DROP OFF WORKSHEET - NOT REQUIRED IF YOU HAVE AN APPOINTMENT 2024 Last Name: _____ Phone # ____ Email _____ Contact preference? Email [] Phone [] Best time to call ______

Now that you've read and signed our "Cream Sheets", filled out the "Purple Sheet", you're ready for the rest. You will need to get an extra sheet or two of blank paper to provide us any explanations or details we will need. Please number your comments according to the number of the questions so we can follow. Those who take the time to provide answers to ALL the questions will receive their completed returns more quickly than those who don't. If the question is NOT a yes/no please provide an explanation. If you need a worksheet that was not included, you can find them on our website (acc.tax). Please view our list of things to bring and make sure you have included all before you drop it off. Will we still need to contact you for something? More than likely.

before you drop it off. Will we still need to contact you for something? More than likely.							
EVERYONE - PLEASE ANSWER QUESTION 1							
1. Any changes: to your name, address, mar	ital status or	become blind	? If yes, please ex	plain.	Yes / No		
IF YOU ARE CLAIMING NO DEPENDENTS IN 2024 –SKIP TO PAGE 2							
2. If you are single or separated, and have dependent children living with you for more than 6 months – If asked, could you provide the IRS with receipts and bills to prove you provided more than 1/2 of the cost of maintaining your home (IRS requires utility bills, property tax, rent receipts/ lease agreement or mortgage, repair bills etc. in your name)?							
3. Do you live with anyone else other than your children? If yes, please explain with whom and Marke a notation of their income earned in 2024.							
4. List dependent children - or other dependents that you can claim for 2024 - provide their name(s) and the number of months they lived with you in 2024. If they are new to your return, provide a copy of the SS card and full birthdate. Please provide something to prove that the child(ren) lived with you. See the "Important Information" page in the newsletter for examples. Noncustodial parents - provide Form 8332, if your child does not live with you, but you can claim in 2024. More dependents can be listed on your notes page.							
Name	Year of Birth	Relationship	# Months in Home	Amour	nt Earned In 2024		
5. If your dependent is NOT your child, could you explain to us why and provide us with the ocation of his/her parents OR do you have a letter from an authorized placement agency or court order document available, if asked? Please explain. Yes / No							

6. Did any of your dependents provide more than one half of their own support in 2024? If any Yes / No dependent is NOT a citizen, national, or resident of the U.S.? Indicate which child this applies to. 7. Anyone with children over age 17 and under age 24 - were they considered a "full time" student Yes / No for at least 5 months of 2024? They are also single (not married) in 2024? 8. If a college student, did you use any funds from a 529 plan? Did the student receive any scholarships or tax free assistance not included on the 1098-T? Was the student ever convicted of a Yes / No felony for possession? Were you or the student ever been disallowed the American Opportunity Credit in a prior year? If yes, to ANY of the 4 questions, please explain in greater detail. 9. Has the student(s) completed the first 4 years of post secondary education before 2024? Yes / No 10. Did your TOTALLY disabled child, live with you for more than 1/2 the year? Did he/she Yes / No provide more than 1/2 of his/her own support? If disabled, please be sure to include the amount of all income (SS, SSI etc.) for 2024.

DROP OFF WORKSHEET

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11. Did you receive any 1099-K's this year? If YES, and y any information you can on why you may have received the	, I I	Yes / No
12. Any self employment/business income of \$400 or more. Any questions or comments should be addressed on a separate	•	Yes / No
BUSINESS OR FARM – If no	business/farm skip to line 17	
13. Receive any grants for your business? Please be sure to name and where the grant came from.	include the information including the	Yes / No
14. Keep track of any mileage used for your business? See If more than one vehicle, you should have a sheet for EACH	2	Yes / No
15. Provided services in BOTH IL AND WI (or another state separately. You may need to		Yes / No
16. Did you purchase any business/farm assets or convert provide the cost of the asset, the date it was PLACED in set List under "purchases" on our Business or Farm Worksheet	ervice and business usage percentage.	Yes / No
17. Any interest or dividends that are NOT on a 1099 r \$10.00)? Check your 12/31/24 statement . Please list amou		Yes / No
18. Have any digital asset transactions (Crypto currency list or provide paperwork showing all transactions.	etc.) in 2024? If yes, please make a	Yes / No
19. Sell any Real Estate? Provide what you paid for statement . If it is rental/business property, and you were he		Yes / No
20. If you are an educator, do you have any classroom amount spent. You must have receipts.	expenses? If yes, please provide the	Yes / No \$
21. Did you pay any student loan interest in 2024? If yes, p	rovide all 1098-E forms.	Yes / No
22. Did you receive forgiveness on a qualifying federal stud	dent loan? If yes, provide details.	Yes / No
23. Any contributions to an HSA (Health Savings Account include what was through your employer. Provide the a family plan or a single person account.		Yes / No \$
24. Any DISTRIBUTIONS from an HSA (Health Savings 1099-SA received. Did you use the entire amount distriplease indicate what was not used for medical (again, indicated).	buted for medical purposes? If no,	Yes / No
25. Any contributions to an IRA, Roth, or Traditional or or any amount withheld through your employer (401K, Si whether it was a Roth, Traditional, and the TOTAL amoun	mple, 403B etc.). <i>Please indicate</i>	Yes / No \$
26. Any Traditional IRA conversions to a ROTH? Please is	nclude any details with amounts.	Yes / No
27. Any rollovers of any IRAs, 401K, Simple, 403B etc. forms you received.	Please include any details and any	Yes / No
28. Receive any gambling winnings? If no W-2G was pamount of winnings. If you can itemize your deductions, pr	. 1	Yes / No
29. Paid any child care to allow you and spouse (if marrie statement or similar paper that has the Federal ID # or SS# the provider and payments made for each child.		Yes / No

Be sure to include ALL your income. You can refer to our "Getting Your Records Together" enclosed in this mailing to help you. Omission of income can generate correspondence from IRS or state taxing authority.

Itemized Deduction Information - if NOT itemizing skip to Line 32 However, depending on income, and you are WI resident, you may be able to itemize on your state return.

30. Did you pay any out of pocket medical/vision/dental expenses during the year? includes premiums, prescriptions, mileage, doctors, dentists, eyeglasses, etc. Please list, if you believe you can exceed 7 1/2% of your income. Do not include any payments used with "pre tax" funds (FSA, HSA, etc.). Premiums can be listed on the following page under WI residents.

Yes / No

Please include real estate taxes PAID IN 2024 (regardless of what year) on any property along with mortgage interest. Separate cash donations from non-cash (clothes, furniture etc.). If you donated a boat or vehicle we must have the 1098-C from the donee.

31. Did you pay home equity interest but did NOT use it to buy, build, or improve your home? If yes, and have more than one mortgage statement, please indicate which statement Yes / No is home equity interest and explain if you used a portion of it for any of the above and how 32. Did you pay wages to any household employee? If yes, please provide a copy of the Yes / No W-2 and other pertinent employment information. 33. Did you receive any notices from the IRS or state taxing authority we are not aware of? Yes / No If yes, please provide us with a copy of the letter. 34. Did you purchase any items that would qualify for the energy credit (insulation, doors windows, furnace/air, etc.)? Please provide receipts. Purchase an electric vehicle? Provide Yes / No all required paperwork along with the VIN #. 35. Did you move from one state to another? If yes, please provide the following: [] WI [] IL [] Other _____ Date you moved/established residency. Yes / No Include any comments on a separate sheet. Have you changed your drivers license/car registration/ children's school etc.?

For Those who Send in Quarterly Estimates If you do not send estimated payments, skip to Page 4

36. Did you make any ESTIMATED payments to Federal or State(s) for your 2024 tax return? If yes, please include our estimate sheet we provided you, or a list of your payments Yes / No and the date you paid them. Due dates were April, June, September of 2024 and January of 2025. Look around the 15th of each significant month. Indicate whether they are for the federal or the state. 37. Did you apply an overpayment of 2023 taxes to your 2024 estimated taxes? Yes / No 38. Do you want any or all of your 2024 refund applied to your 2025 return? If you choose not to apply all, but apply a "portion" (ex: only the 1st estimate), please make a note. Yes / No

39. Is there anything (change in income, withholding, etc.) you would like us to consider when we set up your estimates for 2025? If yes, please make a notation of what you want us to take into consideration. Be specific, if you can.

Yes / No

ILLINOIS RESIDENTS: If you paid property taxes, contributed to Bright Start/Bright Directions, paid more than \$250 for academic education (K-12), please provide details or pertinent paperwork.

Wisconsin Residents Only—Not a WI resident? Skip to Line 46							
40. Did you pay rent in 2024? If NO, skip to Line 43	Yes / No						
41. Was heat included in the rent?	Yes / No						
42. If you lived in one place, your total rent paid in 2024. If you lived in more than one rental, please provide the amount paid, indicate whether heat was included for each rental unit you lived in.	\$						
43. Health Insurance , if you pay out of pocket <i>and did not pay</i> with tax free funds: Please provide the following:							
Supplemental Insurance \$ Prescription Drug Plan	n \$						
Dental Insurance \$ Vision Insurance \$							
Long Term Care Policy (list individually) \$ Other Health Insurance	ce \$						
Medicare Premiums (if you don't have your 1099) \$							
Some Wisconsin residents can itemize on state but not on federal. Be sure to include your mortgage interest, charitable contributions and any medical expenses (if you think you can exceed 7 1/2 percent of your income).							
44. Did you contribute to EdVest/Tomorrows Scholar? Include year end statement(s).							
45. Did you pay any K-12 private school tuition? Include tuition statement from school.	Yes / No						
IMPORTANT REFUND QUESTIONS:							
46. If you have a balance due, do you want to have it withdrawn from your bank account directly? If Yes, please provide the name of your financial institution and account number. Also include the date you would like to have it withdrawn from the account. The date must be April 15th or before. If No, we will provide you a payment voucher for you to mail. You can also pay online, a free service, and have it directly debited from your account. If interested in the online pay, please make a notation and we will include the information.	Bank						
47. If you have a refund due, do you want to have it direct deposited? If No, you will receive a paper check in the mail. If Yes, please provide a voided check to verify the account. If you have been here before and you are POSITIVE that you want it deposited in the same account we had listed last year, make a note of the last 4 digits of the account number and name of the financial institution so we can verify we have the correct account.	☐ Same as last yr.						
You are almost done. The last (and most important) question:							
48. When your return is finished, would you prefer to have the return and signature forms uploaded to our secure portal? We need our Portal Policy read, and signed prior to uploading. Once you agree to our portal policy, you will receive an email to let you know that the return has been uploaded and ready for signatures. We have no ability for	[]PORTAL						
electronic signatures. You must scan and upload or print and drop off your signature documents to us before we can e-file. No signatures = Not filed .	OR						
If you choose to pick up and sign your returns like in prior years, we will either call you or your preparer will tell you when your return will be ready for signature(s).	[] PICK UP						

REMEMBER—We need your signatures before we can e-file.

Questions? Call 608-362-1224