<u>Affordable Accounting</u> <u>and Escrow Services</u>

1623 Sneffels Street

Montrose, CO 81401

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To ensure accuracy on your tax return, please:

- 1. Complete the attached checklist and provide copies of all the documentation it requests.
- 2. Decide how you want your tax return prepared. In person appointments are no longer available. Options are:
 - Send a request to <u>julie@affordableaccountingllc.com</u> for a link to upload documents to us securely.
 - b. Drop all of your documentation off to our office.
 - c. Mail all of your documents to us at the above address.

We will prepare your tax return and let you know if we have any questions and when it is ready to be picked up/ reviewed.

You can request

- a virtual meeting with us via Zoom.
- a phone meeting with us.

Both options will require all your documents to be in our possession one week ahead of the scheduled meeting. We will add them to our system and return them to you before the meeting if requested.

Please let me know if you have any questions.

Sincerely,

Julie Williams

Owner / Accountant

Affordable Accounting and Escrow Services

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Complete one checklist for every return. If you are filling jointly with someone, include that person's information on your checklist, not on a separate form. If a section does not apply to you, please mark N/A.

1. <u>I</u>	Basic into	rmatio	<u>)N</u>							
Taxpayer's	Name						SSN			
Spouse's N	Name						SSN			
Taxpayer o	occupation						Birthda	te	Blind?	
Spouse Oc	cupation						Birthda	te	Blind?	
Address		l .					- N	1		
Phone										
Email addr	ess									
			Include a	copy of Dr	river's license	e for Taxpa	er and s	pouse.		
	<u>ls t</u>	<u>he lice</u>						you bring it to us	<u>3.</u>	
					your return w					
					Driver's lice					
								erty or services);	Y or N	1
						t (or a financi	al interes	t in a digital asset		
i.e. virtual d	currency)?	If yes	, please pro	ovide docum	nentation.					
On Decem	ber 31st yo	u were	LEGALLY	: (circle one	;)					
				Sing	le	Sin	gle with a	a dependent		
Married								se information. W eir tax deductions		
Divorced	Pro	vide a	copy of the	Divorce de	cree if the dive	orce took pla	ce during	2023		
	_									

Where you issued a PIN number by the IRS?

If Yes, provide us with the letter from the IRS

If you lost the PIN number, you will need to contact the IRS to get it again. https://www.irs.gov/identity-theft-fraud-scams/get-an-identity-protection-pin

Dependents

	Any depende	nts k	orn in 2023, pro	ovide a co	ру с	of the	Social Security	Carc	<u>i</u>
	Name			SS	N		Birthdate		Relationship
1.									
2.									
3.									
4.									
	Dependent Income		Supported by	you	5	Suppo	ted by others	# o	Months in your home
1. \$		\$			\$		•		•
2. \$		\$			\$				
3. \$		\$			\$				
4. \$		\$			\$				

		stody of any of the dep of the custody agreeme			
Yes. No. V a dep	reciation detail Form 4	of last year's tax return. 1562 Statement if applic	able.	opy you get from your pric	
2.	Did you live in more	e than one state durin	g 2023? Y or N		
		vide the following detai			
	State	Beginning date	Ending date	Notes	
	Misc Notes:		·		
3. 4.	Paperwork to bring W2s K-1s Do you have any re	1099s INT/ DI Troperty tax b	ill <u> </u>	99-NECs 95 Health Insurance infori	mation form
	Expenses Deprecial return, we	ion Detail schedule For have this on file.	m 4562 Statement f	tising, mortgage interest, ր rom your last tax return. I	f we prepared the
	separated by proper		ou are required to ke	eep the income and expen	se numbers
5 <u>.</u>	Other Income		Sale of Other prope	rtv	
	D	ate		Cost	Sales price
_					
	F	Please provide supportir	ng documents (Form	1099-Bs and statements)

If yo	ou have other incom	e, please bring all figures and su Sale of	pporting f Stocks	data. Examples Provide Broker Statements
	Include	detail on how stocks where AC0 Tips not reported		. Purchased, Inherited, Gift, other
		Wages earned while incar		
	Incor	me From 8889 Health Savings A		
Income		nd Long Term Care Insurance of		<u> </u>
		_	ensions	
		Jι	ıry Duty	
			loyment	
		Alimony r	-	
		Prizes (109		
		Self Emp	loyment	
		Partnerships and S Corp	ooration	
		Estates &	& Trusts	
		Social Security I	Benefits	
		Scholarships & Fello	owships	
		State Tax	refunds	
		R	oyalties	
	(Gambling income, do not subtrac	t losses	
		Hobby	Income	
		Own a b	usiness Other:	See page 7
6. Did vou k	ouy or sell a home i	in 2023? Y or N		
If Yes				
Was it your —	primary residence f No. Yes	or 2 of the last 5 years		
Please pro	vide			
		oth purchase and sale	senarat	e by regular repairs and major upgrades
Notes	cost of improvemen	its made to the property. Flease	separat	e by regular repairs and major upgrades
-				
7. <u>Deductio</u>	ns and credit items	<u>Retirement</u>		
Contributions to T Taxpayer	raditional IRA up thr Date(s)	ough 4/18/2024	ount(s)	
Spouse	Date(s)	Amo	ount(s)	
			_	
Contributions to R	oth IRA up through	4/18/2024		
Taxpayer	Date(s)		ount(s)	
			-	

Spouse Date(s)		Amount(s)	
Penalty for early withdrawal			
Alimony Paid		Can't deduct for divorces comme	encing after 12/31/18
KEOGH, SEP & SEIMPLE contributions			
	Internal France		•
Home Mortgage (1098)	Interest Expe	<u>ense</u>	
Home Mortgage paid to individuals			
Include name and SSN of individuals			
Mortgage insurance premium			
Student loan interest (1098-E)			
Investment interest			
_			
	Contributio	n <u>ns</u> Church	
	Other casi	h contributions	
	Charitable auto	-	
Property donated for which			
, ,		,	
Medical Savings acct (MSA)	<u>Medical</u>	Self-employed health insurance	20
Health savings acct (HSA)		Other medical travel expense	
Ambulance		Hearing aids & batterie	
Prescriptions		Other medical expense	
Eyeglasses		Reimbursement	
Doctors		Medical miles drive	
Dentists —		Wedioai miles drive	
Hospital —		1095 A Receive	d Please provide
Insurance and & Medicare premiums		1000 A RECEIVE	<u>u ricase provide</u>
	_		
Real Estate	Taxes		
Personal pr			
City/county			
Sales tax			
Other			
÷			

Estimated taxes paid for the year 2023

Date	State		Federal Check #		or Confirmation # if available	
		ildcare	expenses			
Provider's Name	Child name		ID# of provi	der	Amount paid	
Provider address:						
Flovider address.						
Provider address:						
1 Tovidor address.						
Provider address:						
Name of institution		tion Cr	edits (1098-T) Who attended		When elegans began	
Name of institution	Tuition paid		vvno allended		When classes began	
	Casu	altv & 1	Theft Losses			
The follow	ing expenses may only	/ be clai	med in a federally d	eclared dis	saster area	
	Cost of prope	rty lost				
	Fair market value of pr	roperty				
Insura	ance reimbursement re	ceived				
	Ot	ther adi	<u>ustments</u>			
Moving expense -	- Armed forces membe	<u>astilionits</u>				
	Educator Exp	-				
	Gambling					
	Educator exp					

Do you own a business? Y or N

If Yes. Do you do your own record keeping? Y or N If Affordable Accounting did your record keeping, we should have this information. Please review list for any items we have not been provided.
If Yes. We need: Backup of your QuickBooks file and Password if applicable. All 1099s you received. Including 1099 Ks. Total Income
Total expenses broken down by category. Repairs, Advertising, interest, supplies, etc. Receipts for any major purchases. Beginning and ending bank balance
Miles driven for business Total of all distributions made to owners for the year. Does not apply to Schedule C. Year end Loan statements with total interest paid for year. In excess of \$500 and/or large ticket items. If you financed a purchase we need the purchase agreement and the finance agreement.
If you had payroll, bring payroll tax filings for the 4 th quarter including W2s, 1099s, 941, 940, Colorado Withholding, Colorado unemployment Did you pay any subcontractors? Did you issue 1099s? If so we need copies of those.
Any accounting work needed to get the financials ready for the tax return may be charged at a rate of \$45 per hour. Have you filed the Beneficial Ownership Report with the Financial Crimes Enforcement Network? If Yes, please provide a copy. If No, we will file this information for you unless we are directed not to. Initial Here if you do NOT want us to file this report for you. Did you apply for and receive Employee Retention Credit? Y or N If Yes, we need:
If yes, we need: Quarterly payroll reports filed to obtain credit (amended 941s) Amount of refund received AND Date received. Copy of tax return filed for the year application was granted. For example, if you got the tax credit for 2021, you we have to amend the tax return for 2021.
****** We will file an amended tax return as time allows, very likely after 4/15/24.
What is the primary activity of the business?
Anything else we should know about the business:

When the tax return is complete, how do you want to proceed:
I would like to review my return before filing. When the return is complete, payment for our services is required before releasing the return. If you have changes that require a revised tax return, an additional fee may be charged. Sign and return the authorization forms only when you have reviewed the return, and it is accurate to the best of your knowledge. Receipt of the signature pages indicates the return is ok to file.
Sign the return. We cannot legally file a return without written authorization from the taxpayer.
Tax returns will be electronically filed unless there is a Federal or State regulation which requires paper filing. We do not offer or recommend tax returns be mailed to the appropriate agencies.
Come into the office, sign the return, pay and pick up my copy Email me a copy of the signature pages. This option requires that you print out the pages, sign, and return by email. Digital signatures not accepted. I will email signature pages back I will bring the signature pages in, pay, and pick up my copy
Mail everything to me, I will sign the pages and return them to you. This requires payment of our services in advance of mailing
How do you want to pay your taxes / receive your refund.
I will mail a check for taxes owed.
I would like to receive a check by mail for any refunds I am entitled to.
I will pay the taxes electronically myself. Federal: www.irs.gov
State of Colorado: www.taxcolorado.gov Other States: Search for the States Department of Revenue website.
I would like to receive my refund or pay my taxes electronically. The amount will be verified with the taxpayer prior to filing. Provide the following AND a copy of a cancelled check or other form of verification for the accounts listed. We require this information every year to avoid delays in receiving your refund(s) and/or making your tax payment(s). Failure to provide this information will automatically result in the check by mail options above.
Pay taxes owed with Checking account number ending (last 4 digits)
Deposit refund due into Checking account number ending (last 4 digits)
Deposit refund due into Savings account number ending (last 4 digits) Savings accounts can only be used if you are receiving a refund. You cannot pay a tax payment from a savings account.

Payment of service is required before the return will be electronically filed or released to you for review.						
I will bring payment when I pick up n Email me a link to pay by credit card						
How would you like your copy of the tax return:						
	il address provided. Physical copy will still be provide ress provided (postage may be charged)	ed.				
Taxpayer Certification						
The information provided is complete and accurate to	o the best of my knowledge.					
Signature	Printed name	Date				

Pay for our services