

**2024 Client Check List**

Print Name \_\_\_\_\_

Office Use Only
___ Driver's License
___ E Signature
Docs- Mail Pickup
Call Emailed Pickup
_____

1. Did you have more than \$10,000 in a foreign account at any point in 2024?  
 Yes                       No                      **Initial** \_\_\_\_\_  
**If yes**, need transaction details for the tax year
  
2. Are you a co-signer and/or a co-owner of a foreign account that had \$10,000 at any point in 2024?     Yes                       No                      **Initial** \_\_\_\_\_  
**If yes**, need transaction details for the tax year
  
3. At any time during 2024 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  
 Yes                       No                      **Initial** \_\_\_\_\_  
**If yes**, need transaction details for the tax year
  
4. Address changes?     Yes **If yes**, please list \_\_\_\_\_  No
  
5. Did you sell any real estate in 2024?     Yes **If yes**, please provide closing docs (1099-S)     No
  
6. Marital status changes as of 12/31/2024 (must use name as it appears on your SS card)  
 Yes **If yes**, please explain \_\_\_\_\_  No
  
7. Dependent additions/removals (provide DOB, copy of SS card and sex for additions)  
 Yes **If yes**, please explain \_\_\_\_\_ Boy or Girl     No
  
8. Did you make a contribution to a Traditional or Roth IRA that is **NOT** an employer sponsored plan? (**Example: 401k, 403b, SIMPLE IRA**)     Yes **If yes**, provide proof of transaction     No
  
9. Did you have Marketplace Health Insurance in 2024?     Yes **If yes**, 1095A required     No
  
10. Did you have Health Savings Account (HSA) withdrawals in 2024?  
 Yes **If yes**, 1099SA required for tax return     No
  
11. Any student loan interest paid in 2024?     Yes **Need 1098-E form**     No
  
12. Amount paid for vehicle registration (**NO** trailers, RV's or motorcycles) \_\_\_\_\_
  
13. Public school fees for dependents (school sponsored activities- IA only) \_\_\_\_\_
  
14. County of Residence \_\_\_\_\_ School District of Residence \_\_\_\_\_
  
15. **Tax return copy preference?**    **Email (free)**                      **USB (\$5 fee)**                      **Paper (\$5 fee)**
  
16. **Primary Contact Name & Email Address:** \_\_\_\_\_
  
17. **Spouse Name & Email Address:** \_\_\_\_\_
  
18. **Primary Contact Phone:** \_\_\_\_\_ **Spouse Phone:** \_\_\_\_\_

**\*\*\*Drop Off Deadline March 24<sup>th</sup> for Timely Filing\*\*\***