



**BELT ACCOUNTING**  
AND TAX

**Form 1040 Client Information Sheet – Tax Year 2024**

*\*This form is REQUIRED to be filled out by ALL Clients*

<b>Personal Information:</b>	<b>Taxpayer</b>	<b>Spouse</b>
First Name		
Last Name		
Social Security Number		
Date of Birth		
Email address		
Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Occupation		
Home address		
Home City, State, Zip		
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Your 2024 tax return will be filed electronically for you upon completion, payment, and receipt of a signed 8879. You will automatically receive a PDF copy of your return.**

- Y    N   Did you have a change in marital status during 2024? If yes, please provide details below.  
 Married in 2024    Divorced in 2024 and date finalized: \_\_\_\_\_ *\*incl copy of Divorce Decree*  
 Widowed in 2024 - Spouse's date of death: \_\_\_\_\_
- Y    N   Can you or your spouse be claimed as a dependent on another person's tax return?
- Y    N   Has the IRS issued you an identity protection PIN number? *\*Note: the IRS issues a NEW one each calendar year\**  
 If yes: Taxpayer PIN \_\_\_\_\_ Spouse PIN \_\_\_\_\_
- Y    N   Have you been notified by the IRS or other taxing authority of any changes in prior year returns?

**Filing Status (select only one):**

- Single    Married Filing Jointly
- Married Filing Separately - Spouse's SSN \_\_\_\_\_
- Y    N   Did you live apart from your spouse for the last half of the year (July-December)?
- Head of Household (*only applicable if all the following statements are true and NOT MFJ or MFS*)
- Y    N   Were you single or legally separated for the last half of the year (July-December)?
- Y    N   Did a qualifying child or dependent live with you for at least 6 months of the year?
- Y    N   Did you provide more than half the cost of maintaining a home where you and a qualifying child or dependent lived?

**Dependents:**

**Note:** If your dependent(s) has/have income and prepared his/her own tax return, please include a copy of his or her tax return.

Full Name	Relationship	DOB	SSN	Months Lived With You	Full-time Student (age 18+)	Dependent Gross Income*
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Include and indicate if earned income (wages) over \$5,050; interest and dividend income over \$13,000; or total investment income over \$2,600 (interest + dividends + capital gains) \*

- Y  N Have you released the claim for dependency exemption for any of the above dependents to another taxpayer?  
If yes, list which dependent(s): \_\_\_\_\_
- Y  N Do you provide over 50% of the support for the above dependents during 2024?
- Y  N Are any of the above dependents married and filing a joint return with his/her spouse for 2024?  
If yes, list which dependent(s): \_\_\_\_\_
- Y  N Are all the above dependents a U.S. Citizen, U.S. National, or U.S. Resident Alien?  
If no, list which dependent(s) are **not**: \_\_\_\_\_
- Y  N Are any of the above dependents totally and permanently disabled?  
If yes, list which dependent(s): \_\_\_\_\_
- Y  N Have any of the following credits for your dependent(s) been disallowed or reduced by the IRS in prior years: *Child Tax Credit; Additional Child Tax Credit; Earned Income Tax Credit; or American Opportunity Credit?*  
If yes, list which dependent(s) and attach explanation: \_\_\_\_\_

Y  N Did you pay any child/dependent care expenses for any dependent? If yes provide the following information AND receipt:  
**Additional fees may be assessed if "See Attached" is written here in place of totals and complete information.**

Provider Name & Address	Provider SSN/EIN	Amount Pd in 2024	Name of Dependent

Y  N Did you pay any private school tuition (K5-12) for any dependent? If yes provide the following information AND receipt:  
**Additional fees may be assessed if "See Attached" is written here in place of totals and complete information.**

School Name & Address	School EIN	Amount Pd in 2024	Name AND Grade of Dependent

Y  N Were any of the above dependent(s) between ages 19-24 a full-time college student during 2023? If yes, please provide:

College Name	1098T Rec'd and Attached	Ed Savings Acct? 1099-Q Attached	Tuition Amount Pd in 2024	Books & Supplies Pd in 2024	Room & Board Pd in 2024	Name of Dependent & Yr in School
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**Income:**

Did you have income from wages (W2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of forms attached	Notes
Did you have any interest (1099-INT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of forms attached	Notes
Did you have any dividends (1099-DIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of forms attached	Notes
Did you have any broker accounts (1099-B)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of forms attached	Notes
Were you granted or did you exercise any stock options (Form 3921, 3922, 1099-B)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of forms attached	Notes
Did you have, sell, exchange, or dispose of any financial interest in digital assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach details on the transactions	
Did you have your own business or receive any 1099-NEC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <b>MUST</b> complete <b>Schedule C Info Sheet</b>	
Did you receive any income from a farm or rental real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <b>MUST</b> complete <b>Schedule E Info Sheet (Rental) or Schedule F Info Sheet (Farm)</b>	
Did you receive any alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Divorce	Amount
<i>*If yes, did your divorce decree change at any time after 12/31/2019?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach copy	
Did you have any ownership interest in any business(es) that you expect to receive K1(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of business(es):	
Did you receive any parsonage/housing allowance(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please include totals of all housing expenses incurred in 2024	
Did you have any other income not reported elsewhere?	<input type="checkbox"/> Unemployment Comp (1099-G)	<input type="checkbox"/> Other Income (1099-MISC)	
	<input type="checkbox"/> Debt Cancellation (1099-C)	<input type="checkbox"/> Prizes/Awards \$	
	<input type="checkbox"/> Foreclosures/Abandon (1099-A)	<input type="checkbox"/> Hobby Income \$	
	<input type="checkbox"/> Gambling Winnings (W2-G)	<input type="checkbox"/> Jury Duty Pay \$	
Did you receive any social security or railroad retirement income (SSA/RRB-1099)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of forms attached	Notes
Did you receive any pension or annuity income (1099-R)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of forms attached	If yes, how much (if any) was a rollover? \$
Did you receive any <u>Traditional IRA</u> distributions (1099-R)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of forms attached	Notes
<i>*If yes, and you are under age 59½ as of the date of distribution, what was the money used for?</i>			
Did you receive any <u>Roth IRA</u> distributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of forms attached	If yes, how much (if any) was a rollover? \$
<i>*If yes, what is your Roth IRA basis?</i>		\$	<i>Date opened:</i>
Did you or your spouse convert a Traditional IRA to a Roth IRA in 2024?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of forms attached	Notes

2024 IRA contributions made by 4/15/2025 *Include 5498 or Year End Statement	Traditional IRA	Backdoor Roth IRA	ROTH IRA
Taxpayer			
Spouse			

**Education Expenses for Taxpayer/Spouse Only** \*Enter education information for dependents on pages 2.

Y  N Did taxpayer/spouse have any college education expenses in 2024?

If yes, attach Form 1098-T and *detailed account activity statement* showing amounts billed and paid in 2024.

Amounts **paid** for: Books & Supplies \$ \_\_\_\_\_ Room & Board \$ \_\_\_\_\_

Y  N Did student (taxpayer/spouse) complete the first 4 years of postsecondary education before 2024? What year of school is student (taxpayer/spouse) currently in? \_\_\_\_\_

Y  N Was student (taxpayer/spouse) enrolled in a program leading to a degree or certificate?

Y  N Does student (taxpayer/spouse) have a federal or state felony drug conviction?

Y  N Did the student (taxpayer/spouse) receive a distribution from an education savings account or qualified tuition program? If yes, attach Form 1099-Q.

Y  N Did taxpayer/spouse pay any student loan interest (Form 1098-E)? If yes, attach form(s).

**Health Care:**

Y  N Did you have insurance through the Marketplace (e.g., "Obama Care")? *\*If yes, please attach Form 1095-A*

Y  N Did you or do you plan to make any contributions to a Health Savings Account (HSA) (NOT FSA)? **(Form 5498-SA)**

If yes, please indicate type of coverage:  Self-Only  Family

Number of months enrolled in a High Deductible Health Plan (HDHP): \_\_\_\_\_

Name of HSA Bank: \_\_\_\_\_ EIN: \_\_\_\_\_

\*\*Amount of HSA contribution:\$ \_\_\_\_\_ Date of contribution: \_\_\_\_\_

**\*\*Do not include amounts contributed through your employer (on your W2).**

Y  N Did you have any distributions from an HSA account **(Form 1099-SA)**? Attach forms.

Please indicate amount of distribution used for qualified medical expenses: \$ \_\_\_\_\_

**Medical Expense Deductions:** **\*\*Do not include amounts reimbursed by insurance, flex(FSA), or HSA funds.\*\***

Please add up all medical/dental/vision/prescription receipts and enter totals here **(If receipts are furnished to us instead of totals, we can compute the totals for you at a rate of \$125/hr)**. Keep all receipts for your records.

**Additional fees may be assessed if "See Attached" is written here in place of totals.**

Medical/Dental/Vision Expenses:	\$
Prescriptions:	\$
Medical Mileage:	miles
Long-Term Care Premiums – Taxpayer:	\$
Long-Term Care Premiums – Spouse:	\$
Out-of-Pocket Medical Insurance Premiums Paid: (Do <u>not</u> include premiums paid through an employer plan or Medicare premiums)	\$

**Other Expenses:**

Y  N Was taxpayer and/or spouse a full-time teacher with out-of-pocket expenses? Amount \$ \_\_\_\_\_

Y  N Did you pay any alimony? If yes:

Amount Paid \$ \_\_\_\_\_ Recipient's SSN: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Y  N Did your divorce decree change at any time after 12/31/2019? \*If yes, attach

Y  N Did you employ any household employees (i.e. nanny)?

Y  N Do you owe sales tax on any out of state purchases? Please indicate total purchase amount: \$ \_\_\_\_\_

Y  N Did you have gambling losses (only to the extent of winnings)? Amount \$ \_\_\_\_\_

Y  N Did you make any Education Savings Account (Section 529) contributions?

If yes, please complete information below:

Name of Beneficiary	Amount	Name of Beneficiary	Amount
	\$		\$
	\$		\$
	\$		\$

**Charitable Contributions:**

Y  N Did you make any CASH (or cash equivalent) gifts to charity? (Retain receipts for your records)

***Enter totals only below. Additional fees may be assessed if "See Attached" is written here in place of totals. If you need more space, please attach an itemized list, and place your total contributions here.***

***\*It is your responsibility to keep your receipts to prove support to the IRS of your deductions.\****

Name of Organization	Amount	Name of Organization	Amount
	\$		\$
	\$		\$
	\$		\$

Y  N Did you make any NONCASH (i.e. tangible goods) gifts to charity? Retain receipts for your records. Do not attach receipts here. **Tax return will be prepared based on the complete information furnished below.**

***Note:*** You must provide us with all information requested below, including the Fair Market Value (FMV) of your donation. Both Goodwill and Salvation Army have Valuation Guides on their websites to assist you in determining the fair market value.

***\*If FMV is left blank, no deduction will be included on your return.\****

Organization Name & Address	Date of Donation	Fair Market Value of Donation	Original Cost	How Acquired? (Purchase, Inherited, Gift?)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**Personal Residence:**

- Y  N Did you move in 2024?
- Y  N Were you a full year resident of your state? What is your state of residency? \_\_\_\_\_  
Date moved to a different state: \_\_\_\_\_
- Y  N Did you pay rent in 2024? Amount \$\_\_\_\_\_/year  
 Y  N Was heat included?
- Y  N Did you pay real estate taxes by December 31, 2024? If yes, attach tax bill and receipts.
- Y  N Did you pay home mortgage interest in 2024? If yes, attach Form(s) 1098.
- Y  N Did you pay home mortgage interest that was not reported to you on Form 1098? If yes, please provide:  
Recipient's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Y  N Did you refinance your mortgage in 2024?
- Y  N Do you have a Home Equity Line of Credit? If so, what was it used for? \_\_\_\_\_
- Y  N Did you make any solar energy efficient improvements to your main home? If yes, please attach receipts.
- Y  N Did you purchase a home in 2024? ***\*If yes, attach closing statements.***
- Y  N Did you sell a home in 2024? ***\*If yes, attach closing statements and answer all questions below.***  
Date of sale: \_\_\_\_\_ Date this home was purchased: \_\_\_\_\_ Original purchase price: \$\_\_\_\_\_  
 Y  N Was this home your primary residence for at least 2 of the last 5 years?  
 Y  N Did you ever rent out the property or use any portion of the home for business purposes?  
 Y  N Have either you or your spouse sold a principal residence within the last two years?  
If yes, at the time of that sale, who owned the residence?  Taxpayer  Spouse  Both
- Y  N Was your home in a federally (FEMA) declared disaster area? Date of loss: \_\_\_\_\_  
If so, what losses were incurred that were **not** reimbursed by insurance or other sources? \$ \_\_\_\_\_

**Federal and/or State Estimated Tax Payments:**

- Y  N Did you make any Federal or State estimated tax payments in 2024?

**\*\*Please verify with your bank records that indicated deposits were made\*\***

**Additional fees may be assessed if "See Attached" is written.**

Federal Payments		
Due Date	Date Paid	Amount
04/15/2024		\$
06/15/2024		\$
09/15/2024		\$
01/15/2025		\$

State Payments to _____		
Due Date	Date Paid	Amount
04/15/2024		\$
06/15/2024		\$
09/15/2024		\$
01/15/2025		\$

- Y  N If you have a refund, would you like the refund applied to next year's taxes?
- Y  N If you have a balance due, would you like us to calculate 2025 estimated tax payments for you?

**Refund(s):**

If you would like your federal and/or state refund(s) direct deposited, please provide bank information below:

Name of financial institution: \_\_\_\_\_ Type of Account: Checking Savings

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Y  N If you are married filing a joint return with your spouse, is this a **joint bank account**?

Client Questions:

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**\*\*\*New clients: Include a complete copy of your 2023 tax return\*\*\***

**Signatures:**

I/we verify that the information provided in this document is true and correct to the best of my/our knowledge. I/we understand that any questions not answered will be assumed "no or not applicable" and take full responsibility for the information provided.

\_\_\_\_\_  
Taxpayer Date

\_\_\_\_\_  
Spouse Date