**2024 CLIENT INTAKE FORM**

This form is intended to help you gather all relevant tax documents needed to accurately complete your tax return and ensure that you are capturing all income and available tax deductions. We update these forms **every** year to follow the IRS rules and regulations

Name:  Phone:  DOB:  Occupation: 

Spouse:  Phone: DOB:  Occupation: 

Email:  Spouse email: 

**Westen, Graff prepared my taxes LAST year and my address has NOT changed**

Address: ­­­­­­­­­­­ City: ­­­­­­­­­­­­­­­­­ State:  Zip: 

County: School District: 

**\*\*If new client(s):** SSN:  Spouse SSN: 

**\*\*NOTE: If we did not prepare your tax return LAST year, include a copy of last year’s tax return**

**FILING STATUS –** Filing status (select status below)

**Single** – Unmarried as of 12/31/2024

I can be claimed as a dependent by a parent or another person (I am not claiming myself)

**MFJ** – Married as of 12/31/2024 and filing a joint tax return with my spouse

**HOH** – Unmarried individual as of 12/31/2024 that maintains a house with a qualifying child residing with me for more than ½ of the year (fill in child information below)

**MFS** – Married as of 12/31/2024 but opting to file a separate tax return from my spouse

**QW** – Unmarried individual with dependent children whose spouse passed away in 2022, 2023 or 2024

**DEPENDENTS – List dependents, qualifying children and/or relatives who lived with you for MORE than half the year**.

Full Name:  DOB:  SSN:  Relationship to me: 

Lived with me **over** half the year:  Yes  No / I am claiming:  Yes  No / Is a:  Fulltime student  Disabled

Full Name:  DOB:  SSN:  Relationship to me: 

Lived with me **over** half the year:  Yes  No / I am claiming:  Yes  No / Is a:  Fulltime student  Disabled

Full Name:  DOB:  SSN:  Relationship to me: 

Lived with me **over** half the year:  Yes  No / I am claiming:  Yes  No / Is a:  Fulltime student  Disabled

**HEALTH INSURANCE – Check all that apply** **No** health insurance coverage in 2024

**Marketplace/Obamacare** (**MUST provide 1095-A**)

Health Insurance through an **Employer**

**Medicare or Badger Care (**amount paid out of pocket) $ 

**OTHER health insurance paid for out of pocket** (include statement or amount paid) $ 

**DIRECT DEPOSIT / REFUND CHECK MAILED / AUTO-WITHDRAWAL OF INCOME TAX BALANCE DUE**

**Tax Refund**: Directly deposited to our account:  **No**   **Yes** (provide bank info below)

**Tax Balance Due** tax due directly withdrawn:  **No**   **Yes** (provide bank info below and preferred date of payment – due 4/15/2025) **Date of auto-withdrawal for income taxes due**: 

Please note, this is an autopayment of **income TAX** **due**, **not** for tax preparation fees.

Bank Name:  Account Type:  Checking Account  Savings Account

Routing Number (always 9 digits):  Account Number: 

**Note: If you are receiving a refund and you do not select one of the above options or the routing number and/or account number are invalid, a check will be mailed to you. If payment is due, you must send payment on or before April 15, 2025.**

Rev: 2024-1014

**INCOME AND EXPENSE INFORMATION CHECKLIST – Check all that apply to you and provide documentation**

**INCOME**

Received **WAGES** from an employer (**provide W-2s**)

Received more than $10 of **INTEREST** income from a bank or individual (**provide** **1099-INT**)

Received more than $10 of **DIVIDENDS** income from stocks or mutual funds (**provide 1099-DIV**)

Received distribution(s) from a **Pension**, **401k**, **IRA** or **other RETIREMENT account** (**provide** **1099-R for each account**)

Received **SOCIAL SECURITY** benefits (**provide SSA-1099**)

Sold **STOCKS** in a non-qualified account (e.g. excludes 401ks, IRA sales) (**provide 1099-B**)

Received a **1099-K for Personal Items Sold** (**provide 1099-K** and original purchase price): $ 

Received **UNEMPLOYMENT** benefits (**MUST** **provide 1099-G**)

Income from a **BUSINESS** or **SELF-EMPLOYMENT** activity (**provide details: income, expenses, mileage, etc**)

Received income from **RENTAL** **property** (**provide details: income, expenses, mileage, etc**)

Received income from **FARMING** activities (**provide details: income, expenses, mileage, etc**)

Received income from **TRUST ESTATE/PARTNERSHIP** (**provide K-1**)

Received **GAMBLING** **income** (**provide W2-G**)  Total Amount **LOST** $ 

Received **ALIMONY** Total amount: $  Date of Divorce: 

**ADJUSTMENTS**

C**ontributed** to an **HSA** account that was **NOT** **through** **an** **employer** pre-tax or cafeteria plan

Taxpayer amount $  Spouse amount: $ 

U**sed funds** from my **HSA** account to pay for **medical expenses** (**provide 1099-SA**)

Paid **student loan interest** (**include 1098-E**)

Contributed to a **TRADITIONAL** **IRA** (Do **NOT** **include contributions to *employer* *sponsored*** plans)

Taxpayer amount $  Spouse amount: $ 

Contributed to a **ROTH** **IRA** (Do **NOT include contributions to *employer* *sponsored*** plans)

Taxpayer amount $  Spouse amount: $ 

Paid **alimony** to an ex-spouse: Recipient Name:  SSN: 

Date of Divorce:  Total Amount Paid: $ 

**CREDITS / DEDUCTIONS**

Paid significant **out of pocket medical bills** **NOT covered by insurance or HSA** (list **total** amount paid or categorize)

TOTAL: $  OR: Medical: $  Dental: $  Vision: $  Rx: $ 

Paid **PROPERTY TAXES** (attach property tax bill / receipt or list amount paid in 2024) $ 

Paid **MORTGAGE INTEREST** on a home loan (**MUST provide FORM 1098**)

Made **CHARITABLE contributions** (list amount or provide receipts) $ 

I or my dependents paid for **COLLEGE TUITION** / books – **YEARS 1 – 4** (**MUST provide 1098-T from school**)

I or my dependents paid for **COLLEGE TUITION** / books – **YEARS 5 & up** (**MUST provide 1098-T from school**)

Paid for **private school tuition** (include statement from school listing EIN, amount paid, student name & grade)

Contributed to **Coverdell, EdVest or 529 college savings plan** Student:  Amount contributed: 

Paid for **CHILDCARE** (provide daycare provider statement or list amount paid, EIN & address of daycare provider and which dependents were in daycare)

Used a **dependent care plan** or **flexible payment benefits** to cover the cost of **daycare** (provide daycare provider statement or list amount paid, EIN & address of daycare provider and which dependents were in daycare)

Paid **RENT: Total ANNUAL** Amount$  Was heat included:  Yes  No

Installed **energy efficient** improvements on **primary residence** (describe and list amount paid or provide receipts)

Purchased a **new** **electric vehicle** (provide a copy of the title and list amount paid or provide receipts)

Notes: 

Client Engagement Letters and annual Client Intake Forms are available at [www.westengraff.com](http://www.westengraff.com). I have read and reviewed Westen, Graff & Company’s Client Engagement Letter for tax return preparation. The information I have provided is complete and accurate to the best of my knowledge.

**Signature**:  Date: 

**Spouse** **Signature**:  Date: 