

Cardinal Accounting & Tax

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Please complete the organizer and mail or bring it to our office with **all W2's, 1099's, Forms 1095, and Forms 1098, including Form 1098-T**, as well as any notices or correspondence you have received from the IRS or state department of revenue. Complete information will help us improve our service.

We are required to electronically file all returns. If you want any refund direct deposited, please submit a voided check to us with your tax information. You may be asked to provide a copy of your driver's license for e-filing.

ALL NEW CLIENTS—please bring a copy of your prior year tax return.

I attest all information enclosed is complete and accurate.

Client Signature _____ Date: _____

Client Signature _____ Date: _____

TAXPAYER INFORMATION

Taxpayer _____ SSN _____ Birth Date _____
Spouse _____ SSN _____ Birth Date _____

Address : _____ Date Moved _____
(If address is different from prior year.)

County _____

Do you live in the City of St. Louis? YES NO

EMAIL ADDRESSES:

Taxpayer _____ May we contact you by email with questions? YES NO
Spouse _____ May we contact you by email with questions? YES NO

Occupation: _____ Home Phone: _____ Cell Phone: _____
Taxpayer _____
Spouse _____
(Please indicate preferred phone number with *.)

STATUS CHANGES THIS YEAR (Enter Dates):

Married _____ Separated _____ Divorced _____ Spouse Deceased _____ Dependent Deceased _____
Sold Home _____ Sold Property _____

65 or over? Taxpayer? YES NO Spouse? YES NO Legally Blind? Taxpayer? YES NO Spouse? YES NO

Do you want \$3 to go to the Presidential Election Campaign Fund? Taxpayer? YES NO Spouse? YES NO

ESTIMATED TAXES PAID FOR 2024

	<u>Date Due</u>	<u>Date Paid</u>	<u>Federal</u>	<u>State</u>
Applied From Prior Year's Refund				
First Quarter	April 15th, 2024			
Second Quarter	June 17th, 2024			
Third Quarter	Sept. 16th, 2024			
Fourth Quarter	Jan. 15th, 2025			

DEPENDENTS--List names of all dependents that received more than one-half of their support from you.

NAME (Include last name if different):	Soc. Sec. #	Birthdate	**	Income	If over age 18 Student/Disabled?	Education Expenses
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**S=Son, D=Daughter, R=Relative, O=Other

Please attach copies of Form 1098-T for education expenses.

Did a dependent child under age 23 have unearned (interest/dividend) income over \$2,600? _____

Missouri MOST or other 529 plan contributions for education. Amount _____

CHILD & DEPENDENT CARE EXPENSES (DAY CARE)

Child Name _____	Child Name _____
Child Care Provider:	Child Care Provider:
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
SSN/EIN _____	SSN/EIN _____
Amount Paid _____	Amount Paid _____

OTHER INCOME

	Taxpayer	Spouse
Alimony Received	_____	_____
Unemployment	_____	_____
Jury Duty	_____	_____
Gambling Winnings	_____	_____
Other Income	_____	_____

Attach all W2's, W2-G's Attach all Forms 1095-A, B or C
 Attach social security/railroad retirement statement
 Attach all 1099's/1098's
 Attach K-1's from trusts, estates, partnerships, S corporations

DEDUCTIONS OR ADJUSTMENTS

	Taxpayer	Spouse		Taxpayer	Spouse
Deductible IRA	_____	_____	Health Savings Account	_____	_____
Non-Deductible IRA	_____	_____	Self Employed Health Ins	_____	_____
Roth IRA	_____	_____	Student Loan Interest	_____	_____
SEP	_____	_____	Alimony Paid	_____	_____
SIMPLE	_____	_____	To Whom: _____		
			SSN: _____		

ITEMS THAT NEED TO BE DISCUSSED WITH TAX PRACTITIONER (Check all that apply to 2024):

_____ Bankruptcy Date: _____	_____ (Incentive) Stock Options Exercised
_____ Foreign accounts	_____ Losses from damaged or stolen property
_____ Conversion to Roth IRA	_____ Disabled child under the age of 22
_____ Cryptocurrency transactions	_____ Adoption Expenses Date: _____
_____ Gifts given or received over \$18,000	
_____ Has your name been added to a deed? (Possible Gift Tax)	
_____ Do you have any stocks that have been deemed worthless?	
_____ Purchased, sold or refinanced home (Submit Documents)	
_____ IRA Distribution before age 59 1/2 Reason for distribution _____	
_____ College & Vocational-Tech expenses (Submit 1098T & list of additional expenses)	
_____ Other _____	

SCHEDULE A - ITEMIZED DEDUCTIONS

MEDICAL EXPENSES PAID

	<u>Amount</u>
Health Insurance Premiums (Do not include amounts deducted from paychecks.)	_____
Medicare Premiums	_____
Long Term Care Insurance (Also known as nursing home insurance.)	_____
Medicine & Drugs	_____
Glasses/Contacts, Dentures and Hearing Aids	_____
Hospital(s)	_____
Doctors (all types)	_____
Ambulance	_____
Travel & Lodging	_____
Medical Miles - Total Miles	_____
Other (list) _____	_____
_____	_____
_____	_____

TAXES PAID

	<u>Amount</u>
Real Estate Taxes	_____
_____	_____
Personal Property (DO NOT SEND RECEIPT)	_____
Other _____	_____
_____	_____
<u>INTEREST PAID</u>	
Home Mortgage & points on Form 1098	_____
_____	_____
Boat, Camper or 2nd Home (need information)	_____
Mortgage paid to Individual	_____
Name: _____ SSN _____	
Address: _____	
_____	_____
Investment Interest paid	_____

MISCELLANEOUS EXPENSES

	<u>Amount</u>
Gambling Losses	_____
Teacher's Supplies	_____
Reservists Expenses	_____
Energy Credit Improvements Attach paperwork for improvements (windows, doors, etc.)	_____
_____	_____
EV Make & Model--Attach copy of paperwork from dealer Need VIN and other information for each vehicle	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CHARITIES*

	<u>Amount</u>
Contributions by Cash or Check	_____
Non-cash donations	_____
Volunteer Mileage - Total Miles	_____
*MUST BE QUALIFIED CHARITIES.	

PLEASE NOTE--RECEIPTS ARE REQUIRED FOR ALL CONTRIBUTIONS.

(We don't need to see all receipts, but you are required to keep receipts with your tax records. Please forward us receipts for cash contributions of \$250 or more.)

NON-CASH DONATIONS--PLEASE NOTE

If total value of non-cash donations claimed exceeds \$500, information must include date acquired, date donated, description of items donated, value of items donated and receipt from organization donated to indicating name and address of organization.
(Please forward to us **all** receipts for **non-cash** donations.)

PREPARER USE

RENTAL INCOME & EXPENSES

Description & Location (Provide Full Address & Type of Property)

Date Acquired

A	_____	_____
B	_____	_____
C	_____	_____

	A	B	C
Number of days property rented during the tax year	_____	_____	_____
Number of days of personal use during the tax year	_____	_____	_____
Property disposed of during the tax year?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Income:

Rents Received _____

Expenses:

Advertising	_____	_____	_____
Auto Expense _____ miles	_____	_____	_____
Cleaning & Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal/professional fees	_____	_____	_____
Management fees	_____	_____	_____
Mortgage Interest	_____	_____	_____
Other Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Utilities	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

CAPITAL IMPROVEMENTS TO RENTAL PROPERTY IN 2024

<u>Date Purchased</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PREPARER USE

SELF-EMPLOYED BUSINESS INCOME & EXPENSES (Attach Business Card)

Business Owner _____
Business Name _____
Business Address _____
Dates in Business--if NOT full year _____

Gross Sales or Receipts _____
Returns or Allowances _____
Other Income--Explain _____

Beginning Inventory _____
Purchases _____
Personal Use of Inventory _____
Ending Inventory _____
Is Inventory valued at cost? YES NO

Advertising _____
Auto Expenses (See Page 6) _____
Bad Checks _____
Bank Charges _____
Commissions _____
Contract Labor (Any individual paid over \$600--a 1099 should be issued) _____
Dues & Publications _____
Education _____
Freight _____
Gifts to Clients (\$25 maximum each gift) _____
Insurance - Health _____
Insurance - Other--Liability, Workers' Comp. etc. (NOT LIFE INSURANCE) _____
Interest paid to banks _____
Interest paid to others _____
Laundry & Cleaning _____
Legal & Professional _____

Meals & Entertainment _____
Office Expenses & Postage _____
Open House Expenses _____
Rent or lease-machinery & equipment _____
Rent other _____
Repairs & Maintenance _____
Small Tools _____
Supplies _____
Taxes, Licenses & Permits _____
Telephone-separate line _____
Telephone-cellular (LESS PERSONAL USE) _____
Travel & Lodging _____
Utilities _____
Wages _____
Other _____
Other _____

BUSINESS EQUIPMENT, FURNITURE, FIXTURES, COMPUTERS, CELLULAR PHONES, ETC.

Date Purchased in 2024	Description of Equipment, etc.	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHECKLIST OF BUSINESS AUTO EXPENSES

	Auto #1	Auto #2	Auto #3
Beginning Odometer Reading _____	_____	_____	_____
Ending Odometer Reading _____	_____	_____	_____
Total Mileage for the year _____	_____	_____	_____
Business Mileage _____ (home to office not usually allowable)	_____	_____	_____
Average Daily Roundtrip Commuting Distance _____	_____	_____	_____
Year & Make of Auto _____	_____	_____	_____
Date Purchased _____	_____	_____	_____
Cost of Auto (including sales tax) _____	_____	_____	_____
Gas, Oil, Lubrication _____	_____	_____	_____
Repairs _____	_____	_____	_____
Tires _____	_____	_____	_____
Washes & Supplies for Auto _____	_____	_____	_____
Insurance _____	_____	_____	_____
License, Inspection _____	_____	_____	_____
Motor Club _____	_____	_____	_____
Interest on Loan (May Need to Call Lender) _____	_____	_____	_____
Personal Property Tax _____	_____	_____	_____
Parking Fees & Tolls _____	_____	_____	_____
Short Term Rentals _____	_____	_____	_____
Lease Payment _____	_____	_____	_____

Do you (or your spouse) have another vehicle available for personal purposes? YES NO

Do you have evidence to support your deduction? YES NO

If yes, is the evidence written? YES NO

If your employer provided you with a vehicle, is personal use during off-duty hours permitted? YES NO

Does your employer reimburse you for use of your personal auto? YES NO

If yes, how much? _____

"OFFICE-IN-HOME" EXPENSES

Total Square Feet of: Home: _____ Office: _____ Storage: _____
 Expenses: Rent: _____ Utilities: _____ Insurance: _____ Taxes: _____
 Condo/Management Fees: _____ Other: _____
 Maintenance & Repairs (Office): _____