_\_

Others \_\_\_\_\_

Donated Goods	<u>Items donated</u>	<u>Value at Donation</u>	<u>Organization</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

please circle

**IRA Contributions Roth or Traditional** Husband \_\_\_\_\_ Wife \_\_\_\_\_

**Student Loan Interest** \_\_\_\_\_

## Alimony Paid

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Amount \_\_\_\_\_

## Post Secondary Educational Expenses *(Please enclose form 1098-T)*

Student name	_____	Student name	_____
Tuition & fees	_____	Tuition	_____
Books	_____	Books & fees	_____

## K-12 Educational Expenses (total must exceed \$250 for IL credit)

Student Name	_____	Student Name	_____
Grade	_____	Grade	_____
School name	_____	School name	_____
School city	_____	School city	_____
Tuition	_____	Tuition	_____
Book & lab fees	_____	Book & lab fees	_____

## Child Care Expenses

Amount paid through an employer's dependant care plan? \_\_\_\_\_

Child	_____	Child	_____
Amount Paid	_____	Amount Paid	_____
Organization	_____	Organization	_____
SS # or EIN	_____	SS # or EIN	_____

## Self-Employment Income (Schedule C)

Gross Receipts \_\_\_\_\_

Ending Inventory \_\_\_\_\_

Purchases for Resale \_\_\_\_\_

Materials/Supplies \_\_\_\_\_

Subcontractors/Labor \_\_\_\_\_

Expenses: \_\_\_\_\_

- Advertising \_\_\_\_\_
- Vehicle \_\_\_\_\_
- Insurance \_\_\_\_\_
- Professional Servic \_\_\_\_\_
- Office Expenses \_\_\_\_\_
- Rent Expense \_\_\_\_\_
- Repairs/Maintenan \_\_\_\_\_
- Supplies \_\_\_\_\_
- Taxes/Licenses \_\_\_\_\_
- Travel/Lodging \_\_\_\_\_
- Meals & Entertainm \_\_\_\_\_
- Freight/Postage \_\_\_\_\_
- Telephone \_\_\_\_\_
- Parking/Tolls \_\_\_\_\_
- Dues/Subs/Books \_\_\_\_\_
- Utilities \_\_\_\_\_
- Other \_\_\_\_\_

## Rental Properties (Schedule E)

Location of \_\_\_\_\_

Property \_\_\_\_\_

Rents Received \_\_\_\_\_

- Advertising \_\_\_\_\_
- Auto & Travel (Mileage) \_\_\_\_\_
- Cleaning & Maintenance \_\_\_\_\_
- Insurance \_\_\_\_\_
- Legal & Professional Fees \_\_\_\_\_
- Management Fees \_\_\_\_\_
- Mortgage Interest \_\_\_\_\_
- Repairs \_\_\_\_\_
- Supplies \_\_\_\_\_
- Taxes \_\_\_\_\_
- Utilities \_\_\_\_\_
- Association Fees \_\_\_\_\_
- Telephone/Postage \_\_\_\_\_
- Other \_\_\_\_\_