

**PATRICIA MILLER TAX SERVICES, INC.**  
**106 HURLEY AVE., KINGSTON, NY 12401**

**Please read and include tax information for anything that pertain to you**

|   | YES | NO | COMMENTS |
|---|-----|----|----------|
| Did you make any estimated tax payments for 2024?   |     |    |          |
| If you are separated or divorced and have children, do you have a separation agreement or divorce decree that establishes custodial responsibilities? |     |    |          |
| Do you have self-employed income?   |     |    |          |
| Did you start a business, purchase a rental property, or acquire interest in a partnership or S Corporation?  |     |    |          |
| Did you receive unemployment payments?  |     |    |          |
| Did you sell any stocks, bonds, or other investment property?   |     |    |          |
| Did you make any withdrawals or Contributions to a education savings account or 529 plan?   |     |    |          |
| Do you own a second residence or any other real estate? If so, do you rent it out?  |     |    |          |
| Did you have any education expenses?  |     |    |          |
| If you are a teacher do you have any Educator Expenses?   |     |    |          |
| Did you make any contributions to a HSA account?  |     |    |          |
| Did you make any IRA or SEP contributions?  |     |    |          |
| Did you pay any student loan interest?  |     |    |          |
| Did you pay any out of pocket medical expenses?   |     |    |          |
| Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan this year?                                    |     |    |          |
| Do you have any charitable contributions?   |     |    |          |
| Did you make any Qualified Charitable Distributions (QCD) from your IRA account?  |     |    |          |
| Did you use any area of your home for business?   |     |    |          |
| Did you have any property damaged due to a storm, fire, or other natural disaster located in a federally declared disaster area?                      |     |    |          |
| Did you or your spouse turn 73 in 2024?   |     |    |          |
| Did you or your spouse receive Social Security benefits?  |     |    |          |
| Did you receive a distribution from a pension, profit sharing, or retirement plan 401K, IRA, SEP, etc?  |     |    |          |
| Did you rollover any pensions, profit sharing or IRA's?   |     |    |          |
| Did you convert any part of all of your regular IRA/SEP/SIMPLE IRA into a Roth IRA?   |     |    |          |
| Have you or do you plan on contributing to a regular IRA, Roth IRA, SEP, Keough or Simple Plan?   |     |    |          |
| Were you notified by the IRS or any state agency of changes to a prior year's tax return?   |     |    |          |
| Do you have any daycare costs for your dependents?  |     |    |          |
| Did you receive any assistance from your employer to pay for education expenses, child care costs, or adoption expenses?                              |     |    |          |
| Did you give a gift of more than \$18,000 to one or more people?  |     |    |          |
| Did you make any Long Term Care payments?   |     |    |          |
| Were you a volunteer firefighter or ambulance worker for the entire year?   |     |    |          |

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## THIS FORM MUST BE COMPLETED PRIOR TO TAXES BEING PREPARED

### 2024 INCOME TAX RETURN CHECKLIST

|   |        |           |                            |              |                                       |
|---|--------|-----------|----------------------------|--------------|---------------------------------------|
| TAXPAYER'S NAME   |        |           | SPOUSES NAME               |              |                                       |
| ADDRESS   |        |           | PHONE #                    |              |                                       |
| CITY/STATE/ZIP  |        |           |                            |              |                                       |
| TAXPAYER'S SOCIAL SECURITY #  |        |           | SPOUSE'S SOCIAL SECURITY # |              |                                       |
| TAXPAYER'S D.O.B.   |        |           | SPOUSE'S D.O.B.            |              |                                       |
| TAXPAYER'S OCCUPATION   |        |           | SPOUSE'S OCCUPATION        |              |                                       |
| BANK NAME   |        | ROUTING # | ACCOUNT#                   |              |                                       |
| IS THIS A CHECKING OR SAVINGS ACCOUNT?  |        |           |                            |              |                                       |
| DO YOU WANT YOUR RETURN MAILED BACK TO YOU? THERE IS A \$10.50 POSTAGE FEE YES OR NO Circle One                                     |        |           |                            |              |                                       |
| DEPENDENTS  |        |           |                            |              |                                       |
| NAME  | S.S. # | BIRTHDATE | If over 18,<br>student?    | Relationship | # of months lived<br>with you in 2024 |
|   |        |           |                            |              |                                       |
|   |        |           |                            |              |                                       |
|   |        |           |                            |              |                                       |
| MAKE SURE THAT YOU INCLUDE PROOF THAT YOUR DEPENDENTS LIVED WITH YOU IN 2024  |        |           |                            |              |                                       |
|   | YES    | NO        | Comment                    |              |                                       |
| Did you renew your Driver's license in 2024? If so I need copy of front and back  |        |           |                            |              |                                       |
| Did your Filing Status change?  |        |           |                            |              |                                       |
| Did you have any dealings with Cryptocurrency?  |        |           |                            |              |                                       |
| Did you receive or pay any Alimony?   |        |           |                            |              |                                       |
| Did you receive the Homeowners & Star Rebate?   |        |           |                            |              |                                       |
| Did you pay property and school taxes?  |        |           |                            |              |                                       |
| Did you purchase any tangible personal property and services outside the state or on the internet and use it within New York State? |        |           |                            |              |                                       |
| Did you install any energy efficient property this year?  |        |           |                            |              |                                       |
| Did you purchase a qualified plug-in EV or fuel cell electric vehicle this year?  |        |           |                            |              |                                       |
| Are you enrolled in health insurance through the Obamacare Marketplace?   |        |           |                            |              |                                       |
| Did you have any foreign income or foreign bank accounts?   |        |           |                            |              |                                       |
| Do you want to have direct deposit of any refund or direct withdrawal for amounts owed? If so provide bank info.                    |        |           |                            |              |                                       |