

# 2024 Tax Year

Please fill out and include with your Tax Documents

Name of Taxpayer: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Main Contact Email Address \_\_\_\_\_

For Direct Deposit of your Refund – If no info entered, Refund will arrive by US Mail

Acct Type: Checking \_\_ Savings \_\_ Bank Routing # \_\_\_\_\_ Bank Account # \_\_\_\_\_

## DEPENDENTS

**IMPORTANT – You are entitled to claim a dependent child who was 18 or younger as of 12/31/2024. For a dependent child between the ages of 19-23, you are able to claim your child if they were enrolled in a 2 or 4 year college or certified trade school as long as they were at least a full time student for at least half of 2024.**

**PLEASE USE THIS SECTION TO LET US KNOW IF WE MUST ADD OR DELETE A DEPENDENT CHILD BASED ON THE ABOVE CRITERIA**

Name	Date of Birth	Soc. Sec #	ADD/REMOVE?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*CHANGE OF ADDRESS?? PROVIDE IF THERE WAS A CHANGE-OTHERWISE WRITE N/A OR LEAVE BLANK\*\***

_____
_____
_____

Please use the following list to make sure you gather all Tax Related INCOME Information that you have received. It is important to bring or drop off the original forms that you have received from the list below.

- |  |           |  |
|--|-----------|--|
| <input type="checkbox"/> Interest Income           | 1099-INT  | -Usually interest earned on general bank accounts      |
| <input type="checkbox"/> Dividend Income           | 1099-DIV  | -Usually dividends earned on stocks, annuities....     |
| <input type="checkbox"/> Wage report               | W2        | -Year end statement of earnings from your job          |
| <input type="checkbox"/> Subcontract Wages         | 1099-MISC | -Year end statement of subcontract wages from your job |
| <input type="checkbox"/> Pension Report            | 1099R     | -Year end statement of Pension Earnings                |
| <input type="checkbox"/> 401k or IRA withdrawal    | 1099R     | -Distributions taken from Retirement Accounts          |
| <input type="checkbox"/> Social Security Statement | SSA-1099  | -Year end statement of Social Security earnings        |
| <input type="checkbox"/> Unemployment Income       | 1099-G    | -Year end statement of unemployment earnings collected |
| <input type="checkbox"/> 2023 State Refund Amount  | 1099-G    | -Last year's State Refund amount                       |
| <input type="checkbox"/> Gambling Winnings         | W2-G      | -Lottery winnings, casino winnings...                  |
| <input type="checkbox"/> MA Health Notice          | 1099-HC   | -Annual statement indicating Health Coverage           |
| <input type="checkbox"/> Alimony Received          |           |  |
| <input type="checkbox"/> Other income              |           |  |

# Deductions

See Attached Medical  
Worksheet – Enter  
Total Here



Medical and Dental expenses Including Prescriptions and co-pays..... \$ \_\_\_\_\_

Real Estate Taxes on Principle Residence..... \$ \_\_\_\_\_

Real Estate Taxes on additional homes or land..... \$ \_\_\_\_\_

Automobile/Boat Sales Taxes paid in 2024 .....\$ \_\_\_\_\_

State Auto Registration Fees (total of all vehicles)..... \$ \_\_\_\_\_

State Auto Excise Tax (total of all vehicles)..... \$ \_\_\_\_\_

Home Mortgage Interest Paid (Form 1098)..... \$ \_\_\_\_\_

Home Equity or 2<sup>nd</sup> Mortgage Interest Paid (Form 1098)..... \$ \_\_\_\_\_

Points paid on New Mortgage Transactions, if any..... \$ \_\_\_\_\_

Points paid on Refinancing Activities, if any..... \$ \_\_\_\_\_

Qualified Private Mortgage Insurance Payments (PMI)..... \$ \_\_\_\_\_

Contributions paid by Cash, Check or Credit Card..... \$ \_\_\_\_\_

Non-Cash Contributions (Donated furniture, Donated Car, Clothing)..... \$ \_\_\_\_\_

Qualified Educator/Teacher Expenses – Max \$250.....\$ \_\_\_\_\_

Gambling Loss expenses **\*\*Qualified costs now include travel related costs.....\$ \_\_\_\_\_**

Student Loan Interest.....\$ \_\_\_\_\_

Rent paid for your Apartment/Home as your primary residence..... \$ \_\_\_\_\_

## Estimated Tax Payments for 2024

IRS 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ MA 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

### **\*\* IMPORTANT NOTICE\*\***

**The 2018 TAX LAW CHANGE  
ELIMINATED ALL WORK RELATED DEDUCTIONS FOR  
W-2 EMPLOYEES ALONG WITH TAX PREPARATION  
AND ASSET MANAGEMENT FEES**

# 2024 Medical Expenses Worksheet

## Qualified Medical Expense List and Information

Qualified Medical Expenses are any expense that you paid for medical care or treatment that was not paid through your employer's health plan. For example: The premium that was taken out of your paycheck to pay for your health plan cannot be used as a deduction, but a supplementary insurance policy payment that you send directly to the insurance company, or a co-pay you pay for a prescription or doctor visit can. Below is a list of the most common categories of allowable deductions. We have compiled this list to make it easier for you to organize your medical expenses.

### STOP! – READ BELOW BEFORE COMPILING EXPENSES

The IRS only allows amounts from your medical expenses that are over and above 7.5% of your total Income for the current year (Your Income \* .075 = Amount Disallowed. The remainder may be used to add to your itemized deductions). See example below:

#### Example

A married couple earns \$110,000 between their two jobs. Their "out of pocket" medical expenses total \$7,000 for 2024 over and above their pre-tax work paid premiums. The IRS then multiplies their total income for the year by .075 to come up with a 'floor' figure: \$110,000 X .075 = \$8,250 in this case. This 'floor figure' is what they erase from the total 'out of pocket expenses' in this particular couples example. Since the IRS will be erasing the first \$8,250 in this example where the couple only had \$7000 of expenses, they will not have any qualified amounts to include in their itemized deductions.

### Out-Of-Pocket Medical Expenses (do not include premiums taken out of your check at work)

**YOU MAY SIMPLY ENTER A TOTAL AMOUNT AT THE BOTTOM.** We do NOT NEED these expenses broken down. This part of the worksheet is to help YOU so that you do not miss any deductions. On the actual tax return form the IRS requires us to enter one total amount with no breakdown.

Out of Pocket Cost for Prescription Medications.....	\$ _____
Private Insurance Premiums such as Blue Cross NOT paid thru an employer.....	\$ _____
Medicare – All Parts.....	\$ _____
Primary Taxpayer's Total Long Term Care Premiums.....	\$ _____
Spouse's Total Long Term Care Premiums.....	\$ _____
Fees for Doctor, Dentist and Specialty Care Visits.....	\$ _____
Fees paid to Hospital's or Clinics.....	\$ _____
Lab and X-Ray Fees.....	\$ _____
Long Term Care Costs over and above the Insurance Premium.....	\$ _____
Eye Glasses and Contact Lenses/Supplies.....	\$ _____
Medical Equipment and Supplies.....	\$ _____
<b>TOTAL EXPENSES.....</b>	<b>\$ _____</b>

Enter this Total on Deductions Page Under Medical

Medical Miles – These are expenses for miles driven for medical purposes..... \_\_\_\_\_

# 2024 Energy Credits Worksheet

The lifetime limit on Energy Credits has been lifted through legislation passed in late 2023. Many of the benefits were made retroactive for energy improvements installed on your primary home beginning on 1/1/2023. Please provide the amounts in the categories below if any and we will calculate the maximum credits available to you. NOTE: There is an aggregate category that is new regarding Exterior Doors that we will need from you if you bought qualified exterior doors in 2024. We will need the cost of the Most Expensive Door along with the total cost of all other qualified Exterior Doors purchased in 2024. (See Below)

## Energy Efficient Home Improvement Credit

<u>Insulation and Air Sealing Material</u>	\$ _____
<u>Total Cost of Exterior Doors</u>	\$ _____
<u>Cost of Most Expensive Exterior Door</u>	\$ _____
<u>Cost of All Other Doors</u>	\$ _____
<u>Windows and Skylights</u>	\$ _____
<u>Central Air Conditioning (CAC)</u>	\$ _____
<u>Gas, Propane or Oil Water Heaters</u>	\$ _____
<u>Gas, Propane or Oil Furnace or Boilers</u>	\$ _____
<u>Improvement or replacement of panelboards, sub panelboards, branch circuit breakers or feeders</u>	\$ _____
<u>Home Energy Audits – Out of Pocket Costs – Must have included an Inspection</u>	\$ _____
<u>Heat Pumps and Biomass equipment</u>	\$ _____

## Residential Clean Energy Credit

<u>Solar Electric Property (Home Solar Panels)</u>	\$ _____
<u>Solar Water Heating System</u>	\$ _____
<u>Wind Energy Systems</u>	\$ _____
<u>Geothermal Systems</u>	\$ _____
<u>Qualified Battery Storage Systems</u>	\$ _____
<u>Qualified Fuel Cell Systems</u>	\$ _____

## Clean Vehicle Credit (EV or Plug-In Hybrid)

<u>Model Year</u>	\$ _____
<u>Make</u>	\$ _____
<u>Model</u>	\$ _____
<u>Vin #</u>	\$ _____
<u>Date Purchased</u>	\$ _____

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