

# Affordable Accounting and Escrow Services

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## **2024 Tax year checklist**

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. Due to the increased complexity of tax returns, we no longer offer in-person appointments for preparation.

Your options are:

- a. Send a request to [julie@affordableaccountingllc.com](mailto:julie@affordableaccountingllc.com) 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. If you require a meeting to explain the tax documents to us prior to preparation, 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.

To request an appointment to review your return after completion, please contact the office to schedule. In person appointments are available for review.

Please let me know if you have any questions.

Sincerely,



Julie Williams Owner / Accountant

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.

**Incomplete or missing information may cause a delay in the processing of your tax return. Please print legibly to avoid errors in reporting.**

**1. Basic Information**

Taxpayer's Name		SSN	
Spouse's Name		SSN	
Taxpayer occupation		Birthdate	Blind?
Spouse Occupation		Birthdate	Blind?
Address			
Phone			
Email address:			

**Include a copy of Driver's license for Taxpayer and spouse.**  
**Is the license expired? If so, please renew your license before you bring it to us.**  
**We cannot file your return with an expired license.**

**We require a copy of the Driver's license every year to avoid delays.**

At any time during 2024 did you (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset i.e. virtual currency)? If yes, please provide documentation.	Y or N
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On December 31 <sup>st</sup> you were LEGALLY: (circle one)	
Single	Single with a dependent
Married	If you were legally married, you must file a tax return with your spouse information. We will need Spouse information completed above. If your spouse filed a separate return, we need to know whether they itemized their tax deductions or took the standard deduction.
Divorced	Provide a copy of the Divorce decree if the divorce took place during 2024

**Where you issued a PIN number by the IRS? If you were issued a PIN number in a prior year, you were issued a PIN for 2024 as well.**

\_\_\_\_\_ 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>

**Were you claimed as a dependent on someone else's return?**

\_\_\_\_\_

**Dependents**

**Any dependents born in 2024, provide a copy of the Social Security Card**

	Name	SSN	Birthdate	Relationship
1.				
2.				
3.				
4.				

If additional room is needed, please provide data on a separate piece of paper.

Dependent Income		Supported by you		Supported by others		# of Months in your home
1. \$		\$		\$		
2. \$		\$		\$		
3. \$		\$		\$		
4. \$		\$		\$		

Do you have shared custody of any of the dependents listed? Y or N  
 If Yes, provide a copy of the custody agreement or a description below.

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Did we do your taxes last year?

- Yes. We have your information on file.
- No. We must have a copy of last year's tax return. \*\* Make sure the copy you get from your prior accountant includes a depreciation detail Form 4562 Statement if applicable.
- Did not file a tax return last year. Provide a copy of the last tax return filed and/or why you did not file.

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**2. Did you live in more than one state during 2024? Y or N**

If Yes, please provide the following detail

State	Beginning date	Ending date	Notes
Misc Notes:			

**3. Paperwork to bring; all tax forms sent to you with "Important Tax Documents" written on envelope. Including but not limited to:**

- W2s       1099s INT/ DIV       1099-NECs  
 K-1s       Property tax bill       1095 Health Insurance information form

**4. Do you have any rental property? Y or N**

If Yes, please complete the 2024 Rental document available on our website.

**Other income**

If you have other income, please bring all the figures and supporting data. Examples

- Sale of Stocks Provide Broker Statements  
 Include detail on how stocks how ACQUIRED. Purchased, Inherited, Gift, other  
 Tips not reported on W2 \_\_\_\_\_  
 Wages earned while incarcerated \_\_\_\_\_  
 Health Savings Accounts \_\_\_\_\_  
 1095-SA from Archer MSAs and Long Term Care Insurance contracts \_\_\_\_\_  
 1099 R for distributions from 401K, IRA, Roth \_\_\_\_\_  
 Jury Duty \_\_\_\_\_

Unemployment \_\_\_\_\_  
 Alimony received \_\_\_\_\_  
 Prizes (1099 Misc) \_\_\_\_\_  
 K-1s from Partnerships and S Corporation \_\_\_\_\_  
 K-1s for Estates & Trusts \_\_\_\_\_  
 Form SSA-1099 Social Security Benefits \_\_\_\_\_  
 Scholarships & Fellowships \_\_\_\_\_  
 State Tax refunds \_\_\_\_\_  
 Royalties \_\_\_\_\_  
 Gambling income, do not subtract losses \_\_\_\_\_  
 Hobby Income \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Did you buy a home in 2024? Y or N**

If Yes

Was it your primary residence?

\_\_\_\_\_ No. If you are receiving rental income please complete the 2024 Rental document available on our website.

\_\_\_\_\_ Yes. Please provide 1098 Mortgage interest statement

Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Did you sell a home in 2024? Y or N**

If Yes

Was it your primary residence for 2 of the last 5 years

\_\_\_\_\_ No.

\_\_\_\_\_ Yes

Please provide

\_\_\_\_\_ Closing statement from both purchase and sale

\_\_\_\_\_ Total cost of improvements made to the property. Please separate by regular repairs and major upgrades

Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. Deductions and credit items**

**Retirement**

Contributions to Traditional IRA up through 4/15/2025

Taxpayer	Date(s)		Amount(s)	
Spouse	Date(s)		Amount(s)	

Contributions to Roth IRA up through 4/15/2025

Taxpayer	Date(s)		Amount(s)	
Spouse	Date(s)		Amount(s)	

Penalty for early withdrawal \_\_\_\_\_

Alimony Paid \_\_\_\_\_

Can't deduct for divorces commencing after 12/31/18

KEOGH, SEP & SIMPLE contributions \_\_\_\_\_

**Interest Expense**

Home Mortgage (1098) \_\_\_\_\_

Home Mortgage paid to individuals \_\_\_\_\_

Include name and SSN of individuals \_\_\_\_\_

Student loan interest (1098-E) \_\_\_\_\_

Investment interest \_\_\_\_\_

**Contributions**

Church \_\_\_\_\_

Other cash contributions \_\_\_\_\_

Charitable auto mileage driven \_\_\_\_\_

Property donated for which you have receipts (fair market value) \_\_\_\_\_

**Medical**

Medical Savings acct (MSA) \_\_\_\_\_

Health savings acct (HSA) \_\_\_\_\_

Ambulance \_\_\_\_\_

Prescriptions \_\_\_\_\_

Eyeglasses \_\_\_\_\_

Doctors \_\_\_\_\_

Dentists \_\_\_\_\_

Hospital \_\_\_\_\_

Self-employed health insurance \_\_\_\_\_

Other medical travel expenses \_\_\_\_\_

Hearing aids & batteries \_\_\_\_\_

Other medical expenses \_\_\_\_\_

Reimbursements \_\_\_\_\_

Medical miles driven \_\_\_\_\_

**1095 A Received**

**Please provide**

If you were covered under Connect for Health or marketplace, you received a 1095

Insurance and Medicare premiums \_\_\_\_\_

Other: \_\_\_\_\_

**Taxes**

Real Estate Tax \_\_\_\_\_

Personal property tax \_\_\_\_\_

City/county tax \_\_\_\_\_

Sales tax \_\_\_\_\_

Other \_\_\_\_\_

**Estimated taxes paid for the year 2024**

**Do not include tax payments made during 2024 for prior tax years**

Date	State	Federal	Check # or Confirmation # if available

**Childcare expenses**  
**Children under the age of 13, disabled children of any age.**  
**Both parents must work to qualify for the credit.**

Provider's Name	Child name	ID# of provider	Amount paid
Provider address:			
Provider address:			
Provider address:			

**Education Credits (1098-T)**

Name of institution	Tuition paid	Who attended	When classes began

**Casualty & Theft Losses**

The following expenses may only be claimed in a federally declared disaster area

Cost of property lost \_\_\_\_\_  
Fair market value of property \_\_\_\_\_  
Insurance reimbursement received \_\_\_\_\_

**Other adjustments**

Moving expense – Armed forces members only \_\_\_\_\_  
Educator Expenses \_\_\_\_\_  
Gambling losses \_\_\_\_\_

**Do you own a business? Y or N**

If Yes please complete the 2024 Business document available on our website.

**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. Digital signatures not accepted. 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 to us electronically or in person. Digital signatures not accepted.

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.** You will be notified prior to the payment of any balances owed.

I will mail a check for taxes owed. We do not recommend this option. Delay between when the payment is received and when the IRS / State processes the payment could result in penalties and interest you will be held responsible for.

I would like to receive a check by mail for any refunds I am entitled to. We do not recommend this option as the check could be lost or stolen.

I will pay the taxes electronically myself.

Federal: [www.irs.gov](http://www.irs.gov)

State of Colorado: [www.taxcolorado.gov](http://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 prior to filing. Provide the following **AND a copy of a cancelled check or other form of verification** for the account(s) listed. **We require this information be provided every year to avoid delays in receiving your refund(s) and/or making your tax payment(s). Even if information was provided in a prior tax year, we require the information be submitted again to ensure nothing has changed from what we have on file. 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.

**Pay for our services**

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 my return.

Email me a link to pay by credit card.

How would you like your copy of the tax return:

I will pick up my copy

Please email me a copy to the email address provided. Physical copy will still be provided.

Please mail me my copy to the address provided (postage may be charged)

**Taxpayer Certification**

The information provided is complete and accurate to the best of my knowledge.

Signature

Printed name

Date