



Personalized Tax Preparation for Over 25 Years

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***** (PLEASE COMPLETE, SIGN, DATE & SUBMIT WITH TAX INFORMATION) *****
***** (PLEASE DO NOT PUT NUMBERS ON THE CHECKLIST) *****

2024 TAX CHECKLIST

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Part I-Income Items

<u>Document Type</u>	<u>(Check box)</u>	<u># of forms</u>	<u>Source of Information</u>
W2 Forms	<input type="checkbox"/>	<input type="checkbox"/>	W2-from Employer(s)
W2-G Forms (Gambling Income)	<input type="checkbox"/>	<input type="checkbox"/>	State Lotteries, Casinos, Racetracks
1099-INT (Interest Income) on all checking, savings, and investment accounts	<input type="checkbox"/>	<input type="checkbox"/>	Banks, Credit Unions, Brokers
1099-DIV (Dividend Income) on all investment accounts	<input type="checkbox"/>	<input type="checkbox"/>	Annual broker statements from Financial Institutions, Credit Unions, etc.
1099-G (Unemployment Income) & State Tax Refunds	<input type="checkbox"/>	<input type="checkbox"/>	State unemployment agency & State tax authority
1099-NEC (Non-Employee Compensation) and 1099-MISC (Miscellaneous income) from:			
-Cancellation of mortgage debt- <u>principal residence</u>	<input type="checkbox"/>	<input type="checkbox"/>	Form 1099C from mortgage company
-Alimony payments received	<input type="checkbox"/>	<input type="checkbox"/>	From payer of alimony
-Credit card debt forgiven by banks	<input type="checkbox"/>	<input type="checkbox"/>	Form 1099C from credit card company
-Self-employment income**	<input type="checkbox"/>	<input type="checkbox"/>	Paying agency that issued income
-Rental property income**	<input type="checkbox"/>	<input type="checkbox"/>	Paying agency that issued income
**Complete appropriate spreadsheets for your type of business			
1099-A (Acquisition and Abandonment of Property)-principal & rental property	<input type="checkbox"/>	<input type="checkbox"/>	Mortgage company that property was returned to.
1099-SA (Distributions Health Savings Acct) *Distribution only taxable if funds are not used for qualified medical expenses	<input type="checkbox"/>	<input type="checkbox"/>	Plan administrator issues form.
1099-K (Merchant Card and Third Pty Payments) *Only for businesses that accept credit cards)	<input type="checkbox"/>	<input type="checkbox"/>	Merchant statements
1099-B (Proceeds from Sale of mutual funds, and stock) *Please obtain cost basis of stock from investment company	<input type="checkbox"/>	<input type="checkbox"/>	Year end investment statements



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2024 TAX CHECKLIST

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Part I-continued

<u>Document Type</u>	<u>(Check box)</u> <u># of forms</u>	<u>Source of Information</u>
1099-S(Proceeds from Sale of Real Estate) from sale of home or rental property	<input type="checkbox"/> <input type="checkbox"/>	HUD-1 settlement statement
1099-SSA (Proceeds from Social Security benefits)	<input type="checkbox"/> <input type="checkbox"/>	Social Security Administration
<u>1099-R(Proceeds from Retirement Benefits)</u>		
-Pension benefits received	<input type="checkbox"/> <input type="checkbox"/>	From previous employer
-Federal retirement benefits received	<input type="checkbox"/> <input type="checkbox"/>	From previous employer
-Withdrawals from 401(k) & (403) (b) plans that are not loans	<input type="checkbox"/> <input type="checkbox"/>	From broker/plan administrator
-Withdrawals from all IRA Accts	<input type="checkbox"/> <input type="checkbox"/>	From broker/plan administrator
Schedule K-1(s) for Investments in partnerships, LLC(s),S-Corporations,Trusts.	<input type="checkbox"/> <input type="checkbox"/>	From broker/plan administrator

Part II-Deductions to Reduce Adjusted Gross Income

Classroom expenses for Teachers and other types of educators	<input type="checkbox"/> <input type="checkbox"/>	Receipts and cancelled checks
Contributions to Health Savings Acct(HSA) Archer MSA or Medicare Advantage MSA	<input type="checkbox"/> <input type="checkbox"/>	Form 5498-SA from plan administrator
Retirement Accounts, SEP IRA,SIMPLE IRA <i>*Adjusted gross income limitations apply</i> <i>*Deduction limited when individual covered by a retirement plan through their employer</i>	<input type="checkbox"/> <input type="checkbox"/>	Form 5498 from plan administrator
Employment related moving expenses <i>*Active Military Only</i>	<input type="checkbox"/> <input type="checkbox"/>	No longer deductible for non-military tax payers for 2018-2025.
Premiums paid to Self-employed health insurance plans for you and your family	<input type="checkbox"/> <input type="checkbox"/>	Invoices or cancelled checks



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Part II-continued

<u>Expense Type</u>	<u>(Check box)</u> <u># of forms</u>	<u>Source of Information</u>
Penalties on early withdrawal of funds from a CD, annuity or savings accounts.	<input type="checkbox"/> <input type="checkbox"/>	Form INT or Form OID from the financial institution that holds the account.
Alimony payments to a former spouse pursuant to divorce decree or separate agreement <i>*For Agreements entered before 12/31/18.</i>	<input type="checkbox"/> <input type="checkbox"/>	Receipts and cancelled checks Divorce Decree/Separation Agreement
Form 1098-E Student loan interest paid on college loans <i>*(max deduction \$2,500)</i>	<input type="checkbox"/> <input type="checkbox"/>	Form 1098-E from educational institution
Form 1098-T Tuition and fees paid to colleges, universities, vocational schools, and other postsecondary institutions	<input type="checkbox"/> <input type="checkbox"/>	Form 1098-T from educational institution <i>(Only tuition)</i>

Part III-Itemized Deductions that reduce Adjusted Gross Income

Large, Out-of-pocket medical expenses <u>not</u> covered covered by employer medical plan deductible in excess Of 7.5% of AGI <i>*Do not include premiums deducted from your wages</i>	<input type="checkbox"/> <input type="checkbox"/>	Receipts and cancelled checks Long Term Care premiums paid Medical Miles for doctor visits
State income taxes paid on prior year(s) tax returns and estimated state income tax payments <i>*(Complete 2024 Tax Payment Schedule)</i>	<input type="checkbox"/> <input type="checkbox"/>	Receipts and cancelled checks
Federal estimated income tax payments <i>*(Complete 2024 Tax Payment Schedule) **</i>	<input type="checkbox"/> <input type="checkbox"/>	Receipts and cancelled checks
Sales taxes paid on vehicles, medical supplies, food, and clothing <i>*Must be higher than state income taxes paid to be deductible.</i>	<input type="checkbox"/> <input type="checkbox"/>	Receipts to support purchases
Primary residence related expenses below:		
Form 1098-MTG Mortgage interest paid on primary residence	<input type="checkbox"/> <input type="checkbox"/>	Form 1098-MTG from all mortgage companies
-Real estate taxes paid on primary residence	<input type="checkbox"/> <input type="checkbox"/>	Form 1098-MTG
-Origination fees(points) paid on the purchase of a primary residence	<input type="checkbox"/> <input type="checkbox"/>	Closing Disclosure statement from mortgage company

**Do not include homeowner's insurance*



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2024 TAX CHECKLIST

Part III-continued

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Expense Type

(Check box) # of forms

Source of Information

Cash contributions to religious organizations and 501©(3) charitable organizations only

***Do not include gifts made to individuals**

Statement from religious organization or cancelled checks

All donations over \$250 must be supported by documentation

Clothing and household item donations to 501©(3) organizations only

***Please be sure each slip includes:**

***Date, Brief Item Description, and Total Value of Donation.**

Goodwill Slips, Purple Heart Slips, Disabled Veterans, etc

All donations over \$250 must be supported by documentation

Unreimbursed Expenses related to employment:

- Union dues paid
- Job education and seminar fees
- Overnight job travel
- Job travel to different work sites or seminars
- Professional memberships related to your employer

These items are NO LONGER DEDUCTIBLE for 2018-2025

Source of Information

Part IV-Credits that Reduce Taxable Income

Credit Type

Deductible Amount

Enter # of Children

CHILD CREDITS:

Child Tax Credit \$2,000 per eligible child/\$1700 is refundable

Child's ssn card

Child's date of birth

Non-Qualifying Child or Qualifying Relative
Provide: DOB, SSN or ITIN or ATIN

Other Dependent Tax Credit \$500 per eligible dependent

Child & Dependent Care Credit \$3,000 per eligible child/No longer refundable

***(Income limits apply)**

\$6,000 max for 2 children/No longer refundable

Receipt from Daycare provider

Cancelled checks payable to Daycare provider
Must have EIN of daycare provider and provider address

Earned Income Credit

***(Income limits apply)**

\$4,213 for 1 child
\$6,960 for 2 children
\$7,830 for 3 or more children
\$632 with no children

***Must have earned income from employer or net income from self-employment**

Form 1098T (must have) Undergraduate education costs Graduate school education costs or after first (4) years of undergraduate education.

EDUCATION CREDITS:

American Opportunity Credit \$2,500 per student

Lifetime Learning Credit \$2,000 per student

RESIDENTIAL ENERGY CREDITS:

Ducted Heat Pumps | Duckless Heat Pump | Packaged Heat Pump | Heat Pump Water Heaters 30% of costs up to \$2000 per year

Statement provided by installer.

Central Air Conditioners 30% of costs up to \$600 per Year

Energy Star Certificates and documents provided by installer

Attic | Wall | Floor Insulation | Widows & Patio Doors | Exterior Door 30% of costs up to \$1200 per year



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Part V-Affordable Care Act (Health Insurance)

For Healthcare Plans obtained through the Marketplace:

Starting with the 2019 tax year (the Shared Responsibility Payment has been repealed no longer applies).

Note: Some states (DC, NJ, MA, VT) have their own individual health insurance mandate, requiring you to have qualifying health coverage or pay a fee with your state taxes for 2024 plan year. If you live in a state that requires you to have health coverage and you do not have coverage (or an exemption):

- You will be charged a fee when you file your 2024 state taxes.
- You will not owe a fee on your federal tax return.

For DC Residents: Answer the Following Questions

Yes" or "No"

Did you have Medical coverage for the entire 2024 tax year? Did you change employers in the 2024 tax year?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Proof of healthcare from each employer

Were you without healthcare for any portion of the year?

***Penalties for gaps in healthcare**

Part VI-Client Information :Returning Clients Only - No need to complete if your information has not changed.

Clients Name (First,Middle,Last) Social: - - DOB / /

Address (Street,City,State,Zip)

Did you reside in the above state for the full year of 2024? (circle one) YES or NO

If no, please provide previous state(s) of residency and length of stay:

1st Dependent (First,Middle,Last): Social: - - DOB / /

2nd Dependent (First,Middle,Last): Social: - - DOB / /

3rd Dependent (First,Middle,Last): Social: - - DOB / /

******Please be prepared to provide Birth Certificates and Social Security Cards for all dependents******

If you need to add additional dependents, please do so on the back of this form.

Part VII-Acknowledgement of Tax Checklist completion

I have completed the tax checklist to the best of my ability. The documents I have submitted along with my checklist are accurate and can be relied on for tax preparation.

Please sign and date. (Signature needed to process tax information)