2024 Client Checklist

Client Name ______________________________________

Form Must Be **FULLY** Completed

Personal Information

___________ Prefer Hard or Electronic Copy of Return, *$20 Charge for Both*

YES/NO _____ **Did You Have Any Foreign Accounts Or Assets** (Outside of USA)

YES/NO _____ **Did You Purchase, Sell, Receive or Trade Any Cryptocurrency or Digital Asset/NFT**

YES/NO _____ Did You Purchase an Electric/Plug In Hybrid Vehicle *Need Paperwork*

YES/NO _____ Did Your Address, Occupation or Marital Status Change *Note Below*

YES/NO _____ Did You Add or Remove Any Dependents

YES/NO _____ Did You Change or Renew Your Drivers License

If yes, a copy of the front is required for our file

YES/NO _____ Did You Receive Any IRS or Oregon Letters or Notices

YES/NO _____ If Claiming a Dependent Are **ALL TRUE**, They Lived With You Over 6 Months

No One Else Can Claim Them, You Have Never Had Credit Disallowed

YES/NO _____ If claiming a Dependent, do they have an IEP or an ISP

YES/NO _____ Would You Like To Disclose Ethnicity to Oregon *Need Information*

Income, Answer YES or NO On Each Line

___________ Wages *Need W-2*

___________ Unemployment Compensation *Need 1099-G*

___________ Interest Income *Need 1099-INT*

___________ Dividend Income *Need 1099-DIV*

___________ Social Security Income *Need 1099-SSA*

___________ Retirement or Pension Income *Need 1099-R*

___________ Rollover or Conversion of IRA or 401k *Need 1099-R*

___________ Gambling, Lottery or Other Winnings *Need W2-G*

___________ Stock Sales *Need Basis and Reporting Forms*

___________ Hobby Income *Need Cost of Goods Sold & Income Amounts*

___________ Debt Cancellation *Need 1099-C or 1099-A*

___________ Business Income & Expenses

___________ Business Mileage - Log Required

___________ Rental Income & Expenses

___________ Are You Required to File 1099s For Your Business or Rental

___________ If Yes, Were They Filed

___________ Any S-Corp, Partnership or Trust/Estate Income *Need K-1*

___________ Received Paid Leave Oregon *Need 1099-MISC or 1099-G*

___________ Own or Control **ANY** LLC, Partnership, Corporation or Trust

Yes/No **DID YOU HAVE ANY OTHER INCOME OR INFORMATION NOT LISTED**

If Yes, Describe ____

Direct Deposit Information

________ Y/N Would You Like Direct Deposit of Refund

If Same Account as Last Year Please Note "Same" (Info Not Required Unless New Client)

Bank Name ____

Routing Number ____

Account Number ____

Account Type _______Checking _______Savings

Other Information, Answer YES or NO On Each Line

___________ Contributed To Oregon Saves Plan Via Payroll *Need Amount*

___________ Contributed To Retirement Plan, Traditional/Roth IRA or Other

*Only Contributions **NOT** Made Through Employer*

___________ Paid Qualified College Expenses *Need 1098-T*

___________ Paid Child Care Expenses *Need Provider Info and Amounts*

___________ Made Estimated Tax Payments *Need Dates and Amounts*

___________ Paid Medical Expenses, **If 66+ Need All Amounts Sorted By Taxpayer**

___________ Any HSA Contributions or Distributions *Need 5498-SA or 1099-SA*

___________ If Yes, Were all the Distributions Spent on Qualified Expenses

___________ Contributed to 529 College Savings Plan *Need Amount*

___________ Are You the Beneficiary of a 529 Plan

___________ Paid Portland Arts Tax *Need Amount*

___________ Paid Real Estate/Property Tax *Need Amount or 1098*

___________ Paid Mortgage Interest *Need 1098*

___________ Paid on A HELOC or Home Equity Loan *Need Documents*

___________ Bought, Sold or Refinanced a Home or Property *Need Documents*

___________ Made Student Loan Payments Need 1098-E

___________ Contributed Money to Charities/Political/Cultural Trusts *Need Amounts*

Made Charitable Contributions Other Than Money

___________ (Goodwill, St Vincent De Paul, Etc) *Need Itemized List With Values* & Receipts

___________ Paid Out of Pocket For Health Insurance *Need Amount*

___________ Paid for Health Insurance Through The Marketplace *Need 1095-A*

___________ Does Anyone On Return Have An IP Pin Number *Need Document*

___________ Did You Make Any Energy Improvements To Your Home *Need Receipts*

___________ Do You Expect Major Changes For Next Year *Note Below*

___________ Do You Have Any Questions For Me *Note Below*

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____
Taxpayer Signature Date

____
Spouse Signature Date