# **Spencers Tax Service 2024 Tax Intake Form**

Filling Status:	☐ Single		☐Married Filing	g Joint	□Marr	ied Filing Single
	☐Head of Househo	ld [	Qualifying Wi	dower		
ADDRESS						
Street & Apt. N	0.					
					Zip	
County			Schoo	ol District		
TAXPAYER						
Name: First			MI		Last	
Date of Birth:		Date of D	Death	Occupat	tion	
Drivers license	#		Issue Date:		Expiration Date	e:
SPOUSE						
						_
					Expiration Date	e:
	nod of Contact:	Email □Pho				
	e Initial, Last Name	Student?	D.O.B	Social Security #	Disabled?	Relationship - Son - Daughter
		☐ Yes ☐ No			☐Yes ☐ No	
		☐ Yes ☐ No			☐Yes ☐ No	

☐ Yes ☐ No

☐ Yes ☐ No

□Yes □No

☐ Yes ☐ No

☐ Yes ☐ No

□Yes □No

BASIC QUESTIONS Please check the box to the left for any of the following that apply. If not, leave blank. If checked, please provide below if the information will assist the preparer in any way. (Note: Please check for you AND your spouse)  Check  Did your marital status change from the prior year?  Did you change your address from last year?  Any change in your dependents from last year?  Did you child under 19 (24 if a full time student) have more than \$2K in INVESTM  Did you pay for any adoption expenses?  Did you provide OVER half the support for someone you are not claiming as a de  Are you being claimed on someone else's tax return?  Did you purchase, sell or refinance your primary residence?  Have you been notified by the IRS or State in regarding changes made on prior tate.  Did you gift any individual over \$18,000 in 2024?	EMP	LOYME	NT & R	ETIREMENT INFORMATION
Are you contributing to a 401(k), 403(b), or other pre-tax account?  CHILD CARE  Child care expenses paid \$  Provider name:  Provider EIN:  Address:  BASIC QUESTIONS  Please check the box to the left for any of the following that apply. If not, leave blank. If checked, please provide below if the information will assist the preparer in any way. (Note: Please check for you AND your spouse)  Check  Did your marital status change from the prior year?  Did you change your address from last year?  Any change in your dependents from last year?  Did you child under 19 (24 if a full time student) have more than \$2K in INVESTM  Did you pay for any adoption expenses?  Did you provide OVER half the support for someone you are not claiming as a de  Are you being claimed on someone else's tax return?  Did you purchase, sell or refinance your primary residence?  Have you been notified by the IRS or State in regarding changes made on prior tate.  Did you gift any individual over \$18,000 in 2024?  Did you gift any individual over \$18,000 in 2024?  Did you purchase any of the following in 2024 for your PRIMARY home?  Exterior Door(s) - Window(s) - Insulation - Central AC - Natural Gas, Propane, or Oil Water Hea Gas, Propane, or Oil Furnaces and Hot Water Boilers - Electric or Natural Gas Heat Pumps - Ele Gas Heat Pump Water Heaters - Biomass Stoves and Boilers - Solar - Windmill - Geothermal?	#	Yes	No	
CHILD CARE  Child care expenses paid \$  Provider name: Provider EIN:  Address:  BASIC QUESTIONS  Please check the box to the left for any of the following that apply. If not, leave blank. If checked, please provide below if the information will assist the preparer in any way. (Note: Please check for you AND your spouse)  Check  Did your marital status change from the prior year?  Did you change your address from last year?  Any change in your dependents from last year?  Did you pay for any adoption expenses?  Did you pay for any adoption expenses?  Did you provide OVER half the support for someone you are not claiming as a de Are you being claimed on someone else's tax return?  Did you purchase, sell or refinance your primary residence?  Have you been notified by the IRS or State in regarding changes made on prior ta Did you gift any individual over \$18,000 in 2024?  Did you gift any individual over \$18,000 in 2024?  Did you purchase any of the following in 2024 for your PRIMARY home?  Exterior Door(s) - Window(s) - Insulation - Central AC - Natural Gas, Propane, or Oil Water Hea Gas, Propane, or Oil Furnaces and Hot Water Boilers - Electric or Natural Gas Heat Pumps - Ele Gas Heat Pump Water Heaters - Biomass Stoves and Boilers - Solar - Windmill - Geothermal?	1.			Were you employed last year ? Provide form W2 from all employers
Child care expenses paid \$  Provider name: Provider EIN:  Address:  BASIC QUESTIONS  Please check the box to the left for any of the following that apply. If not, leave blank. If checked, please provide below if the information will assist the preparer in any way. (Note: Please check for you AND your spouse)  Check  Did your marital status change from the prior year?  Did you change your address from last year?  Any change in your dependents from last year?  Did you pay for any adoption expenses?  Did you pay for any adoption expenses?  Did you provide OVER half the support for someone you are not claiming as a de Are you being claimed on someone else's tax return?  Did you purchase, sell or refinance your primary residence?  Have you been notified by the IRS or State in regarding changes made on prior tate of the provide of the provided provided in the provided pr	2.			Are you contributing to a 401(k), 403(b), or other pre-tax account?
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	Gas,	Propan	e, or Oi	l Furnaces and Hot Water Boilers - Electric or Natural Gas Heat Pumps - Electric or Natural
ne know energy efficient improvements completed and the \$ amount for each item or items.	Gas I	Heat Pu	mp Wa	ter Heaters - Biomass Stoves and Boilers - Solar - Windmill - Geothermal ? If yes please let
	ne k	now en	ergy ef	ficient improvements completed and the \$ amount for each item or items.

INCC	ME	
#	Check	
1.		W-2 Income
2.		Interest and/or Dividends
3.		Tax Exempt Interest and/or Dividends
4. 5.		Taxable refunds, credits or offsets (including prior year state refunds)
6.		Business income (self-employment Income) *If "yes" please fill out Schedule C worksheet and provide financials
		Stock sales (capital gains)- (MAKE SURE ALL BASIS INFO IS PROVIDED)
Amo	unt of an	y capital loss carry forward from 2023 \$
7.		Any other assets sold or any other gains or losses
8.		Rental real estate income *If "yes" please fill out Schedule E worksheet
Amo	unt of an	ny passive activity loss carry forward from 2023 \$
9.		K-1's (1120S, 1065, 1041)
10.		Unemployment
11.		Social Security income
12.		Foreign income
13.		Other income: Please list:
	_	ITS TO INCOME
		ny of the following that apply to you and/or your spouse:
#	Check	

#	Check	
1.		Educator expenses (teaching expenses)
2.		Health Savings Account deductions
3.		Moving expenses (active military only, service related)
4.		Contributions to SEP, SIMPLE, and other qualified plans
5.		Self-Employed health insurance
6.		IRA contributions
7.		Student loan and/or tuition & fees deduction (you or your dependents) Provide form 1098
8.		Alimony (Applies ONLY to divorce decrees effective prior to 1/1/19)
Alim	ony paid	\$ (paid to whom?)
Nam	ie/SS#	

## ESTIMATED PAYMENTS MADE FOR 2024 RETURN (or refunds from a prior year applied to current)

\$ Fed	Date	Qtr
\$ Fed	Date	Qtr
\$ Fed	Date	Qtr
\$ Fed	Date	Qtr
\$ State	Date	Qtr

How	do you v	vant any	refund send to you? MUST CHECK ONE
	Checki	ng Accou	nt
	Saving	Accoun	t
	Paper	check by	mail (could take several weeks)
Rout	ing #		
Acco	unt #		
		1	
#	Yes	No	
l.			Did you take money from a 401(k), IRA or other pre-tax account?
2.			Did you make charitable contributions in 2023? If yes, how much? \$
peci	al Info	mation	o for the Tax Preparer
peci	al Info	matior No	for the Tax Preparer
		I	Is there something "Unique" that the preparer should pay special attention to or know?