Insight Accounting
& Financial Consulting, Inc.

4712 W. Forest Home Avenue
Milwaukee, Wisconsin 53219-4716

Public Accountants and Financial Advisors

Phone *(414) 328-5144*
Fax: *(414) 328-5146*

2024 INCOME TAX ARRANGER

This set of worksheets has been designed to assist you in collecting the information we need to accurately prepare your 2024 income tax return. Please enter any applicable information for 2024 on the attached pages. **Thank you** for choosing Insight Accounting & Financial Consulting, Inc. to prepare your tax returns.

Please review and include the following documents:

- ☐ Completed and **signed** 2024 Income Tax Arranger.
- ☐ If you are a new client, a copy of the last two years tax returns.
- ☐ All W-2, W-2P, W-2G, and 1099 Forms. Other statements reporting dividend, interest, proceeds from real estate, barter exchange transactions, social security benefits, pension payments, mutual funds, broker and any other income or income tax withholding. Buy and sell statements relating to all investment activity. Include all copies provided by the payer, closing statements and other documentation regarding the sale or purchase of real property or any other asset.
- ☐ Mileage figures for any auto/truck expenses claimed, including total mileage, commuting mileage, and business mileage.
- ☐ Copy of **all** your real estate property tax bills **paid** in 2024.
- ☐ Mortgage interest statements for **all** real estate property owned.
- ☐ Schedules K-1, K-2 & K3 showing income and deductions from partnerships, estates, trusts and S-Corporations. Notices from organizers of tax shelters showing registration numbers.
- ☐ List of income and expenses categorized on a separate sheet of paper for business and rental activities.
- ☐ Additional income received from unemployment, workman's compensation, disability, IRA distributions or profit sharing.
- ☐ List of itemized deductions categorized on a separate sheet of paper for medical, taxes, interest, and charitable contributions.
- ☐ Correspondence from IRS, State or City tax authorities concerning prior years' tax return.
- ☐ Correspondence from your Health Insurance Company if you had Marketplace Insurance (Form 1095-A)

Contact Us: There are many events that occur during the year that can affect your tax situation. Preparation of your tax return involves summarizing transactions and events that occurred during the tax year. In most situations, treatment is firmly established at the time the transaction occurs**. However, negative tax effects can be avoided by proper planning.** Please contact us in advance if you have questions about the tax effects of a transaction or event.

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2024 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please acknowledge this letter by signing on the last page of this document under client signature. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of this document. A copy of this letter is available upon request.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Insight Accounting & Financial Consulting, Inc

CONFIDENTIAL DATA

Personal (Taxpayer):

Are you new to our firm? Yes ☐ No ☐

Last Name________________________________ First__________________________ M.I._______

Occupation________________________________ Social Security Number _____________________

Date of Birth____________ Date of Death_____________ Daytime/Work Phone ( ) _______________

Email Address: ____________________________________ Cell Phone Taxpayer ( ) _______________

Personal (Spouse):

Are you new to our firm? Yes ☐ No ☐

Last Name________________________________ First__________________________ M.I._______

Occupation________________________________ Social Security Number _____________________

Date of Birth____________ Date of Death _____________Daytime/Work Phone ( ) _______________

Email Address: ____________________________________ Cell Phone Spouse ( )__________________

Mailing Address:____ Apt/Unit__________

City____________________________ State________ Zip__________

Home Phone ( ) _______________ County_________________ School Dist No.______

Did both spouses reside at the same address in 2024? (if no please provide other address) Yes ☐ No ☐

(Taxpayer or Spouse) Mailing Address____

City____________________________ State________ Zip__________

Home Phone ( ) _______________ County_________________ School Dist No.______

Were you divorced or separated during the year? Yes ☐ No ☐

Did you move during 2024? Yes ☐ No ☐ (If yes, old address/date ________________________________)

Dependent Information:

Name of dependent children	Social Security number	Date of birth	Relationship	Months lived in home in 2024	College student
1.________________________	________________	_________	_________	_____	_____
2.________________________	________________	_________	_________	_____	_____
3.________________________	________________	_________	_________	_____	_____
4.________________________	________________	_________	_________	_____	_____
5.________________________	________________	_________	_________	_____	_____

Is it anticipated that a different taxpayer will seek to claim a child as a dependent in 2024? Yes ☐ No ☐

Child Care Provider information:

Name of provider: ______________________________ ID #________________
Address_______________________________________ Amt Pd $____________

Name of provider: ______________________________ ID #________________
Address_______________________________________ Amt Pd $____________

Name of provider: ______________________________ ID #________________
Address_______________________________________ Amt Pd $____________

Other Dependent or people who lived with you:

	Name	Social security number	Date of birth	Relationship	Months lived in home in 2024	Income
1.	________________________	_______________	_________	_________	_____	___________
2.	________________________	_______________	_________	_________	_____	___________

Filing Status:

☐ Single

☐ Married Filing a Joint Return

☐ Married Filing a Separate Return; Indicate if you **did not** live with your spouse at any time during the year? Yes ☐ No ☐

☐ Head of Household

If filing **Head of Household** and qualifying person is your child but not your dependent listed above, enter the child's name here________________________________, date of birth_____________ and Social Security Number_________________.

☐ Qualifying Widow (er); Enter the year that your spouse died. ___________

State Residency Status:

☐ Full Year Resident

☐ Part Year Resident State:_____ From __________ to __________ & State:_____ From __________ to __________

☐ Nonresident

☐ Joint Return with spouse being a nonresident From __________ to __________

States of residence during 2024 and dates: ____

Do you own or rent your home? Own ☐ Rent ☐

Amount of Rent Paid in 2024: $ ___________

Who paid for heat? ☐ Landlord ☐ Tenant

Direct Deposit of Refunds:

If you are due a refund, would you prefer it directly deposited into your bank account? Yes ☐ No ☐

Do you want to deposit your refund into an IRA or split into multiple accounts? Yes ☐ No ☐

☐ Use same Bank information as last year or

Bank Name____

RTN____ ____ ____ ____ ____ ____ ____ ____ ____ Checking ☐ Savings ☐

Account Number____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

or ☐ attach voided check or check copy

If you are new to our firm please tell us how you found us: ______________________________________

QUESTIONNAIRE

	Yes	No
Personal Information		
1. Did your marital status change during the year? **If yes, explain:**________________________	☐	☐
2. Can you be claimed as a dependent by another taxpayer?	☐	☐
3. Are either you or your spouse legally blind?	☐	☐
4. Did you, your spouse or dependents receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? **If yes, attach the 2024 IRS letter.**	☐	☐
Dependent Information		
5. Were there any changes in dependents from the prior year? **If yes, explain:** ____	☐	☐
6. Do you have dependents who must file a tax return?	☐	☐
7. Did you provide over half the support for any other person(s) other than your dependent children during the year?	☐	☐
8. Did you pay for child care while you worked, looked for work, or while a full-time student?	☐	☐
9. Did you pay any expenses related to the adoption of a child during the year?	☐	☐
10. If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	☐	☐
Purchases, Sales and Debt Information		
11. Did you sell, exchange, or purchase **ANY** real estate during the year? **If yes, please provide the Settlement Statement or Closing Disclosure.**	☐	☐
12. Did you refinance a principal residence or second home this year? **If yes, please provide the Settlement Statement or Closing Disclosure.**	☐	☐
13. Did you take out a mortgage or home equity loan where the proceeds were **NOT** used to **buy, build or substantially improve** your principal residence or second home?	☐	☐
14. Were you involved in a bankruptcy, foreclosure, repossession or had any debt canceled or forgiven this year such as a home mortgage or student loan(s)?	☐	☐
15. Did you acquire or dispose of any stock during the year?	☐	☐
16. Did you purchase a new or previously owned Clean vehicle this year that is eligible for The new clean vehicle credit? **If yes, attach the vehicle statement from the dealer.**	☐	☐
Income Information		
17. Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	☐	☐
18. Did you receive any unemployment benefits during the year?	☐	☐
19. Did you receive any disability income during the year?	☐	☐
20. Did you receive any tip income, awards, prizes, hobby income, gambling, fantasy football or lottery winnings?	☐	☐
21. Did you receive any income considered to be nonemployee compensation?	☐	☐
22. Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy? ie: Paypal, Venmo etc.	☐	☐
23. Did you own, buy, sell, receive or exchange **virtual currencies or digital assets** such as Bitcoin (including using virtual currencies, virtual/digital assets to pay for goods or services)?	☐	☐
Retirement Information		
24. Did you take any **withdrawals** from an IRA, Roth, my RA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan or do you plan to this year?	☐	☐
25. Did you make any **contributions** to an IRA, Roth, my RA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	☐	☐
26. Did you make any qualified charitable distributions (QCD) during the year? (Applies to those over age 70½ and distribution directly from IRA to charity)	☐	☐

	Yes	No
Education Information		
27. Did you, your spouse or your dependents pay educational expenses to attend a post-secondary school during the year or plan to attend one in the coming year? **If yes, please provide form 1098-T from the institution**.	☐	☐
28. Did you pay any tuition expenses this year for your dependent to attend a private school in Wisconsin? **If yes, please provide a statement from the institution**.	☐	☐
29. Did you take any **withdrawals** from an education savings or 529 Plan account?	☐	☐
30. Did you make any **contributions** to an education savings or 529 Plan account?	☐	☐
31. Did you pay any student loan interest this year? **If yes, please provide form 1098-E from the lender or provide the name of the lender & the interest paid.**	☐	☐
Health Care Information		
32. Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? **If yes, please provide Form 1095-A**.	☐	☐
33. Did you **make** a contribution to a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	☐	☐
34. Did you **receive** any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	☐	☐
35. Did you pay long-term care premiums for yourself or your family (i.e. Nursing Home)?	☐	☐
Itemized Deduction Information		
36. Did you pay out-of-pocket medical expenses that might exceed 7.5% of income?	☐	☐
37. Did you make any cash/noncash charitable contributions? **If yes, please provide evidence such as a receipt from the donee organization, a canceled check or record of payment to substantiate all contributions made.**	☐	☐
38. Did you make any major purchases during the year (cars, boats, etc.)?	☐	☐
39. Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? **If so, how much? $__________**	☐	☐
Miscellaneous Information		
40. Did you make gifts of more than $18,000 to any individual?	☐	☐
41. Did you retire or change jobs this year or plan to next year?	☐	☐
42. Did you incur moving costs because of a job change (**only if in the military**)?	☐	☐
43. Did you make energy efficient improvements to your main home this year? **If yes, please provide documentation.**	☐	☐
44. Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	☐	☐
45. Did you pay or receive alimony in 2024? **Explain____________________________**	☐	☐
46. Did you receive correspondence from the State or the Internal Revenue Service? **If yes, explain:** ____	☐	☐
47. Do you have receipts and records for all income and deductions claimed on this return?	☐	☐
48. Do you want to designate $3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax due or reduce your refund.	☐	☐
49. Do you have questions regarding investment, financial or estate planning?	☐	☐

Would you like your return **Printed** ☐ **or Emailed?** ☐

If Email, please provide your email address: ____

NOTES/EXPLANATION TO YES ANSWERS (please provide question number):

Estimated Tax Payments:

	Federal Due Dates	Actual Date Paid	Federal	State	Local
Quarter 1 Payments	04/15/24				
Quarter 2 Payments	06/17/24				
Quarter 3 Payments	09/16/24				
Quarter 4 Payments	12/31/24				
Quarter 4 Payments for 2024	01/15/25				

Privacy Policy:

We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We do not disclose any non-public personal information about our clients or former clients to anyone, except as instructed to do so by such clients, or by law. We restrict access to non-public personal information and we maintain physical, electronic and procedural safeguards to guard your personal non-public information.

Disclosure:

I am aware that Michael J. Grabowski,MBA,EA,IAR is in the business of providing financial and investment services beyond accounting, tax return preparation and tax representation and that my tax information can be used to make recommendations to me. I understand I am under no obligation to follow any recommendations made or utilize any other services of the firm. I further understand that beyond the specific purpose of providing other advice or proposing other services to me, no tax return information will be disclosed to any person or for any purpose not specifically allowed by law or by subsequent approval by me, the client.

IRS Required Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for the purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

We are committed to the safeguarding of your confidential information and we maintain physical and electronic safeguards to protect your information within our office. Unless required by law, we will not disclose any information about you unless we have written approval as required under Reg. 301.7216-3(a)(1), even if you are no longer a client.

This represents a general guide, clients are instructed to fill out this form as best as possible. It is designed to provide the taxpayer with the greatest opportunity to reduce their tax liability. We will prepare your tax return based on the information provided. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance. If you have any questions or have completed the guide please call our firm to set up an appointment. You may also mail it to us and we will call you to set a meeting as necessary.

I have reviewed the information contained in this guide and to the best of my knowledge it is true, correct and complete.

☐ I / We elect not to complete the 2024 Income Tax Arranger

Client Signature:____ Date:________

Client Signature:____ Date:________

Would you like to allow your tax preparer or another person to discuss your return with the IRS? Yes ☐ No ☐

Designee's Name (if not the preparer): ___________________________ Phone: _____________________