

**GREENBERG  
&  
COMPANY**

**Certified Public Accountants, LLC**  
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GREENBERGCPAS.COM

**2024**

FOR THE PREPARATION OF YOUR INCOME TAX RETURNS, PLEASE SUPPLY THE FOLLOWING:

NAMES: \_\_\_\_\_

**PLEASE NOTIFY US IF YOUR ADDRESS CHANGED FROM THE PRIOR YEAR.**

CURRENT PHONE NUMBERS: HOME \_\_\_\_\_  
OFFICE (TAXPAYER) \_\_\_\_\_ (SPOUSE) \_\_\_\_\_  
CELL (TAXPAYER) \_\_\_\_\_ (SPOUSE) \_\_\_\_\_  
EMAIL (TAXPAYER) \_\_\_\_\_ (SPOUSE) \_\_\_\_\_

- \_\_\_\_\_ 1. Birth Date: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_
- \_\_\_\_\_ 2. A schedule of all dependents with social security numbers and birthdates. Please note if child is in college and complete item 11 below.
- \_\_\_\_\_ 3. Child Care Information - Amount and I.D. number of dependent care provider. (Note, no credit will be allowed without an I.D. number.)
- \_\_\_\_\_ 4. Did you have an interest in or signature or other authority over a **financial account** in a **foreign country**, such as a bank account, securities account, or other financial account?
- \_\_\_\_\_ 5. Forms W-2, Wage and Tax Statement.
- \_\_\_\_\_ 6. Forms 1099 for Interest, Dividends, Capital Transactions and Social Security or any sources of income for the year.
- \_\_\_\_\_ 7. Schedules K-1, if you are involved in any partnerships, S corporations, or estate/trusts.
- \_\_\_\_\_ 8. List all capital transactions on enclosed schedule. (**DATES ARE CRITICAL**)
- \_\_\_\_\_ 9. Information relative to contributions, rollovers or conversions of Retirement Plans, or any withdrawals and include Form 1099Rs.
- \_\_\_\_\_ 10. Did you engage the services of any household employees? If so, please list name, social security number, address and amount paid.
- \_\_\_\_\_ 11. Information regarding payments towards college savings plans or payment for college tuition and fees. Please include amounts received from distributions from any education savings accounts.
- \_\_\_\_\_ 12. Did you or your spouse make any gifts to an individual that total more than \$18,000, or any gifts to a trust?
- \_\_\_\_\_ 13. Did you have health insurance for the entire year? If you received Form 1095A, 1095B or 1095C, please include them.
- \_\_\_\_\_ 14. HSA contributions and/or distributions. Please include 1099-SA.

**2024 Federal Estimated Tax Payments**

If your estimated payments were not made on the date due, please enter the actual date and amount paid.

	<u>Date Due</u>	<u>Date Paid if After Date Due</u>	<u>Amount Paid</u>
1 <sup>st</sup> quarter payment	4/15/24	_____	_____
2 <sup>nd</sup> quarter payment	6/15/24	_____	_____
3 <sup>rd</sup> quarter payment	9/15/24	_____	_____
4 <sup>th</sup> quarter payment	1/15/25	_____	_____
Additional payment		_____	_____

**State/City Estimated Tax Payments**

**State** \_\_\_\_\_

	<u>Date Due</u>	<u>Date Paid if After Date Due</u>	<u>Amount Paid</u>
1 <sup>st</sup> quarter payment	4/15/24	_____	_____
2 <sup>nd</sup> quarter payment	6/15/24	_____	_____
3 <sup>rd</sup> quarter payment	9/15/24	_____	_____
4 <sup>th</sup> quarter payment	1/15/25	_____	_____
Additional payment		_____	_____

**FOR YOUR REFUND IF YOU WANT DIRECT DEPOSIT, PLEASE INCLUDE A VOIDED CHECK.**

IF YOU REQUIRE ASSISTANCE, PLEASE CALL OUR OFFICE. PLEASE MAIL ALL DATA IN THE ENCLOSED ENVELOPE. IF YOU WISH AN APPOINTMENT, PLEASE CALL WELL IN ADVANCE OF YOUR DESIRED DATE.

**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs	
Doctors, dentists and nurses	
Hospitals and nursing homes	
Insurance premiums not entered elsewhere (excl. long-term care & amts paid w/pre-tax dollars)	
Long-term care premiums – taxpayer and spouse	
Insurance reimbursement (enter as a positive number)	
Lodging and transportation:	
Out-of-pocket expenses	
Medical miles driven	
Other medical and dental expenses:	
_____	
_____	
_____	

**TAXES PAID** (State and local withholding and 2018 estimates are automatic.)

State income taxes – paid for prior years and/or to other state	
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**SALES AND USE TAXES PAID**

State and local sales taxes	
Taxes paid on vehicles, boats, and aircraft	

**OTHER TAXES PAID**

Real estate taxes – principal residence:	
_____	
_____	
_____	

Real estate taxes – property held for investment	
Personal property taxes (including automobile fees in some states. Provide a copy of tax notice)	
Foreign income taxes	
Other taxes:	
_____	
_____	
_____	

**INTEREST PAID**

Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:	
_____	
_____	
_____	

Home mortgage interest not reported on Form 1098:	
Payee's name _____	
Payee's SSN or FEIN _____	
Payee's street address _____	
Payee's city, state, ZIP _____	
Amount paid _____	

Points not reported on Form 1098:	
_____	
_____	
_____	

Student Loan Interest	
Mortgage insurance premiums (Box 4)	
Investment interest (interest on margin accounts):	
_____	
_____	

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:



Volunteer expenses (out-of-pocket)

Number of charitable miles


**NONCASH CONTRIBUTIONS**

