



Tax Year 2024 Checklist

Client: _____

INCOME

W-2	Wage/Salaries/Tips	_____
1099-INT	Interest	_____
1099-DIV	Dividends	_____
1099-MISC	Rents, Royalties	_____
1099-NEC	Self-Employment	_____
1099-R	Pension, IRA, Rollover	_____
W-2G	Gambling, Lottery	_____
1099-C	Cancellation of Debt	_____
1099-G	Unemployment	_____
1099-G	State/City Tax Refund	_____
1099-B	Capital Gains/Losses	_____
1099-S	Property Sale	_____
1099-Q	Education Disbursement	_____
1099-SA	HSA Disbursement	_____
K-1 for		
	Partnerships	_____
	S-Corporation	_____
	Trust	_____
	Estate	_____
SSA-1099	Social Security	_____
RRB-1099	Railroad Retirement	_____
Alimony	<small>(only if divorce final before 1/1/2020)</small>	_____
Real Estate/Personal Property Rental		_____
Scholarships/Fellowships		_____
Jury Duty		_____
Property Tax Rebate Recovery		_____
Foreign Earned Income		_____
Gig Work	<small>(Airbnb, Uber, Taskrabbit, etc)</small>	_____

DEDUCTIONS/CREDITS/TAXES

1098-E: Student Loan Interest	_____
1098-T: College Tuition/Fees/Books	_____
1095-A: Fed Marketplace Health Insurance	_____
Alimony Paid <small>(only if divorce final before 1/1/2019)</small>	_____
Childcare/Day Camp Expenses (child <13)	_____
<small>(We need provider's name, address, and tax ID number)</small>	
Household Employers (Nanny Tax)	_____
IRA/SEP/SIMPLE Contributions	_____
Roth IRA Contributions or Conversion	_____
Teacher's Classroom Expenses	_____
HSA Contributions	_____
Adoption Expenses	_____
Self-Employed Health Insurance Premiums	_____
Retirement Saver's Credit	_____
Residential Energy Improvements	_____
<small>(solar, wind and geothermal, windows, exterior doors, furnace, A/C, certain water heaters, electrical panel upgrade)</small>	
Electric Vehicle Purchase/Lease	_____
Qualified Business Income Deduction	_____
Qualified Charitable Donation (RMD to charity)	_____

ITEMIZED DEDUCTIONS

(only used if sum is greater than the Standard Deduction: \$14,600 Individual; \$21,900 HoH; \$29,200 MFJ)

Medical, Dental, & Optical

(Medical total must exceed 7.5% of income to be deductible)

Prescription Drugs	_____
Health Insurance Premiums	_____
<small>(not including pre-tax payroll deduction)</small>	
Long Term Care Insurance	_____
Number of Medical Miles	_____
Doctor, Dental, Hospital and Lab Fees	_____
Vision, Eyeglasses and Contacts	_____
Nursing Home Care	_____
Special Needs Education	_____

Taxes Paid

(Taxes total capped at \$10,000)

Sales Tax (cars, boats, RVs)	_____
Primary Residence Prop Taxes	_____
Other Property Taxes <small>(land, second home)</small>	_____
Auto License Plate Registration	_____

Interest Paid

Home Mortgage Interest (Form 1098)	_____
Home Equity Loans (Form 1098)	_____
<small>(must be used to buy/build/improve property securing debt)</small>	
Investment Loans	_____

Charitable Contributions

Check, Credit Card, Appreciated Asset, and Payroll Deductions

(Each donation of \$250+ needs written acknowledgement from charity)

Goods

(If over \$500, you must have a list of donated items, charity address, and date of donation. If over \$5,000, you need appraisal)

Volunteer Expenses / Mileage	_____
------------------------------	-------

Miscellaneous

Virtual Currency Transactions	_____
Foreign Financial Account	_____
Foreign Trust	_____
Casualty Loss <small>(Fed Declared Disaster Only)</small>	_____
Gambling Losses <small>(cannot exceed winnings)</small>	_____

Notes: _____

Tax Estimates Paid for 2024

	Federal	Michigan	City	Date Paid
1st Quarter	_____	_____	_____	_/_/_
2nd Quarter	_____	_____	_____	_/_/_
3rd Quarter	_____	_____	_____	_/_/_
4th Quarter	_____	_____	_____	_/_/_
TOTAL	_____	_____	_____	

Michigan Taxes (Tax Rate increased from 4.05% to 4.25% in 2024)

Non-taxable Income (required for Michigan credits)

Child Support _____

Veterans Pension _____

Worker's Compensation _____

Public Assistance (DHS) _____

Inheritance _____

Gifts Received in Excess of \$300 _____

Gain on Sale of Primary Residence _____

Homestead Property Tax Credit

If you own your home

Property Taxes Billed for 2024 _____

Taxable Value of home for 2024 _____

If you rent your home

Rent Paid Per Month _____

Landlord's Name and Address _____

Contributions to [MESP](#) or [MET](#) College Savings Plans _____

[Changes to Taxation of Pensions & Retirement Income](#)

Additional Questions?
