**Macomb Office:** 22525 Hall Rd, Ste A, Macomb, MI 48042
**Phone:** 586-468-0200 • **Fax:** 586-468-0747

**Novi Office:** 39500 High Pointe Blvd, Ste 145, Novi, MI 48375
**Phone:** 248-380-1811 • **Fax:** 248-380-1816

**Email:** admins@cpanerds.com

**For security purposes, please verify your information.**

**Legal Name:** ______________________ **Spouse Name:** ______________________

**Date of Birth:** ______________________ **Spouse Date of Birth:** ______________________

## PLEASE CHOOSE DELIVERY METHOD OF TAX RETURN (SELECT ONE)

- ○ SECURE GATEWAY e-Delivery
- ○ PAPER COPY MAILED TO YOU
- ○ PICK UP FROM MACOMB
- ○ PICK UP FROM NOVI

**Married filers: Please provide both emails for e-Signing of Form 8879 e-file Authorization.**

| | | Preferred Contact Method |
|---|---|---|
| Taxpayer Email: | ______________________ | ○ |
| Spouse Email: | ______________________ | ○ |
| Primary Phone: | ______________________ | ○ |

***If you choose to upload your tax documents to our secure Gateway, please scan your documents as one file. It is not necessary to scan each document separately. Upload to us when you are reasonably certain that all documents have been received.***

## BANK INFORMATION FOR DIRECT DEPOSIT REFUNDS

We are required to confirm this each year, so bear with us! If your banking info is unchanged from prior year, check here ☐

Please provide banking info, if you'd like your refund to be directly deposited there.

**Checking or Savings?** -Select-
**Bank Name:** ______________________
**Routing #** ______________________
**Account #** ______________________

**Please refrain from emailing us your bank information! Upload to our secure gateway**

**Secure Gateway:** www.cpanerds.com

**Tax Year 2024 Form 1040 Checklist - Let the fun begin!**

**PLEASE PROVIDE THE FOLLOWING INFORMATION (if applicable to you!):**

- [ ] Copy of your 2023 tax return. (For 1st year clients only.)
- [ ] Form W-2 - Wages earned as an employee
- [ ] Form 1099-INT - Interest earned. (Banks send if interest earned is more than $10)
- [ ] Form 1099-DIV - Dividends earned
- [ ] Form 1099-R - IRA, Pension, or annuity distributions
- [ ] Form SSA-1099 - Social Security benefits received
- [ ] Form 1099-CONS - Brokerage statement showing transactions for stocks, bonds, crypto transactions etc.
- [ ] Form 1099-NEC - Nonemployee compensation (Contractor, Entrepreneurs, Self Employed)
- [ ] Form 1099-MISC - Miscellaneous income (Rent, Royalties, Other)
- [ ] Form 1099-K - Third Party Payments (Venmo, PayPal, or similar)
  If you received the 1099-K in error (for personal transactions), please check here ☐
- [ ] Form 1099-C - Cancellation of Debt
- [ ] Schedule K-1 - Share of income or loss from partnerships, S Corporations, estates or trusts.
- [ ] Form 1099-G - Unemployment income or other state related payments (State refunds)
- [ ] Form W-2G - Gambling Winnings (Casino, Lottery, Raffle, etc.)
- [ ] Form 1099-Q - Distributions from Qualified Education Programs (529 Plans)
- [ ] Form 1099-QA - Distributions from ABLE Account (Achieve a Better Life)
- [ ] Form 1099-SA - Distributions from a HSA Plan for medical. (Health Savings Account)
- [ ] Form 5498-QA - Contributions to an ABLE Account. (Achieving a Better Life)
- [ ] Form 5498-SA - Contributions to a HSA Plan for medical. (Health Savings Account)
- [ ] Form 1098 - Home mortgage interest paid (and points)
- [ ] Form 1098-T - Education expenses paid to a college/university (Tuition)
- [ ] Form 1098-E - Student loan interest paid
- [ ] Form 1095-A - Health Insurance through Marketplace
- [ ] Any tax notices sent to you by IRS or other taxing authority
- [ ] Tax Notice "CP01A" from IRS assigning you a six-digit Identity Protection PIN
- [ ] Copies of closing statements regarding the sale/purchase of real estate (property)

## THOSE WHO HAVE PAID ESTIMATED TAXES FOR TAX YEAR 2024

Please provide date(s) and amount(s) paid below.

**Federal**

| | Date Paid | Amount Paid |
|---|---|---|
| Q1 | | |
| Q2 | | |
| Q3 | | |
| Q4 | | |

**State**

| | Date Paid | Amount Paid |
|---|---|---|
| Q1 | | |
| Q2 | | |
| Q3 | | |
| Q4 | | |

## LOOKING TO POTENTIALLY ITEMIZE DEDUCTIONS

Please provide the amount for the following **(We do not need receipts, but you should keep them though!)**:

| | **Amounts Paid in 2024** |
|---|---|
| Real Estate Taxes | ________ |
| License Plate Tab Registration Fee | ________ |
| Medical Out-of Pocket Expenses (co-pays, Rx, out of pocket) | ________ |
| Health Insurance Premiums | ________ |
| Miles Driven for Medical Care | ________ |
| Cash Charity Contributions | ________ |
| Non-Cash Charity Contributions | ________ |
| Place of Donation | ________ |
| Miles Driven for Charitable Reasons | ________ |
| Gambling Losses | ________ |

## OTHER CREDITS/DEDUCTIONS

| | | | **YES** | **NO** |
|---|---|---|---|---|
| 1. | Amount of Long-Term Care Premiums Paid for yourself or family<br>Premiums paid: | ________ | ○ | ○ |
| 2. | Did you purchase a qualified plug-in electric drive vehicle,<br>fuel cell vehicle, energy efficient home improvements this year?<br>If yes, please provide details. | | ○ | ○ |
| 3. | Did you pay expenses related to the adoption of a child in 2024?<br>Amount paid: | ________ | ○ | ○ |
| 4. | Did you make any contributions in 2024 to a MESP or MET? (529 Plan)<br>Amount paid: | ________ | ○ | ○ |
| 5. | Any Childcare Payments to a Person or Organization | | ○ | ○ |
| | Amount paid in 2024? | ________ | | |
| | Number of children? | ________ | | |
| | Provider Name | ________ | | |
| | Address | ________ | | |
| | Child care provider SSN or EIN | ________ | | |

## OTHER CREDITS/DEDUCTIONS (CONTINUED)

YES NO

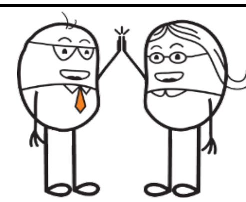
6. Have you contributed, or do you plan on contributing to a retirement account not included on your W-2? ◯ ◯

| | Amount | Indicate Type: | |
|---|---|---|---|
| Taxpayer | ______ | ☐ Traditional IRA | ☐ Keogh |
| Spouse | ______ | ☐ Roth IRA | ☐ Simple |
| Date of contribution | ______ | ☐ SEP IRA | |

7. If you are subject to the IRA deduction limitations based on adjusted gross income, do you want to contribute the maximum allowed as a deduction? ◯ ◯

8. If **yes**, are you planning to make any nondeductible IRA contributions?
   Amount of contributions: ______

## CONFIRM YOUR DEPENDENTS



**Age 19-24 and Full-Time Student Check Here**

☐ Dependent: ______
Date of birth: ______ SSN: ______

☐ Dependent: ______
Date of birth: ______ SSN: ______

☐ Dependent: ______
Date of birth: ______ SSN: ______

☐ Dependent: ______
Date of birth: ______ SSN: ______

## LET'S GET PERSONAL

9. Please provide your current address that should appear on your 2024 Tax Return
   Address ______
   City ______
   State ______
   Zip Code ______

YES NO

10. Do you have a new dependent this year? ◯ ◯
    Name ______
    Date of Birth ______
    SSN ______
    Relationship ______

## LET'S GET PERSONAL - CONTINUED

| | YES | NO |
|---|---|---|
| 11. Will any of your college aged dependents file their own tax return? | ○ | ○ |
| If so, did they file independently? | ○ | ○ |
| 12. Did your marital status change during 2024? | ○ | ○ |
| 13. Did you pay (or receive) alimony during the tax year? | ○ | ○ |
| 14. Was a prior divorce agreement modified after 2018? | ○ | ○ |
| 15. If you are separated or divorced with children, do you have a separation agreement or divorce decree that establishes custodial responsibilities? | ○ | ○ |

11. Will any of your college aged dependents file their own tax return?
    If so, did they file independently?

12. Did your marital status change during 2024?
    Spouse Name ____________________
    Spouse Date of Birth ____________________
    Spouse SSN ____________________

13. Did you pay (or receive) alimony during the tax year?
    Paid To/Received From: ______________ SSN: ______________
    Amount: ______________ Divorce Date: ______________

14. Was a prior divorce agreement modified after 2018?
    If so, please provide details if there was a change to the reporting of alimony

15. If you are separated or divorced with children, do you have a separation agreement or divorce decree that establishes custodial responsibilities?
    *If **yes** , please provide a brief description of the agreement or decree (relative to which parent claims each child):*

________________________________________________________________
________________________________________________________________
________________________________________________________________

## CALLING ALL ENTREPRENEURS - Schedule C Items

16. Provide a Summary of Revenue and Expenses. (QuickBooks Profit & Loss or Similar)

17. Business Travel (Self-Employed Only)
    Business miles driven in 2024: ____________________
    Total miles driven in 2024: ____________________

| | YES | NO |
|---|---|---|
| 18. Self Employed Health Insurance Premiums Paid in 2024 | ○ | ○ |
| 19. Did you use an area of your home exclusively for business purposes? | ○ | ○ |

18. Self Employed Health Insurance Premiums Paid in 2024

    **Amount Paid**
    For your employees: ____________________
    For yourself and family: ____________________

19. Did you use an area of your home exclusively for business purposes?
    Square footage of the space used: ____________________
    Total square footage of home: ____________________

## CALLING ALL LANDLORDS - Schedule E Items

YES NO

20. Do you have a rental property?
*Provide a Summary of Rental Income and Expenses (By Property)*

21. Did you buy or sell a rental property this year?
*If **yes**, please provide a copy of the closing statement.*

## GENERAL QUESTIONS

YES NO

22. Did you reside in or operate a business in a Federally declared disaster area?
The Federally declared disaster areas include flooding, hurricane/tropical wind storms, and wildfires in many states.

23. At any time during 2024, did you receive, sell, exchange or otherwise acquire any financial interest in any virtual currency?

24. Do you have a financial interest in or signature authority over a financial account, such as a bank account, securities account, or brokerage account, located in a foreign country?

25. Did you make gifts over $18,000 to an individual or trust or contribute to a prepaid tuition plan? If yes, please provide details.

26. Would you like to designate $3 to the Presidential Election Campaign Fund?
Checking "Yes" will not change your tax or reduce your refund.

27. Did you make any out-of-state purchases (by telephone, internet, mail, or in person) on which the seller did not collect sales or use tax?
What was the total amount of the purchases? ____________________

28. For those with wages earned in a city that has an income tax, were all of your wages worked within the city?

*If all of your wages were not worked within the city, please provide a work log of your hours or days worked in the city and a letter from your employer that states all of your work is not performed within the city.*

29. Did you receive any income not included in the checklist?

**HAVE SOMETHING YOU'D LIKE TO SHARE FOR 2024?**

**ANY CHANGES FOR 2025 WE SHOULD KNOW ABOUT?**