



Tax Focus Worksheet – Tax Year 2024

Your careful completion of this worksheet will help us to ensure that we prepare an accurate and expedient tax return, as well as maximize your deductions and credits. The questions apply to both you and your spouse, if applicable. Please provide any relevant documentation and details for questions to which you answered yes. If you're unclear about a question, check the "?" box and we'll follow up with you about it.

				Part I: Annual Essential Questions
YES	NO	N/A	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you make any estimated tax payments for 2024? If yes, please provide a list of dates and amounts paid for both federal and state, if applicable.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Did your bank account for direct deposit change? If yes, please provide a voided check.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you buy, sell, or mine any virtual currency (e.g. Bitcoin)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you refinance a home or rental property? If yes, please provide the settlement statement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. At any time during the year, did you have foreign assets or an interest in a bank or other financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Were you the grantor, transferor, or beneficiary of a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Do you wish for your tax preparer to be able to discuss your return directly with the IRS as your Third Party Designee?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you want to designate \$3.00 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Will you retire, or do you expect a large fluctuation in your income, deductions, or withholding in 2025?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Did your address, phone number, or email change from last year's tax return?

				Part II: Family
YES	NO	N/A	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did your marital status change?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Were you permanently and totally disabled?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were you an active member of the U.S. Armed Forces?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4a. Do you have dependents who must file a tax return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4b. If you answered yes to the preceding question, do you want us to prepare their return(s)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Are all your dependents U.S. citizens or residents?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Has there been any change to the dependents that you're claiming on your tax return (e.g. shared custody, high school graduate)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Did you support any other person living in your household?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8a. Did you pay wages of \$2,700 or more to any individual for domestic services (e.g. nanny, housekeeper, or in-home care worker)? If so, please provide the W-2 that you issued to them.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8b. If you answered yes to the preceding question, did you pay total wages of \$1,000 or more in any calendar quarter to all household employees?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9a. Did you incur adoption expenses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9b. If you answered yes to the preceding question, was it for a special-needs child?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any taxable distributions from an ABLE account?

				Part III: Income
YES	NO	N/A	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you receive any W-2 wages? If yes, please provide the W-2.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Did you receive any interest or dividends? If yes, please provide the 1099-INT or 1099-DIV.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you receive tip income not reported to your employer?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you receive any disability payments, either taxable or non-taxable?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you receive any miscellaneous income (e.g. prizes, jury duty)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Did you receive any Social Security income? If yes, please provide the 1099-SSA.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any unemployment income? If yes, please provide the 1099-G.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Did you receive any income from legal proceedings, cancellation of student loans, or other indebtedness during the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Did you pay or receive alimony per a divorce decree on or before 12/31/2018?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any gambling winnings? If yes, please provide the W-2G, as well as details about any gambling losses incurred.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Did a lender cancel any of your mortgage or credit card debt? If yes, please provide the 1099-A or 1099-C.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Did you collect on any installment contract during the year?

				Part IV: Retirement Accounts
YES	NO	N/A	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you receive income from a pension, profit-sharing plan, annuity, or IRA? If yes, please provide the 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. If you've reached age 73, have you taken the required minimum distribution (RMD) from your IRA(s) or 401k(s)? If you're unsure, please provide the year-end statement for all IRA or 401k accounts from December 31 of the year prior to your distribution.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you roll over an IRA or any other qualified retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you convert any of your retirement plans to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you make any contributions to your own (non-employer) traditional IRA, Roth IRA, or other individual plan?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6a. Did you, or do you plan to, make a contribution before April 15, 2025 to a traditional or Roth IRA for the previous calendar year? <i>(Note: Some states may have earlier due dates.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6b. If you're contributing to a Roth IRA, are you aware that regular Roth contributions are disallowed if your modified adjusted gross income is over \$161,000 for single filers and \$240,000 for married

				filing jointly? Any ineligible contributions must be withdrawn from the account along with associated earnings before the due date of the tax return.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. If you have self-employment income, do you want to make a SEP retirement plan contribution?

				Part V: Investments
YES	NO	N/A	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you buy or sell any stocks or bonds? If yes, please provide the 1099-B or the broker and cost basis information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Did you cash in any U.S. savings bonds or have any that reached final maturity? If yes, please provide the 1099-INT.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did any of your dependents have investment income (interest, dividends, stock sales) greater than \$1,300?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you receive stock from a bonus plan with your employer? If yes, please provide a statement detailing each transaction.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you make a loan at an interest rate below the market rate?

				Part VI: Real Estate Transactions & Loans
YES	NO	N/A	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you buy, sell, refinance, or abandon a principal residence or other real estate? If yes, please provide the settlement statement and 1099-S, if applicable.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. If you refinanced, did you receive cash equity from your refinance that was not spent on the home, or were the refinance fees included in the new loan?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you pay mortgage interest on any real estate, including a second home, RV, or certain boats? If yes, please provide the 1098 form.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you pay property taxes on any real estate? If yes, please provide the tax statements.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5a. Do you have a home equity line of credit (HELOC)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5b. If you answered yes to the preceding question, were 100% of the HELOC proceeds spent improving your home?

				Part VII: Deductions & Credits
YES	NO	N/A	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you purchase a hybrid or electric vehicle? If yes, please provide the purchase receipt and note whether it's new or used. Electric vehicle credits cannot be processed without the VIN.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Did you make any energy-efficient improvements (remodel or new construction) to your home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you purchase and place in service any solar electric, solar water heating, fuel cells, small wind energy, or geothermal heat pump to any property you own (including vacation and rental properties)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you purchase a vehicle or boat, or have a significant home improvement or remodel? If yes, please provide documentation showing the sales tax paid.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you make any charitable donations? If yes, please provide receipts or a list of each donation. <i>(Note: You must have the receipt to claim the donation on your tax return.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Did you donate any non-cash items (e.g. clothes, household goods, etc.)? If yes, please provide receipts or a list of each donation. <i>(Note: Any non-cash donations valued at \$5,000 or more must have a certified appraisal, and any vehicle donations valued at over \$500 must have a 1098-C.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Did you have mileage related to charity work or medical appointments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Did you have child or dependent care expenses? If yes, please provide the name, address, and tax ID number of the care provider, as well as the total amount paid per child.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Did you incur expenses as an elementary or secondary educator? <i>(Note: The current law limits the deductible amount to \$300 per taxpayer.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any securities that became worthless or loans that became uncollectible?

				Part VIII: Medical
YES	NO	N/A	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you have medical coverage? If yes, please provide any 1095 forms that you received. (Note: If you had insurance through a state exchange plan, we must have the 1095-A to file your tax return.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2a. Did your medical coverage qualify as a high deductible health plan (HDHP)? Qualifying plans have a deductible of at least \$1,500 for individual coverage and \$3,000 for families, and must be clearly listed as an HSA-eligible plan.
				2b. If you had an HDHP, was the coverage <input type="checkbox"/> individual or <input type="checkbox"/> family?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2c. If you had an HDHP, was the coverage for the full year? If not, for how many months was the coverage? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3a. Did you contribute to or receive distributions from a health savings account (HSA)? If yes, please provide the 5498-SA and/or 1099-SA.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3b. If you received distributions from an HSA, were they all for qualified medical expenses? If not, please provide details.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4a. Do you plan to make a contribution before April 15, 2025 to an HSA for the last calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4b. Have you made excess or ineligible HSA contributions for 2024? If so, they must be withdrawn, along with associated earnings, before the due date of the tax return.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you have any out-of-pocket medical or dental expenses? This can include insurance premiums, copays, prescriptions, medical supplies, and long-term care.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Did you receive any benefits from a long-term care policy?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Did you pay any premiums for long-term care insurance?

				Part IX: Education
YES	NO	N/A	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you or your dependents attend post-secondary school in 2024? If yes, please provide the 1098-T and the dates that tuition was paid, if different from the 1098-T. Please also provide details

				about any out-of-pocket expenses, such as room and board, books, fees, and supplies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Did you take any distributions from a 529 plan to pay for school? If yes, please provide the 1099-Q.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you pay interest on a student loan for yourself or your dependents? If yes, please provide the 1098-E.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?

				Part X: Business & Rental Activities
YES	NO	N/A	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you start a new business or acquire an interest in an LLC, partnership, or S-corporation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2a. Did you issue 1099 forms, as required, for your business?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2b. If you answered no to the preceding question, do you want us to prepare them for you? <i>(Note: The law requires 1099 forms for any cash or check payments made for outside services or rents in the amount of \$600 or more. For example: payments to landscapers, web designers, subcontractors, and landlords. The law doesn't require 1099 forms for payments made to a corporation, payments made with a debit or credit card, or for payments issued by your property management company. They must be issued to attorneys, even if they are corporations or the payment was less than \$600.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you purchase or sell any business assets (e.g. equipment, vehicles, leasehold improvements)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you convert a former home to a rental?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you have any business bartering income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Do you have records and receipts to support all business expenses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Do you have records to support travel, meals, or gift expenses incurred in your business? <i>(Note: The law requires that you maintain adequate records for travel, meals, and gift expenses. The documentation should include the amount, date, time and place, business purpose, business relationship of recipients, and description of gifts. Meals provided by a restaurant will be 50%</i>

				<i>deductible for 2024. Entertainment expenses are not deductible.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Did you keep contemporaneous records for all business miles driven?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you have inventory? If yes, please provide a physical inventory count as of December 31, valued at cost.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have a group health insurance plan through your business?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Did you use part of your home regularly and exclusively for business? If yes, please provide the square footage of your business space and the square footage of your entire home.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Did you have any business-related education expenses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Did you purchase special fuels for non-highway use?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Did you do a 1031 ("like-kind") exchange of real estate?

				Part XI: State and Foreign Filing Matters
YES	NO	N/A	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Were you living and earning money in a foreign country for any part of 2024?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Did you have foreign income or pay any foreign taxes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you work or generate income in a state other than your resident state?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Do you file use tax returns in any states?

				Part XII: IRS Filing Matters
YES	NO	N/A	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Were you notified by the IRS or state taxing authority of changes to a prior year's tax return? If yes, please provide all pages of any notices that you received.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever had a Child Tax Credit or Earned Income Tax Credit disallowed in a past year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Are you aware of any changes to a prior year's income, deductions, credits, etc. which would require filing an amended return?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you receive a first-time homebuyer credit that you are still repaying?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have an installment payment plan with the IRS for any past tax year(s)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Did you make gifts of over \$18,000 to an individual or contribute to a prepaid tuition plan?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive a 2024 Identity Protection PIN from the IRS? If yes, you must provide this for us to e-file your tax return. Please note that a new, unique IP PIN is issued each year.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. The IRS can deposit most refunds directly into your bank account. If you receive a refund, do you want direct deposit? If yes, please provide a voided check if we don't already have your bank information on file.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you want any tax refund applied to next year's estimated taxes?

Certification: The undersigned certifies that, to the best of their knowledge, the information documented in and provided with this organizer is complete and accurate.

Certified by Taxpayer _____ Date _____

Certified by Spouse (if joint) _____ Date _____

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