

GENERAL

I am enclosing several data sheets, which are designed to be of help to you in collecting and compiling the information to be used in preparing your 2024 individual income tax returns. Please complete the applicable sections and submit any information needed. I am also sending an engagement letter separate from the organizer. **The engagement letter must be signed by the taxpayer and spouse.**

The use of these sheets is **OPTIONAL**; However, the following portions **MUST BE COMPLETED**:

1. The general information below
2. The information on page 6 relating to dependents attending college and/or contributions to SC Tuition Prepayment Programs, SC 529 Future Scholar Plans, or to a Coverdell IRA, if applicable
3. The questions regarding foreign bank/investment accounts and cryptocurrency on page 3

*****It is our policy to file Federal and SC returns electronically. If you DO NOT wish to file electronically, please sign and date page 8.**

Submit your completed information as soon as possible. Please call for an appointment if you need to discuss the data. If you do not feel this is necessary, you may leave your information at the office between 10:00 a.m. and 5:00 p.m. -Monday through Friday.

2024 INDIVIDUAL INCOME TAX DATA

PERSONAL INFORMATION	TAXPAYER	SPOUSE
Name		
Social Security No.		
Occupation		
Date of Birth		
Home address		
Telephone No.	Home:	Cell:
		Business:
Email Address:		

If your marital status **changed** during 2024, indicate date of:
 Marriage _____ Divorce _____ Death of Spouse _____

DEPENDENTS - List names of all dependents, regardless of age, who received more than half of their support from you. Do not list spouse. List names **exactly** as they appear on their social security card.

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER OF DEPENDENT	DEPENDENT'S RELATIONSHIP TO YOU	FULL TIME STUDENT ATTENDING INSTITUTION OF HIGHER LEARNING?

WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION -Submit Forms W-2

INTEREST AND DIVIDEND INCOME-SUBMIT 1099-INT AND 1099-DIV STATEMENTS.

FORMS 1095A, 1095-B, 1095-C REGARDING HEALTH INSURANCE

GAINS OR LOSSES FROM SALES OR EXCHANGES OF PROPERTY:

Please submit, if applicable:

- Year-end tax reporting statements for ALL investment brokerage accounts
- HUD-1 Settlement Statement(s) for the sale of any real estate

OTHER INCOME

	TAXPAYER	SPOUSE	TAXPAYER	SPOUSE
Alimony Received.....	\$ _____	\$ _____	\$ _____	\$ _____
IRA Distributions.....	_____	_____	_____	_____
Royalties.....	_____	_____	_____	_____
Estates.....	_____	_____	_____	_____
Unemploy Comp.....	_____	_____	_____	_____
Prizes and Awards.....	_____	_____	_____	_____

*Business Income, Rental Income, and Farm Income – Submit Details of Gross Income & Expenses.

**For S Corporations, Partnerships, and Trusts, please provide Forms K-1

NON-TAXABLE INCOME RECEIVED

	TAXPAYER	SPOUSE
Interest on Obligations of South Carolina and its Political Subdivision	\$ _____	\$ _____
Interest on Obligations of Other States and their Political Subdivisions	_____	_____
Social Security (Please provide Form SSA-1099 received from SSA).....	_____	_____
Other _____	_____	_____

FOREIGN ACCOUNTS AND CRYPTOCURRENCY

Did you or your spouse maintain a foreign bank or investment account at any time during 2024? Yes ___ No ___

Did you or your spouse have a foreign account over which you have signature authority? Yes ___ No ___

At any time during 2024, did you or your spouse maintain an online gambling account? Yes ___ No ___

At any time during 2024, did you or your spouse receive virtual currency as payment for goods or services provided? Yes ___ No ___

At any time during 2024, did you or your spouse receive new virtual currency as a result of mining and/or staking activities? Yes ___ No ___

At any time during 2024, did you or your spouse receive virtual currency as a result of a hard fork? Yes ___ No ___

At any time during 2024, did you or your spouse exchange one type of virtual currency for another virtual currency? Yes ___ No ___

At any time during 2024, did you or your spouse sell virtual currency? Yes ___ No ___

At any time during 2024, did you or your spouse (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift or otherwise dispose of a digital asset or a financial interest in a digital asset? Yes ___ No ___

At any time during 2024, did you or your spouse receive or transfer virtual currency for free that does not qualify as a gift? Yes ___ No ___

At any time during 2024, did you or your spouse pay for property, goods or services with virtual currency? Yes ___ No ___

ADJUSTMENTS TO INCOME

	TAXPAYER	SPOUSE		TAXPAYER	SPOUSE
Payments to IRA..... (Include payment made by 4/15/25 for 2024 IRA)	\$ _____	\$ _____	Payments to a Health Savings Account	\$ _____	\$ _____
Payments to a Roth IRA	\$ _____	\$ _____	Payments to a Keogh, SEP or SIMPLE Plan.....	\$ _____	\$ _____
Penalty on Early Withdrawal Of Savings.....	\$ _____	\$ _____	Alimony: Amount Paid	\$ _____	\$ _____
Payments to a Medical Savings Account	\$ _____	\$ _____	Social Security Number of Recipient	_____	
			Date of Final Divorce Decree	_____	

Please provide documentation of the following, if applicable in 2024:

- Casualty losses not covered by insurance (only if loss occurred in Federally Declared Disaster Area)
- The purchase of a qualified electric vehicle or other alternative motor vehicle
- Energy efficient improvements made to your principal residence in 2024

ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL EXPENSES

(Do not include expenses reimbursed or paid by others. Also, do not include any pre-tax deductions withheld by employers.)

	<u>TAXPAYER</u>	<u>SPOUSE</u>		<u>TAXPAYER</u>	<u>SPOUSE</u>
Prescription Medicines and Insulin.....	\$ _____	\$ _____	Medical Transportation (No. of Miles).....	_____	_____
Medical Ins. Premiums Pd	\$ _____	\$ _____	Hearing Aids & Batteries...	\$ _____	\$ _____
(Do not include pre-tax deductions withheld by your employer OR Medicare Premiums withheld by the Social Security Administration)			Dentures.....	_____	_____
Long-term Care Insurance Premium Paid.....	_____	_____	Glasses.....	_____	_____
Doctors, Dentist, Nurses:			Contact Lens.....	_____	_____
_____	_____	_____	Eye Examination.....	_____	_____
_____	_____	_____	Medical Supplies.....	_____	_____
_____	_____	_____		_____	_____
Hospital.....	_____	_____		_____	_____

TAXES PAID

Real Estate Property..... \$ _____ \$ _____ Personal Property..... \$ _____ \$ _____

INTEREST PAID

Debts Secured by
Principal Home..... \$ _____ \$ _____
Name, Address and Social Security Number,
if Paid to an Individual:

Debts Secured by
Qualifying Second Home \$ _____ \$ _____
Name, Address, and Social Security Number,
if Paid to an Individual:

If you refinanced your home during 2024, please provide a copy of the HUD-1 settlement statement.

What is the length of the new loan (i.e. 15 year, 30 year, etc)? _____

Interest on Student Loans: \$ _____ \$ _____ \$ _____ \$ _____

CONTRIBUTIONS

Cash – Including Check or Credit Card Charges:

<u>NAME</u>	<u>TAXPAYER</u>	<u>SPOUSE</u>	<u>NAME</u>	<u>TAXPAYER</u>	<u>SPOUSE</u>
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other than Cash:

<u>DATE</u>	<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mileage for Charitable Work _____

Per Internal Revenue Service regulations, you may deduct a separate gift of \$250.00 or more, only if you have a statement from the charitable organization.

Per Internal Revenue Service regulations, contributions of clothing and household items in excess of \$5,000.00 may require an appraisal.

PAYMENTS MADE FOR 2024 ESTIMATED TAXES

(If your fourth quarter estimate was paid in January 2025, please list it below.)

FEDERAL		STATE	
DATE PAID	AMOUNT	DATE PAID	AMOUNT

PRESIDENTIAL ELECTION CAMPAIGN FUND

You may voluntarily elect to have \$3.00 go to this fund. Making the election neither increases the amount of tax due nor reduces the amount of refund received. If you wish to make the election, please indicate below.

TAXPAYER: _____

SPOUSE: _____

STATE OF SOUTH CAROLINA CONTRIBUTION FUNDS

You may voluntarily elect to have a portion of your refund contributed to any of the funds allowed. In cases where tax is due, the amount will be added to your payment to be mailed with the return. If you are interested, please contact us, and we will provide you with a list of the various funds.

DEPENDENTS CURRENTLY ATTENDING AN INSTITUTION OF HIGHER LEARNING

Provide the number of credit hours earned each semester or quarter during 2024. _____

Provide amount paid for tuition during 2024. \$ _____

Is the student a recipient of the LIFE Scholarship or Palmetto Fellows Scholarship for 2024? Yes No

Please provide Form 1098-T issued by the Institution.

FUNDING FOR FUTURE COLLEGE EDUCATION

Did you contribute to the SC Tuition Payment Program or SC 529 Future Scholars Plan? Yes No

Provide amount contributed. \$ _____

Did you contribute to an Education IRA? Yes No

If so, Child's Name _____ Amount Contributed \$ _____

CHILD AND DEPENDENT CARE EXPENSES

PERSON OR ORGANIZATION WHO PROVIDED THE CARE

ALL OF THE INFORMATION MUST BE FURNISHED IN ORDER TO RECEIVE THE CREDIT.

<u>NAME</u>	<u>ADDRESS</u>	<u>SOCIAL SECURITY OR FEDERAL ID NUMBER</u>	<u>AMOUNT PAID</u>
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	TOTAL:	\$ _____

Names of dependents who were cared for in 2024: _____

REMINDER ... Please check to see that you are submitting these items:

Estimated tax forms if applicable.

All W-2's and 1099R's

All K-1's received from Partnerships, Estates, Trusts and S Corporations.

Form 1095A, 1095B, or 1095C pertaining to Health Insurance

Details of gross income and expenses for business, rental and farm activities.

Include details of any new business equipment, furniture or fixtures purchased during 2024.

If you anticipate a refund and wish to have the amount deposited directly to your checking or savings account, please include a voided check of the account to which the deposit is to be made.

IF YOU ARE A NEW CLIENT:

Copy of your 2021, 2022, and 2023 income tax returns. If you have these returns in a pdf format, please upload them to us via File Share, our secure portal. The link to register for the portal is: <https://fs-web.cchwebsites.com/6fe8f1854b134928b950373412b4b509/login>.

PLEASE READ CAREFULLY

WAIVER OF ELECTRONIC FILING

Dear Dowl:

We (I) do not wish to file our (my) returns electronically.

By our (my) signing below, you are given permission to prepare our returns and to provide us (me) paper copies of all returns to file with applicable taxing authorities.

Sincerely,

Taxpayer

Date

Spouse, if applicable

Date