

**HOOVER AND ASSOCIATES CLIENT CHECKLIST
TAX YEAR 2024**

Name: _____
SS#: _____
Birth Date: _____
Address: _____
Occupation: _____
Cell Phone: _____

Spouse: _____
SS#: _____
Birth Date: _____
Occupation: _____
Cell Phone: _____
School District _____

Are you single and intend to claim Head of Household? Yes or No **Please be prepared to prove that you provided more than half of the cost of keeping up a home for the tax year, for a qualifying person.**

Dependents Name	Birth Date	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide Social Security Card for children born in 2024

Please bring all 1099's or W2-G's for the following income:

All Investment Income
Gambling Or Lottery Winnings (provide statement of losses)
Unemployment Income
Social Security Income: **BRING FORM WITH PINK BOX**

Did you have additional income from rent, business or farm? Yes / No Please fill out appropriate worksheets

Did you make a contribution to your IRA plan (not through work) Roth or Traditional amount \$ _____

CHILD DAY CARE:

Name: _____ Address _____ SS# _____ Amt: _____

Name: _____ Address _____ SS# _____ Amt: _____

You must have name, address, and social security number. (EIN number if it is a business.)

K-12

School Supplies _____ This is the amount paid for textbooks, tuition and extracurricular activities for child K-12

COLLEGE Did you have children attend college in 2024? Yes No **Bring 1098-T and itemizations from school**

Interest paid on student loans -Yes / No **Bring 1098-E**

Did you contribute to or withdraw money from a 529 plan to pay school expenses? _____

ESTIMATE PAYMENTS: Yes / No

Please provide a list of amount paid for Federal and IA estimate payments and the dates you paid them.

Do you have more than 10,000 in a foreign bank account at any point in 2024? Yes / No

Did you have any virtual currency transactions? (Bitcoin, Ethereum or Coinbase Account) Yes / No if yes provide statements

Did you receive a 1099K form any 3rd party vender? (Venmo, Ect) Yes / No

Did you purchase an electric vehicle? Yes / No

Did you sell any investment property? Yes / No

Do you have an HSA account? Yes / No if yes please provide statements

Did you replace any of the following to your home in 2024- Windows Furnace /Air Water Heater

Email address you would like us to use to contact with questions? _____

Signature & Date _____

ITEMIZED DEDUCTION ON BACK

PERSONAL ITEMIZED DEDUCTIONS:

MEDICAL

Health Ins (**Do not include Medicare or Employer pretax ins**) _____

Drugs _____

Doctors _____

Dentist _____

Eye Care & Contacts _____

Other Medical _____

Medical Mileage _____

Long Term Care(h) _____ (w) _____

INTEREST

Mortgage Interest _____ (**Bring 1098**)

TAXES

Property _____

Auto License _____

CHARITY

You must have a receipt for your contribution to be a qualified charitable contribution. **Bring statement from the charity with you.**

Contributions by check _____

Contributions by goods _____