

2024 INDIVIDUAL TAX RETURN WORKSHEET



ROBERTS & EDDY, P.C. ATTORNEYS AT LAW

Taxpayer (T) _____ Spouse (S) _____

SSN (if new client): _____ SSN (if new client): _____

DOB (if new client): _____ DOB (if new client): _____

Cell #: _____ Cell #: _____

Email: _____ Email: _____

Do you have a different address from your 2023 tax return? Yes [] No [] If yes, new address:

County: _____ School District: _____

PLEASE BRING IN THE FOLLOWING:

- 1) ALL W2s, 1099/1098's (INTEREST, DIVIDEND, PATR. DIVIDEND, ETC.)
2) ALL TAX FORMS/CORRESPONDENCE RECEIVED FROM THE GOVERNMENT.
3) SUPPORTING DOCUMENTS CONCERNING RETIREMENT PLAN CONTRIBUTIONS.
4) YEAR-END SOCIAL SECURITY BENEFIT STATEMENTS.
5) COLLEGE TUITION EXPENSE DOCUMENTATION.
6) ANY HEALTH INSURANCE COVERAGE STATEMENTS (1095-A, 1095-B OR 1095-C).

If you are a new tax client, also please bring in following:

- 1) SOCIAL SECURITY #S AND DATES OF BIRTH OF TAXPAYER, SPOUSE AND DEPENDENTS
2) COPY OF YOUR LAST YEAR'S TAX RETURN, INCLUDING DEPRECIATION SCHEDULES IF YOU OWN A BUSINESS.

Any new dependents in 2024? Yes [] No [] If yes, enter below:

Name: _____ DOB _____ SSN _____

Name: _____ DOB _____ SSN _____

ESTIMATED TAX PAYMENTS - Did you pay a quarterly estimate to be applied against your 2024 taxes? (Most farmers and wage earners are not required to pay quarterly estimates)

Table with 2 columns: FEDERAL and IOWA. Rows show Due Date* and payment amounts for 04-15-24, 06-15-24, 09-15-24, and 01-15-25.

*If the due date for making an estimated tax payment falls on a Saturday, Sunday, or legal holiday, the payment will be on time if you make it on the next day that's not a Saturday, Sunday, or legal holiday.

OTHER INCOME (Not included on tax forms): (T) \$ _____ (S) \$ _____

Did you have any digital asset transactions in 2024? Yes [] No []

DIRECT DEPOSIT INFO:

If due a refund, do you want electronic deposit of refunds? Yes [] No []

If you want direct deposit, is your bank account the same as used for your 2023 return? Yes [] No []

If your bank account has changed, enter new DIRECT DEPOSIT info below:

Bank _____ Routing No. _____ Acct. No. _____

I AFFIRM AND CERTIFY THAT ALL THE INFORMATION AND ANSWERS TO QUESTIONS HEREIN ARE COMPLETE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THE INCOME AND EXPENSE INFORMATION SET FORTH ON THESE WORKSHEETS ARE SUBSTANTIATED BY WRITTEN RECORDS MAINTAINED BY THE UNDERSIGNED.

Signature of Taxpayer

2024 ITEMIZED DEDUCTIONS WORKSHEET



All Health Insurance Premiums are 100% deductible for all taxpayers on the Iowa Return, even if you do not itemize.

MEDICAL INSURANCE (100%)

(T) \$ Medicare Supplement (S) \$ Medicare Prescriptions Insurance (T) \$ Other Health Insurance (T) \$ Long Term Care Premiums (T) \$

Medical out-of-pocket expenses Doctors, Dentists, Nurses ...: \$ Medicine, Drugs ...: \$ Hospitals, Nursing Homes ...: \$ Ambulance ...: \$ Lodging-Medical ...: \$ Hearing Aid, Glasses, PPE ...: \$ Lab fees ...: \$ Other medical expenses ...: \$ Medical miles driven ...: \$

Insurance reimbursement for above if applicable ...: (\$)

COMMUNITY MEDICAL AID PROGRAM CONTRIBUTIONS

Amish Aid (only for Amish) ...: \$

TAXES

Real Estate ...: \$ Auto License ...: \$ Other ...: \$ Did you pay tuition or related expenses to a college or trade school in 2024? Yes No If yes, the amount (Please bring receipts and 1099T) Name of school

INTEREST

Name & address of mortgage holder Mortgage Interest ...: \$ Points paid ...: \$ Student Loan interest ...: \$ Personal interest - not deductible

CHILD CARE EXPENSE

Number of qualifying children for 2024: Name, address & social security number Provider Amount paid each child ...: \$ Amount paid each child ...: \$ Name, address & social security number Provider Amount paid each child ...: \$ Amount paid each child ...: \$

CHARITABLE CONTRIBUTIONS

If any charitable contribution exceeds \$250.00 to any one organization for the year please bring a receipt for that contribution. A cancelled check is not sufficient.

Charitable contributions list with dollar amounts and organization names.

Other than CASH Contributions (Date/Charity)

Other than CASH Contributions list with date and charity name.

Charitable miles driven

SOCIAL SECURITY

(T) \$ (S) \$ Other pensions & annuities IPERS \$ OTHER \$ IRA Contribution (T) \$ (S) \$ Roth Contribution (T) \$ (S) \$ Transferred assets to a Roth IRA in 2024: Yes No

OTHER

Tax preparation Safe Deposit Box Private school tuition & textbooks K-12 Extra-curricular activities expense K-12 Iowa College Savings Fund Educator expenses Volunteer Firefighter/EMS credit: Yes No Solar/Wind/Geothermal installed in 2024: Yes No Wood stove installed in 2024: Yes No