



**MUHLENKAMP
& ASSOCIATES, LLC**
CERTIFIED PUBLIC ACCOUNTANTS

Dear Client:

The attached worksheets will assist you in compiling and reporting information necessary for us to properly prepare your income tax return. Please complete the worksheets and include supporting documentation where necessary. If you have an appointment, we encourage you to drop off, or upload electronically through SafeSend, this worksheet, last year's tax return, a QuickBooks backup (if applicable), and any tax forms two weeks prior to your appointment. New information you subsequently receive can easily be added to your return.

Please provide us with the following documentation:

- A copy of last year's tax return, if not prepared by our office
- Copy of your Driver's License (we can make this copy for you)
- Form(s) W-2 (wages, salaries, etc.)
- Form(s) 1099 (interest, dividends, retirement, etc.)
- Form(s) 1095 A (Market-place health insurance statement)
- Schedule(s) K-1 (income/loss from partnerships, S Corporations, etc.)
- Statements supporting educational expenses, deductions or distributions
- Brokerage statements from stocks, bonds, or other investment transactions
- Statements supporting deductions for mortgage interest, real estate tax, and charitable contributions

Thank you for your help in the completion of these worksheets.

Sincerely,

Muhlenkamp & Associates, LLC

Client Information

Taxpayer

Name..... _____

Social Security Number.. _____

Date of Birth _____

Driver's License # _____ Issue Date _____ Expiration Date _____

Spouse

Name..... _____

Social Security Number.. _____

Date of Birth _____

Driver's License # _____ Issue Date _____ Expiration Date _____

Current Address _____

City _____ State _____ Zip Code _____

County..... _____

School District..... _____

Preferred E-Mail Address . _____

Taxpayer Cell Number.... _____

Spouse Cell Number..... _____

Home Phone Number..... _____

Can we text you when your return is ready? YES NO

Do you live within the city limits? YES NO

Did you move at all during the year? YES NO

If yes: Previous Address _____

Date of Move _____

Dependents (need copies of social security cards)

	Name (First, MI, Last)	Date of Birth	Social Security Number	Relationship
1				
2				
3				
4				
5				

Delivery of Completed Returns:

- In person pick up. Please notify me by Text Phone Email (SELECT ONE)
Phone/email to use _____
- Mail my returns to this address [\$10 mailing fee]: _____

- I prefer electronic delivery through SafeSend Tax Returns with E-Signature.
Please use the following e-mail address: _____

Miscellaneous Questions

Please check the appropriate box and include all necessary details and documentation.

- | | Yes | No |
|---|--------------------------|--------------------------|
| If you receive a refund, would you like it direct deposited?
If yes, please provide a voided check. | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there any changes in dependents (births, adoptions, marriages, divorce,
or deaths) during the year? If yes, please provide details.
Full Name _____ Date of Birth _____ Social Security Number _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Have your dependents lived with you for more than half the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive Unemployment Compensation during 2023? If yes, please provide us
with the 1099-G. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have Marketplace "ObamaCare" health insurance coverage for any part
of 2023? If so, please provide Form 1095-A. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you retire or change jobs in 2023 or plan to in 2024? If yes, please provide detail. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell any stocks, bonds or other investment property? If yes, we need
purchase price, date bought, sale price and date sold. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive, sell, exchange or otherwise dispose of any financial interest in any virtual
currency in 2023? If so, please provide us with a summary of transactions. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse "roll over" a profit-sharing or retirement distribution
into another plan? If yes, enter amount \$ _____ and attach 1099R. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you contribute to a Traditional or Roth IRA? (other than through work)
If yes, enter the amount and <u>circle the type of IRA</u> . (Traditional or Roth)
Taxpayer \$ _____ Spouse \$ _____. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any college tuition or book expenses during the year on behalf of
yourself, your spouse, or a dependent? If yes, please provide the student's
name, college attended, the year in college, and any Form(s) 1098-T. If you have
less than \$4,000 of tuition (tuition minus scholarships) please also provide receipts
for books and supplies (do not include room and board). | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to or receive any distributions from a state 529 Plan?
If yes, please provide us with the contribution amount per beneficiary or the
1099-Q for distribution. Please indicate which state plan: | <input type="checkbox"/> | <input type="checkbox"/> |

Ohio's Blackrock _____ OR Other _____ (please specify)

Miscellaneous Questions Continued

Yes No

Did you pay for daycare in 2023? If so, please list the following information.

Care Provider _____
Provider Address _____
Amount paid \$ _____ SS# or Federal ID# _____

Did you make gifts of more than \$17,000 to any individual?

Did you make any Federal, State, School District or City estimates? If yes, please provide details.

Date Paid	Federal \$ Paid	State \$ Paid	City \$ Paid	School \$ Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did you make any contributions to a Health Savings Account (HSA)?

If yes, were these contributions taken out of your paycheck?
If no, the amount contributed other than through work for 2023 \$ _____
Is your HSA Account Single or Family?

Do you have any Use Tax to remit to the state? If yes, enter the amount of taxable purchases made in which no sales tax was paid \$ _____

In the past year, have you received correspondence from the IRS, State, School or city tax authorities. If so, provide us with copies of those letters.

Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter with PIN information.

Itemized Deductions

*Itemized Deductions will apply if they exceed your standard deduction.
STANDARD DEDUCTION: Single \$13,850 or Married \$27,700*

Taxes Paid

Real Estate Taxes _____

Interest Paid

Home Mortgage Interest & Points on Form 1098... _____

Charitable Contributions

Cash..... _____ Non-Cash..... _____

Medical Expenses - useful if they exceed 7.5% of total income

DO NOT SEND RECEIPTS, just list totals paid below.

Dental, Eye, Medical, Hearing Aids, etc. \$ _____
Prescriptions \$ _____
Medical miles driven January - December 2023 _____ miles
Long Term Care Insurance paid in 2023 \$ _____ Taxpayer \$ _____ Spouse
Health Insurance (Do not include pretax insurance paid through work) \$ _____
Medicare premiums paid but not listed on SSA statement \$ _____
Were you reimbursed for any of the above expenses through your HSA or medical reimbursement account? If yes, amount \$ _____