| Planned Filing S Expected Filing Status | atus | |
|---|-------------|-------------|
| Taxpayer Information | Taxpayer | Spouse |
| First Name & Middle Initial | Тахраует | эроизе |
| ast Name | | |
| Fitle / Suffix | | |
| On 12/31, what was your marital status? | | |
| SSN | | |
| Date of Birth (mm/dd/yyyy) | | |
| Occupation | | |
| Contact Phone Number | | |
| Form of Id and Location of Issuance | | |
| D Number | | |
| D Issue Date | | |
| D Expiration Date | | |
| NY State Document Number (if you lived or worked in NY) | | |
| Address Information | ntion | |
| Street Address | | |
| Apartment / Unit Number | | |
| City | | |
| State | | |
| Zip | | |
| County | | |
| Resident of what state as of 12/31? | | |
| f you moved during the year, list all states where you resided during | | |
| he tax year and the date you moved out of that state | | |
| Dependent Information | Dependent 1 | Dependent 2 |
| First Name & Middle Initial | | |
| ast Name | | |
| Suffix | | |
| Date of Birth (mm/dd/yyyy) | | |
| SSN | | |
| Relationship to Taypayer | | |
| Months Lived At Home This Year | | |
| What was your total qualified childcare cost for this dependent? | | |
| Did this dependent have any post-secondary tuition expenses? | | |
| s This Dependent ove age 18 and Disabled? | | |
| s This Dependent over age 19 and a Student? | | |
| Dependent Information | Dependent 3 | Dependent 4 |
| irst Name & Middle Initial | | |
| ast Name | | |
| Suffix | | |
| Date of Birth (mm/dd/yyyy) | | |
| SSN | | |
| Relationship to Taypayer | | |
| Months Lived At Home This Year | | |
| What was your total qualified childcare cost for this dependent? | | |
| Did this dependent have any post-secondary tuition expenses? | | |
| s This Dependent ove age 18 and Disabled? | | |
| s This Dependent over age 19 and a Student? | | |
| Dependent Information | Dependent 5 | Dependent 6 |
| First Name & Middle Initial | | |
| ast Name | | |
| Suffix | | |
| Date of Birth (mm/dd/yyyy) | | |
| SSN | | |
| Relationship to Taypayer | | |
| Months Lived At Home This Year | | |
| What was your total qualified childcare cost for this dependent? | | |
| Did this dependent have any post-secondary tuition expenses? | | |
| s This Dependent ove age 18 and Disabled? | | |
| s This Dependent over age 19 and a Student? | | |
| Dependent Information | Dependent 7 | Dependent 8 |
| First Name & Middle Initial | | |
| ast Name | | |
| Suffix | | |
| Date of Birth (mm/dd/yyyy) | | |
| SSN | | |
| Relationship to Taypayer | | |
| Months Lived At Home This Year | | |
| What was your total qualified childcare cost for this dependent? | | |
| Did this dependent have any post-secondary tuition expenses? | | |
| | - | |

If PWA prepared your taxes last year and nothing in this section has changed from that time, you can leave everything in this section blank EXCEPT the First Name (Line 5), contact phone number (Line 12) and ID info (line 13-16) which is required for everyone, every year.

Many state revenue agencies are requesting ID information in an effort to combat stolen-identity tax fraud. Please provide the info in on lines 13-16. For line 13, most people should answer "Driver's License" or "DL" and "XX" where XX is the state of issue.

If you are filing a NY resident return, you must also enter the Document Number of your NYS Driver's License on line 17. It is an 8 or 10 digit number at the bottom of the NY license (or state ID) or on the back if issued after 1/28/14.

If PWA prepared your taxes last year and if your address did not change from last year and you did not temporarily reside anywhere else during the tax year, you can leave this section blank, except for "County". Please fill that in no matter what as it is a new question to help with state returns.

In all circumstances, **list the names of your dependents**. If PWA prepared your taxes last year and no dependent information has changed, you can skip DOB, SSN, and Relationship. Please fill in all other dependent info (months at home, childcare, edu expenses, disabled, and student questions).

If dependents were added in the last year, list all information for new dependents.

If you had dependents last year who are not dependents this year, please list the name and indicate "NO LONGER DEPENDENT" on the SSN line.

Notes

1) For Months Lived At Home This Year, include all months prior to the birth of a baby and all months temporarily away at college.

2) What is "qualified childcare"? Generally, it's daycare, preschool, summer day camp (not sleep-away), or at home care (nanny, etc.) where the nanny is paid legally (FICA/FUTA contributions, W-2, etc.).

Please Continue To Part 2 on the Questionnaire Tab and answer ALL questions. Provide follow-up documentation where needed.

Indicate yes/no response with 'x' in the appropriate cell. Provide additional detail in the Comment field as required for each question.

| Yes | No | Comment | Question | Links to | More Info |
|-----|----|---------|---|---------------|------------|
| | | | Personal Information | | |
| | | | I have read the statement in Orange above and agree that I will not copy my answers from last year. If you | | |
| | | | can't answer "Yes" to this question, please contact us. | | |
| | | | If you are due any refunds would you like them to be direct deposited? If yes, list bank name, routing number, | | |
| | | | account number, and checking or savings in Comment or indicate "Same As Last Year" | | |
| | | | | | |
| | | | If you owe any tax, would you like the amount to be directly debited from your bank account? If yes, list bank | | |
| | | | name, routing number, account number, and checking or savings in Comment or indicate "Same As Last Year". | | |
| | | | Note: withdrawal date can be set by you and nothing will be filed before your approval / time to prepare for | | |
| | | | withdrawal. | | |
| | | | Do you want to allocate \$3 to the Presidential Election Campaign Fund? | | |
| | | | Does your spouse (if applicable) want to allocate \$3 to the Presidential Election Campaign Fund? | | |
| | | | Did your marital status change during the year? (If yes, indicate from what to what in Comment. If you got | | |
| | _ | | divorced or married, please indicate the date of the status change in the Comment as well. | | |
| | _ | | Did your address change during the year? (If yes, list previous address in Comment) | | |
| | | | Did you change your state of residence during the year? (If yes, list date you established residence in the new | | |
| | _ | | state). Can skip this if you entered this info on the PersonalInfo tab for all states. | | |
| | | | Did you have health insurance for you, your spouse, and all dependents for the entire year? Note: The Federal | | |
| | | | penalty for not having health insurance remained at \$0 for 2024, but some states still impose penalties, so please | | |
| | | | answer the question anyway. If you answer no and it matters for your state, we'll contact you for more info. | | |
| | | | Did you enroll in a health plan through your (or your spouse's) employer? If yes, please include Form 1095-B | | |
| | | | (from insurer, who might be your employer in some cases) and Form 1095-C (from employer) if you received | | |
| | | | them. Note that the deadline to send these forms may be extended again for tax year 2024 so you may not | Link to IRS | |
| | | | receive them before filing. We can work around this if you marked "Yes" to the previous question about | Q&A | |
| | | | having insurance for the entire year or if maintaining health coverage is not an issue in your state. MA | | |
| | | | residents, please also include Form MA-1099-HC | | |
| | | | | | |
| | | | Did you enroll in a health plan through a health insurance marketplace (e.g. ACA or Obamacare exchange)? If | | |
| | | | yes, please include Form 1095-A, which would have been sent to you by the exchange. Unlike 1095B/C, 1095-A | | |
| | | | is mandatory if for your tax prep if you purchased insurance through an ACA exchange. | | |
| | | | Have you created an online tax account with the IRS? Please check Yes if you and/or your spouse (if applicable) | Link To IRS | |
| | | | has created a tax account. | <u>Online</u> | |
| | | | lias createu a tax account. | Account | |
| | | | Did you work in any states other than your 12/31 state of residency? (If yes, list the states and provide a | | |
| | | | breakdown of your earnings by state, unless it is shown on your W-2(s)). | | |
| | | | Have you received an Identity Protection PIN (IPPIN) from the IRS (most people haven't, so don't worry if you | | |
| | | | don't know what this is). If you have, this number is required to EFILE. Please include the IPPIN in the Comment | Link to IPPIN | Link To IR |
| | | | and who it pertains to (taxpayer, spouse, or a child) or include the letter the IRS sent to you with your tax docs. | Info | Online |
| | | | | 11110 | Account |
| | | | If you signed up for this program, you need a new number every year. | 1 | I |

| Yes | No | Comment | Question | Links to Mor | re Info |
|-----|----|---------|--|----------------------------------|---------|
| | | - | Dependants | | |
| | | | Were there any changes to dependents this year? (If yes, describe in Comment). If you're not sure whether someone is your dependent or not, the link to the right will walk you through a Q/A to determine it. | Link to IRS Dependent Info | |
| | | | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of last year? (If yes, indicate who in Comment) | | |
| | | | Did you incur any qualified childcare expenses AND, did you (and your spouse if you're married) have earned income? If yes, please complete the QualifedChildcare tab or provide additional statements with ALL equivalent information. Include childcare costs even if they were reimbursed by a dependent care flexibile spending account (FSA) as that reimbursement must be justified on your return | Link to IRS Pub 503 | |
| | | | Did you have any children under age 19 or full-time students under age 24 at the end of the year with interest and dividend income in excess of \$1300, or total investment income in excess of \$2600? | | |
| | | | Did any of your dependents work or earn enough other income to required they file taxes? If yes, and you would like us to file those for them, please list each child's name to which this pertains in the Comment field and we'll contact you for more info. | Link to Q&A | |
| | | | Can you be claimed as a dependent on someone else's return this year? (If yes, who's? Did they claim you?) | | |
| | | | Income | I. | |
| | | | Did you receive any disability income? (If yes, please include the W-2, 1099-G, or other document that captures this income) | | |
| | | | Did you receive any unemployment income? (If yes, please include the 1099-G) | | |
| | | | Did you receive any social security income? (If yes, please include the 1099-SSA) Did you pay or receive any alimony. (If yes, indicate pay or receive, how much, and the date on which your | - | |
| | | | divorce was final - new for 2019 due to changed tax rules for the way alimony is handled after 12/31/18 - in Comment) | | |
| | | | Did you receive any interest from any financial institution? (If yes, please include the 1099-INT for that interest, or list the institutions and interest amounts in the comment field.) Note that a 1099-INT will only be issued if you received >= \$10 from the institution and you may have to download it from their website | | |
| | | | Did you receive any dividends? (If yes, please include the 1099-DIV or Consolidated 1099-B showing those dividends). If you have brokerage accounts managed by PWA, indicate Yes to this question with "Schwab" in the comment, because dividends have definitely been earned by your account. No form is needed. PWA has access to all Schwab tax docs. | | |
| | | | Did you receive any gambling winnings? (If yes, include the amounts, and if applicable, the W-2G that you received. Also include any supporting documentation if you're claiming offsetting gambling losses) | Link to Gambling Tax Rules | |
| | | | Did you receive any rental or royalty income? (If yes, please download and complete a Rental Property Income & Expense Summary xls or pdf from the Tax Prep Documents section of our website). Link Here | Link to Rental Worksheet | |
| | | | Did you receive any 1099-MISC, 1099-NEC, 1099-K, or have any other self-employment income? (If yes, please include any 1099-MISC, 1099-NEC, 1099-K, and indicate "No Expenses" in the Comment field or complete a Small Business Income & Expense Summary xls or pdf from the Tax Prep Documents section of our website) Link Here | Link to Business Worksheet | |
| | | | Did you receive or do you expect to receive a K-1 for income related to a partnership, S-Corp, or trust in which you own a share? (If yes, and you have received the K-1, please include it with your tax documents. If you expect it but have not received it, indicate "Yes" and list the entity name in the comment field.) | | |
| | | | Did you receive any unreported tip income? (If yes, indicate total amount in Comment.) Did you have any foreign income or pay any foreign taxes other than on PWA-managed investment accounts? (If yes, please provide a summary of income earned by source country for each person in the household as well as taxes paid to each country). | | |
| | | | Did you receive any other income not mentioned above or do you have any other relevant income information to send / disclose? | | |
| | | | Retirement Plans | | |
| | | | Did you receive a distribution from a retirement plan (401(k), IRA, Roth IRA, Education IRA, SEP, SIMPLE, Profit Sharing Plan, etc.) including rollovers? (If yes, please include the 1099-R showing the distribution) | | |
| | | | Did you receive a distribution from an insurance policy or annuity? (If yes, please include the 1099-R showing the distribution) | | |
| | | | Did you convert part or all of your 401K, Traditional IRA, SEP IRA, or SIMPLE IRA to a Roth 401K or Roth IRA? (If yes, please include the 1099-R showing the distribution unless the converted account is PWA managed and at TDAmeritrade or Schwab we have access to those) | | |
| | | | Did you transfer or roll over any amount from one retirement plan to another retirement plan? (If yes, please include the 1099-R showing the distribution) | | |
| | | | Did you contribute to a retirement plan (401(k), IRA, Roth IRA, Education IRA, SEP, SIMPLE, Profit Sharing Plan, etc.)? (If yes, indicate which in Comment) If you own a business and you qualify to do so, do you want to contribute to a self-employed retirement plan | | |
| | | | If you own a business and you quality to do so, do you want to contribute to a self-employed retirement plan (e.g. solo-401k, SEP, SIMPLE, etc.)? If yes, we'll contact you to discuss. If you qualify to contribute to a Traditional IRA or Roth IRA and you haven't already, do you want to? | | |
| | | | in you quality to contribute to a frautional list of Notifield allu you haven't alleady, do you wallt to? | | |

Questionnaire

| Yes | No | Comment | Question | Links to | More Info |
|-----|----|---------|--|---------------------------------------|---------------------|
| | | | Purchases / Sales / Real Estate / Debt | | |
| | | | Did you sell any stocks, bonds or other investment property? (If yes, please include the 1099-B, or Composite 1099 from your broker or other documentation showing sale price, acquisition cost, and acquisition date. Note, if the account is PWA managed at Schwab, no need to send anything we have access online, but still check "Yes" and indicate "Schwab"). | | |
| | | | At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Please note, this question now appears on your official tax forms from the IRS (and was broadened to include all dgital assets, like NFTs, in 2022). If yes, please provide details for each sell / exchange transaction including the date of sale, value of sale in USD, date of corresponding purchase, and value of corresponding purchase in USD. Note that any spend of digital currencies or transfer of one digital currency to another (voluntary or "air dropped" is treated as a sale (i.e. if you bought something directly in bitcoin, it's treated as a sale of bitcoin)). | | |
| | | | Did you acquire, sell, or participate in a program involving your employer stock, other than a 401k (e.g RSUs , ESPP , Options , etc.)? (If yes, provide any documentation you received for the transactions. We will follow up for more information) | | |
| | | | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? (If yes, please include the Settlement Statement / Closing Disclosure for the transacation)) | | |
| | | | Did you buy or sell a rental property? (If yes, please include the Settlement Statement / Closing Disclosure for the transacation) Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S-Corporation, Trust, or REMIC? (If yes, indicate type of business in Comment) Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use or business assets to personal use? (If yes, please provide a list of assets and what happened to them) | | |
| | | | Were you involved in bankruptcy, foreclosure, short sale, repossession, or had any debt (including credit cards, or student loans) cancelled? (If yes, please include the 1099-C if you received one for the transaction) | | |
| | | | Did you make an investment in a Qualified Opportunity Zone (QOZ) or participate in a tax-free exchange of real estate (1031 exchange)? | | |
| | | | Did anyone owe you money which had become uncollectible? Did you make any energy efficient improvements to your primary home that qualify for a tax credit? If yes, please provide a list of improvements and proof of the amount(s) spent . Note, these rules changed dramatically for 2023 and the credit is no longer limited to a \$500 lifetime credit. See links to the right for additional information to see if your improvements will qualify. | Link to Energy Star | Link to IRS Info |
| | | | Do you qualify for any other tax credits for any purchases that you made (e.g. Electric Vehicle)? (If yes, please provide the bill of sale and any other relevant information). Note that the EV credit changed dramatically for 2023. See link to the right for additional details. Did you purchase a new vehicle, boat, or aircraft? (If yes, please provide the purchase confirmation / receipt | Link to New EV Credit Info | |
| | | | showing any sales tax paid) | | |
| | | | Adjustments Are you a teacher? If yes, indicate the amount spent (up to \$300) on items for your classroom which were not reimbursed. | | |
| | | | Did you have a health savings account ("HSA")? (Note, this is different from a flexible spending account ("FSA") and different from a Health Reimbursement Account ("HRA")). If yes, list any amount that you contributed to the HSA out-of-pocket for the tax year (excludes all employer contributions and all contributions made through payroll). Include form 54985A from the HSA provider, if avaialble (some aren't produced until May) and, if you withdrew any money from the HSA during the year, include form 1099SA (required) as well. | | |
| | | | If you had a high-deductible health plan and qualify to make a contribution to a Health Savings Account (HSA) (i.e. you did not max out already for the tax year), do you want to make a contributions? This is highly recommended given that contributions carry over indefinitely, are tax deductible on the way in, and tax-free on the way out if used to pay for medical expenses, even if you no longer have a HDHP at the time of payment. | Linkte | |
| | | | Did you incur moving expenses due to a change of employment? (If yes, please complete the Moving Expense Worksheet. Note that moving expenses are no longer deductible for Federal tax, but may still be deductible for State tax. Link Here: | Link to Moving Expense Wksht | |
| | | | Did you pay any student loan interest? (If yes, please include the 1098-E showing the amount paid) | | |

Yes No Comment Question Links to More Info

Deductions

Please note that as of 2019, for Federal purposes, the standard deduction has increased substantially, the maximum amount of state/local tax that can be deducted is capped at \$10k (for both singles and married filing jointly), and deductions for all unreimbursed employee expenses (e.g. mileage, meals & entertainment, union dues, etc.) have been eliminated. This means many more people will claim the standard deduction than in prior years. If you know that you will not be able to itemize<u>and that no itemized deductions could help your state taxes either,</u> please indicate that in the first question below. This is not recommended. We'd much rather have all your tax documents and potential deductions and calculate it for you! The Federal standard deduction for 2022 is \$13,850 Single, \$20,800 Head of Household, and \$27,700 Married Filing Jointly

| | \$13,850 Single, \$20,800 Head of Household, and \$27,700 Married Filing Jointly | | |
|--|---|---------------|--|
| | Are you certain that you WILL NOT itemize deductions this year for both Federal and State tax purposes? If yes, | | |
| | check the Yes box and you can skip all other questions in this section. | | |
| | Did you incur a loss because of property damaged or destroyed in a Federal declared disaster ? If yes, please list | | |
| | the disaster. We will contact you for more information. | | |
| | Did you pay medical costs (including COBRA premiums, but excluding all other insurance premiums) that may | | |
| | have exceeded 7.5% of your gross income for the year? If yes, please provide details and the total amount | | |
| | spend. Exclude anything that was reimbursed by insurance or a FSA/HRA/HSA. | | |
| | Did you pay for auto registration / tags in a state where the payment amount is based on the value of the | Link to state | |
| | vehicle? (If yes, please include receipt or deductible amount note that you have to subtract \$35 from the | info from | |
| | Registration Tax paid for each vehicle in MN and you can only use the VLF portion of the amount paid in CA). See web reference Here: -> | <u>Intuit</u> | |
| | Did you pay any mortgage interest on a residence or second home? If yes, please include the form 1098 | | |
| | received from your mortgage company. If you own mulitple homes, please indicate which 1098 goes with | | |
| | which home. | | |
| | Did any of the mortgage interest in the previous question come from a home equity loan / home equity line of | | |
| | credit / cash-out refinancing, where the loan proceeds were used for purposes other than to buy, build, or | | |
| | substantially improve your home? | | |
| | Did you pay any mortgage insurance premiums ("PMI", "MIP", "up-front MIP") on a residence or second home? | | |
| | If yes, please include the <u>form 1098</u> received from your mortgage company or provide the amount you paid in | | |
| | mortgage insurance for the year for each home in the comments. | | |
| | Did you pay any property taxes for a residence, second home, plot of land, or any other non-rental property? If | | |
| | yes, indicate how much by property unless it's paid through escrow and shown on the 1098 for your mortgage. | | |
| | Note, the municipal tax year of the property tax bill is not relevant. Only count taxes actually paid in this | | |
| | calendar year. For this reason, uploading tax bills does not help unless you include the date they were paid. | | |
| | | | |
| | Did you make any charitable contributions ? If yes, please fill out the CharitableContributions tab in this | | |
| | worksheet. You must fill it out in full. Leaving boxes blank will just lead to an email asking for the missing | | |
| | information. Alternative formats are ok, but must provide a list of all cash contributions (org, date, amount) and | | |
| | non-cash contributions (org, org address, date, description, amount, how acquired, and what method you used | | |
| | to value the items) either way | | |
| | Do you have a Donor Advised Fund (DAF)? (Most people don't you'd know if you do). If yes, make sure you | | |
| | include contributions to the DAF as charitable contributions on the previous line but exclude grants made from | | |
| | the DAF from charitable contributions on the previous line. | | |
| | Did you incur any out-of-pocket unreimbursed expenses for charity ? If yes, provide the total expense by date | | |
| | by charitable organization with your tax documents. Did you drive your owned car for charitable purpose and keep a mileage log? If yes, provide the total miles by | | |
| | date by charitable organization with your tax documents. | | |
| | Did you pay into a long-term care insurance contract? If yes, how much? Note: Long Term Care is different from | | |
| | Long-Term Disability Insurance. | | |
| | Did you use your car on the job as an employee, other than commuting to and from work? If yes, please | | |
| | provide a mileage worksheet with the year/make/model of car, when it was first used for business, what the | | |
| | starting and ending mileage are for the year, and the total business miles driven. Note that employee mileage is | | |
| | no longer deductible for Federal tax, but may be deductible for state tax. For self-employed mileage, please | | |
| | use the Business Worksheet referenced above in the Income section. | | |
| | | | |
| | Did you maintain a portion of your residence exclusively as an office? If yes, AND: | | |
| | 1) you are self-employed AND use the office space exclusively as an office for your business, check Yes and enter | | |
| | home office info on the Business Worksheet referenced in the Income section. | | |
| | 2) you are an employee AND use the office space exclusively as an office for your job, AND do so for the | | |
| | convenience of your employer (i.e. not because you choose to work from home sometimes), check Yes, include | | |
| | "Employee" in the Comment field and we will contact you for more information. Note that home office | | |
| | deductions for employees are no longer allowed for Federal tax, but may still be allowed for state tax | | |
| | depending on your home state. | | |
| | Do you pay any other costs to do your job that were not reimbursed by your employer? Note that these are no longer deductible for Federal tax, but may be deductible for state tax. | | |
| | | | |
| | Did you incur any other miscellaneous deductible items? Note that these are no longer deductible for Federal | Link to IRS | |
| | tax, but may be deductible for state tax. See Link Here for more info:> | Misc Ded | |
| | | | |

Questionnaire

| Yes | No | Comment | Question | Links to N | Nore Info |
|-----|----|---------|--|---------------------|-----------|
| | | | Education | | |
| | | | Did you receive a distribution from an Education Savings Account, 529 Plan, or other Qualified Tuition Program? (If yes, please include the 1099-Q from the plan, the corresponding 1098-T from the educational institution, and a statement of the student's account from the university's financial website showing all charges / payments during the tax year as some qualified expenses are not shown on the 1098-T .) | | |
| | | | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? (If yes, please include the 1098-T and a statement of the student's account from the university's financial website showing all charges / payments during the tax year as some qualified expenses are not shown on the 1098-T.)) Did you make a contribution to a 529 Plan? (If yes, please list the amount by beneficiary or provide the relevant | | |
| | | | account statement) | | |
| | | | Did you make a contribution to an Educational Savings Account (this is not a 529 plan)? If yes, indicate how much and to what plan in Comment. | | |
| | · | | Misc | | |
| | | | Do you owe any "use tax" to your resident state? Use tax is generally due when you purchase goods from outside the state and bring them in or purchase them in a way that sales tax is not collected (e.g. some internet sites). If you do owe use tax, most states allow you to provide an itemized list, or opt to use a lookup table based on income and zip code. If you answer yes to this question, please indicate "Itemized List" or "Lookup Table" in the comment field. If you choose "Itemized List" provide the list with your tax docs (date of purchase, vendor, description, amount paid). 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 whose account balance exceeded \$10,000 USD at any point during the year? Did you have an interest in or any authority over any foreign accounts or assets held in foreign financial | | |
| | | | institutions that exceeded \$50,000 USD at any point during the year? During the tax year, did you receive any gifts (cash or property) from a non-resident alien? | | |
| | | | Please check yes on this line (thank you for reading these questions / instructions carefully). | | |
| | | | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Did you engage the services of any household employees? For more information, see Link Here:> | Link to IRS Info | |
| | | | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? If yes, please provide a copy of the letter your received, if you have not already done so. | | |
| | | | Did you or your spouse make any gifts to an individual that total more than \$18,000, or any gifts to a trust? | | |
| | | | Did you make any Federal or State quarterly estimated tax payments ? If yes, provide the dates and amounts with your tax documents. | | |
| | | | Did you review the email that you received from PWA last year after our first pass through your tax docs to see if it reminds you of anything you might be missing? The subject line would have been "2023 Tax: Follow-Up". If you can't find it and need another copy, just ask. Please don't submit this form until you can answer yes to this question. | | |

If you have childcare expenses, please continue to QualifiedChildcare sheet

If you have charitable contributions, please continue to CharitableContributions sheet

If you may qualify for the Child Tax Credit (generally meaning children under 16 and income < \$450k), please see the ChildTaxCredit tab for additional questions

For Cash Contributions:

| | Name of Charity | Amount of Contribution | Comment |
|----|-----------------|------------------------|---------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

Enter cash contributions to the left and non-cash (i.e. property) below. Please see http://blog.perpetualwealthadvisors.com/2013/02/11/charitable-contributions-deductions-recordkeeping/ for record keeping instructions. You must retain proof of contributions with your tax records per the instructions in the above link.

For cash contributions, combine contibutions to the same charity that total less than \$250 on the same line. If they total more than \$250, list on separate lines. Add more rows if necessary.

For non-cash contribuitons, list each donation made to a different organization or on a different date on a separate line.

Feel free to send supporting documentation with this document. While we'll use this record for your taxes, we'll store the supporting documentation with your tax records for future reference.

TOTAL \$ -

For Non-Cash Contributions

| | Name of Charity | Fair Market Value of Donation (aggregate value of items in this donation) | Address of Charity | Brief Description of Items Donated (e.g. "Clothes, TV, Desk, Small Appliances"). Note: you are required to keep an itemized list of items donated and value assigned to each | Date of | Date Acquired (Various is a valid answer) | Cost of acquisition OR adjusted basis (this cell only relevant if the item has appreciated since acquisition) | How Valued | Comment |
|----|-----------------|---|--------------------|--|---------|---|---|------------|---------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | • | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | • | | | | | | | | |
| 12 | | | | | | | | | |
| | TOTAL | \$ - | | | | | | | |

Sample Non-Cash Contribution Info - This is how you should fill out the above

| | sample Non-cash contribution into - This | is now you should fill out the at | JOVE | | | | | | | |
|-----|--|-----------------------------------|----------------------------------|--------------------------------------|-----------|---------------|--------------|---------------------------|-------------------|------------------|
| | | | | | | | | | | |
| - 1 | | | | Brief Description of Items Donated | | | | Cost of acquisition OR | | |
| | | | | (e.g. "Clothes, TV, Desk, Small | | | | adjusted basis (this cell | | |
| | | Fair Market Value of Donation | | Appliances"). Note: you are required | | Date Acquired | | only relevant if the item | | |
| - 1 | | (aggregate value of items in | | to keep an itemized list of items | Date of | (Various is a | | has appreciated since | | |
| | Name of Charity | this donation) | Address of Charity | donated and value assigned to each | Donation | valid answer) | How Acquired | acquisition) | How Valued | Comment |
| ı | 1 Goodwill | \$ 565 | 123 Main St., Anytown, XX, 99999 | Baby clothes, small electronics | 5/15/2023 | Various | Purchase | N/A | Thrift Shop Value | Receipt attached |

| | Provide | r Info | | Amount Paid For Care For Each Child At This Provider | | | | | | | | |
|--------------------|-----------------------|------------------|----------------|--|------|------|------|------|------|------|------|--------------------|
| Provider Name | Provider Tax ID / SSN | Provider Address | Provider Phone | | | | | | | | | Total All Children |
| | | | | | | | | | | | | Ś - |
| | | | | | | | | | | | | * |
| | | | | | | | | | | | | \$ - |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | ė . |
| | | | | | | | | | | | | , |
| OTAL ALL PROVIDERS | | | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

Note: You must enter comumn B, C, D, E, and the amount paid by child for each provider. Failure to provide the tax id, address, or phone will result in an email asking for this information. Please enter it here before submitting to avoid the back and forth

SAMPLE - this is how you should fill out the info above

| ſ | | Provider Info | | | | Amount Paid For Care For Each Child At This Provider | | | | | | | | |
|---|--------------------|-----------------------|--------------------------------------|----------------|--------------|--|-------------|------|------|------|------|------|-------|--------------|
| | Provider Name | Provider Tax ID / SSN | Provider Address | Provider Phone | Child 1 | Child 2 | Child 3 | | | | | | Total | All Children |
| 1 | ABC Childcare | 12-3456789 | 123 Main St., Anytown, ST, 98765 | 555-555-1234 | \$ 14,000.00 | \$ 2,000.00 | | | | | | | \$ | 16,000.00 |
| 2 | YZ Childcare | 98-7654321 | 987 1st Ave., Springfield, ZZ, 12345 | 555-555-9876 | \$ 2,000.00 | \$ 8,000.00 | \$ 5,000.00 | | | | | | \$ | 15,000.00 |
| 3 | | | | | | | | | | | | | \$ | - |
| 4 | | | | | | | | | | | | | \$ | - |
| ı | OTAL ALL PROVIDERS | | | | \$ 16,000.00 | \$ 10,000.00 | \$ 5,000.00 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ | 31,000.00 |

The following are tax preparer due dilligence questions that must be answered by the taxpayer prior to filing for the Child Tax Credit Indicate yes/no response with 'x' in the appropriate cell. Provide additional detail in the Comment field as required for each question.

| Question | Yes | No | Comment |
|--|-----|----|---------|
| Can you provide documentation that shows that all | | | |
| of your children are your children, lived with you for | | | |
| more than half the year, and didn't provide more | | | |
| than half of their own support for the year (not | | | |
| asking you to provide it, just asking if you can | | | |
| provide it)? | | | |
| Did you ever claim the Child Tax Credit or Additional | | | |
| Child Tax Credit in a previous year only to have the | | | |
| IRS disallow your claim at a later date? | | | |
| Is there any other person who can claim your | | | |
| children as their dependent? | | | |
| Have you "released claim" for the Child Tax Credit or | | | |
| Additional Child Tax Credit to another person such | | | |
| as an ex-spouse? | | | |
| Are all children citizens of the US? | | | |