

Strategic Tax

PREPARE-STRATEGIZE-CONTROL



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Enclosed is a set of forms for your convenience in assembling your income tax information for 2024. Please complete the following to the best of your ability to assist us in preparing your tax return. **Please also include a copy of last year's tax return if you did not use our services in 2023.** Should you have any questions, feel free to contact us. To ensure

- Include a copy of your Driver's License or State ID

A. Virtual Currency

Did you receive any income or acquire any interest in virtual currency? Yes ____ No ____

B. Personal Information

Please Select your filing status: Single ____ Married Filing Jointly ____ Married Filing Separately* ____
Head of Household ____ Qualifying Widow ____

<u>Taxpayer</u>	<u>Spouse*</u>
Name _____	Name _____
DOB _____	DOB _____
SSN _____	SSN _____
Occupation _____	Occupation _____
Phone # _____	Phone # _____
Email _____	Email _____
Address _____	City _____ State _____ Zip Code _____

*If filing Married Filing Separately, spouse's information is required

If you are receiving a refund and would like to Direct Deposit, please provide us with a voided check and/or bank account information to retain in your file:

Circle: *Checking or Savings* Routing # _____ Account # _____

1. Dependents:

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Relationship</u>	<u>Support from you</u>	<u>Support from others</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Please indicate if you wish to file a tax return for any of the above dependents. Regulations require dependents with any unearned income in excess of \$2,500, i.e. interest, dividends, etc. to file a return. (For dependents, up to the age of 23)

Name _____	Income amount & source _____
Name _____	Income amount & source _____

C. Income Items

- Salaries and wages (Attach W-2's)
- Interest and Dividends Received (Attach 1099's)
- Unemployment Compensation (Attach 1099G)
- Social Security Benefits Received (Attach SSA-1099)
- Pension Received (Attach 1099-R) *All pension income must be reported; however, only a portion may be taxable.*
- Alimony Received \$ _____ Alimony Paid \$ _____

C.1 Rental & Self Employment Income

- Income/Expenses from Rental Property

Rents Received \$ _____

Expenses: Total miles driven _____

Advertising _____ Supplies _____

Maintenance _____ Real Estate Taxes _____

Insurance _____ Utilities _____

Legal & Prof _____ Other Expenses _____

Mortgage Int _____

List below any assets purchased in current year (cost and date of purchase)

- Income or Loss from Business or Farming (Circle one that Applies)

Gross Receipts / Sales _____ COGS (Purchases) _____

Expenses: Total business miles driven _____

Advertising _____ Repairs & Maint. _____

Car/Truck _____ Supplies _____

Contract Labor _____ Taxes & Licenses _____

Insurance _____ Travel Exp _____

Self Emp Health Ins _____ Meals & Ent _____

Mortgage Int _____ Utilities _____

Legal & Prof _____ Wages _____

Office Exp _____ Other Expenses _____

Rent _____

List below any assets purchased in current year (cost and date of purchase)

- Gain or Loss on Sale of Securities, Land, Residence, or other Property

Description	Date Purchased	Purchase Price	Date Sold	Sale Price
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____

- Income from Partnerships, Estates, Small Business Corporations (Subchapter S) and Trusts (Attach related K-1's furnished to you.)

- Other Income – Ex: State Income tax refunds, Annuities or Lottery winnings, etc (Attach 1099 if received)
- Cancellation of Debt (1099A or 1099C)
- Foreign Accounts or Income

D. Adjustments to Income

- H.S.A. and M.S.A. Contributions
- Contributions to Individual Retirement Accounts
- Student Loan Interest Paid
- Educator Expense Deduction (maximum of \$300 per educator)

E. Itemized Deductions

- Medical (Amounts not paid by Insurance or reimbursed)
 - Health and Accident Insurance Premiums Paid
 - LTC Insurance
 - Prescriptions
 - Hospitals, Doctors, Dentists, Nurses, etc
 - Medical Expenses paid out of MSA/HSA accounts
 - Others (Examples – eyeglasses, hearing aids, etc)
 - Total Miles driven for medical care
- Taxes
 - Real Estate Tax (City and County)
 - Personal Property Tax (City and County)
 - Sales Tax on Vehicles and Major Purchases
- Interest Expenses (Attach statement from lending institution)
 - Home Mortgage Interest
- Contributions
 - Gifts by cash or check
 - Other than cash contributions

F. Credits Against Tax

- Childcare Expense

Name	Childcare provider	SSN or Employer #	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____

- Education Expenses: *Note that expenses attributed to higher education may be deductible in some cases for the taxpayer, spouse, or dependents. (Please attach a statement from the college)*
- Energy Tax Credits: Attach statement
- Estimated Tax Payments

Questions or Concerns? (Please use reverse side if necessary)
