



SHANNON A RAASCH CPA INC

The Tax Crusader

405-390-8292



FACT FINDER

| | | | |
|--------------|--------|-------------|--------|
| Primary Name | IP PIN | Spouse Name | IP PIN |
|--------------|--------|-------------|--------|

[] Claimed as a dependent [] Full Time Student [] Blind [] Claimed as a dependent [] Full Time Student [] Blind
 DEMOGRAPHICS ("PRIMARY" IS THE 1ST NAME ON THE RETURN, & "YOU" INCLUDES BOTH SPOUSES FOR JOINT RETURNS)

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| <input type="checkbox"/> NEW CLIENT | WE MUST HAVE A COPY OF YOUR 2023 TAX RETURN & A CONTACT INFO SHEET |
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| <input type="checkbox"/> RETURNING CLIENT | Please complete a new Contact Information Sheet If anything has changed |
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RETURN DELIVERY OPTIONS. CHOOSE 1

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| <input type="checkbox"/> IN OFFICE PICKUP | <input type="checkbox"/> SECURE WEB PORTAL - We will send you a link to set up user name & password |
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| <input type="checkbox"/> US MAIL (Add \$10 Postage & Handling) | NOTE - We DO NOT EMAIL Tax Returns |
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RETURN REFUND OPTIONS. CHOOSE 1

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| <input type="checkbox"/> REFUND DIRECT DEPOSIT (PROVIDE VOIDED CHECK) | <input type="checkbox"/> REFUND BY MAIL (IRS CHECK, OK DEBIT CARD) |
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MARITAL & FILING STATUS

| | | | |
|---------------------------------|--|--|--|
| <input type="checkbox"/> SINGLE | <input type="checkbox"/> NEVER MARRIED | <input type="checkbox"/> DIVORCED-Date Final | <input type="checkbox"/> Provide Court Order |
|---------------------------------|--|--|--|

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| <input type="checkbox"/> MARRIED FILING JOINT | <input type="checkbox"/> ↑ Copy for 2024 Divorces |
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| <input type="checkbox"/> MARRIED FILING SEPARATE | WHY? | <input type="checkbox"/> ↑ |
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| <input type="checkbox"/> <input checked="" type="checkbox"/> IF YOUR SPOUSE IS ITEMIZING DEDUCTIONS ON THEIR SEPARATE RETURN. Provide a copy if possible | <input type="checkbox"/> ↑ |
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|--|--|--|--------------------------|
| <input type="checkbox"/> HEAD OF HOUSEHOLD | <input type="checkbox"/> NEVER MARRIED | <input type="checkbox"/> DIVORCED-Date Final | <input type="checkbox"/> |
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| <input type="checkbox"/> IF MARRIED [] Separate Maintenance or Spousal Support Decree, or Written Separation Agreement - COPY PROVIDED |
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| <input type="checkbox"/> LIVED WITH SPOUSE [] ALL YEAR [] NOT AT ALL or DATES From/To | <input type="text"/> | <input type="text"/> |
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| <input type="checkbox"/> Y <input type="checkbox"/> N Did you pay over half the cost of maintaining a home for your Qualifying Child or Relative? |
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|---|----------------------|----------------------|---|
| <input type="checkbox"/> SURVIVING SPOUSE | Spouse Date of Death | <input type="text"/> | <input type="checkbox"/> Provide Death Cert copy if in 2022, 2023 or 2024 |
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DEPENDENTS & OTHER HOUSEHOLD MEMBERS

| | | | |
|---|---|----------------------|--|
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> DEPENDENTS How Many? | <input type="text"/> | <input type="checkbox"/> DEPENDENT WORKSHEET Must be completed |
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TAX COMPLIANCE

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| <input type="checkbox"/> Y <input type="checkbox"/> N | SOMEONE CAN CLAIM PRIMARY AS A DEPENDENT OR QUALIFYING CHILD? |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | SOMEONE CAN CLAIM SPOUSE AS A DEPENDENT OR QUALIFYING CHILD? |
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|---|---|----------------------|----|
| <input type="checkbox"/> Y <input type="checkbox"/> N | NON RESIDENT ALIEN for any part of the year - PRIMARY? Dates From | <input type="text"/> | to |
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|---|--|----------------------|----|
| <input type="checkbox"/> Y <input type="checkbox"/> N | NON RESIDENT ALIEN for any part of the year - SPOUSE? Dates From | <input type="text"/> | to |
|---|--|----------------------|----|

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| <input type="checkbox"/> Y <input type="checkbox"/> N | MAIN HOME OF PRIMARY was in the US for more than half of the year? |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | MAIN HOME OF SPOUSE was in the US for more than half of the year? |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | CANNABIS BUSINESS - Are you involved in any aspect; grower, dispensary, distributor? NOTE, We currently do not prepare returns for those engaged in these activities unless you are strictly a W-2 employee. |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | FOREIGN BANK ACCT. OR TRUST Owned, Controlled, Signature Authority, Transfers to or from? |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | IF YES- COUNTRY(IES) | <input type="text"/> | \$ | <input type="text"/> | Highest Combined Balance at any time During 2024 |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | IF FOREIGN ACCOUNTS TOALED MORE THAN \$10,000 AT ANY TIME- DID YOU FILE FBAR (FinCEN 114)? |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | DIGITAL ASSETS like Bit Coin. Did you (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? |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | OBAMA CARE - Was any Household Member covered by insurance from the healthcare.gov marketplace? |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | OUT OF STATE PURCHASES WITH NO SALES TAX PAID? | <input type="text"/> | \$ |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | UNFILED TAX RETURNS for Prior Years? IF SO, What years? |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | DO YOU OWE BACK TAXES TO THE IRS? [] Y [] N TO THE STATE? [] Y [] N |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | IF SO, ARE YOU ON A PAYMENT PLAN? FEDERAL [] Y [] N STATE [] Y [] N |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | DO YOU HAVE DELINQUENT STUDENT LOANS, CHILD SUPPORT, or Other Refund Garnishments? |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | HAVE YOU RECEIVED LETTERS FROM IRS? OR STATE? If so, provide them |
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| <input type="checkbox"/> Y <input type="checkbox"/> N | HAS THE IRS DISALLOWED OR REDUCED ANY TAX CREDIT (EIC, CTC, ACTC or AOTC)? |
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ESTIMATED FEDERAL AND/OR STATE TAX PAYMENTS

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|---|----------------------------------|----------------------|-------|----------------------|---|
| <input type="checkbox"/> Y <input type="checkbox"/> N | ESTIMATED TAX PAYMENTS - Federal | <input type="text"/> | STATE | <input type="text"/> | Provide the date & amount of each payment |
|---|----------------------------------|----------------------|-------|----------------------|---|

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|---|--|---------|----------------------|-------|----------------------|
| <input type="checkbox"/> Y <input type="checkbox"/> N | APPLY REFUND TO 2025 ESTIMATED PAYMENTS? | FEDERAL | <input type="text"/> | STATE | <input type="text"/> |
|---|--|---------|----------------------|-------|----------------------|

QUESTIONS TO HELP US FIND OTHER INCOME AND DEDUCTION ITEMS

| | | | |
|---|---|---|--|
| Y | N | RETIREMENT PLAN DISTRIBUTIONS - MILITARY, FEDERAL, STATE, 401K, IRA, OR OTHER | 1099-R |
| Y | N | SOCIAL SECURITY BENEFITS | 1099-SSA |
| Y | N | UNEMPLOYMENT BENEFITS? | FORM 1099-G |
| Y | N | TIPS YOU RECEIVED THAT YOU DID NOT REPORT TO EMPLOYER | You should have a log with dates & amounts |
| Y | N | SELF EMPLOYED - CONTRACT LABOR - GIG INCOME - HOBBY INCOME | 1099 NEC, 1099-K, Business Worksheet |
| Y | N | S-CORP - PARTNERSHIP - ESTATE OR TRUST Beneficiary | Schedule K-1 from the Entity(s) |
| Y | N | PARTNERSHIP Partner or LLC Member? | Schedule K-1 from the Partnership |
| Y | N | ESTATE or TRUST BENEFICIARY? | Schedule K-1 from the Estate or Trust |
| Y | N | RENTAL PROPERTIES? | Rental Worksheet or summary of Income, Expenses & Improvements |
| Y | N | FARMING BUSINESS OR HOBBY? | Farm Worksheet or summary of Income, Expense Farm Worksheet |
| Y | N | INVESTMENT ACCOUNTS - STOCKS - MUTUAL FUNDS? | Year End Tax Stmt-1099-B-1099-Div-Tax Exempt Int |
| Y | N | GAMBLING WINNINGS? | W2G-Gambling Log-Win/Loss Reports-Casino ATM receipts |
| Y | N | REAL ESTATE PURCHASE OR SALE (including home) | Settlement Statements from Both Purchase & Sale, + Details |
| Y | N | DEBT CANCELLATION OF CREDIT CARD BALANCE, AUTO LOANS ETC. | Provide Form 1099-C or 1099-A |
| Y | N | MEDICAID WAIVER PAYMENTS for care of another In Your Home. | Not Taxable, but may increase other benefits |
| Y | N | ALIMONY RECEIVED - DECREE 2018 OR BEFORE UNLESS MODIFIED | Their Name, SSN, Amount & Date of Decree |
| Y | N | ALIMONY PAID - DECREE 2018 OR BEFORE UNLESS MODIFIED | Their Name, SSN, Amount & Date of Decree |
| Y | N | HSA - HEALTH SAVINGS ACCOUNT - DISTRIBUTIONS RECEIVED Form 1099-HSA? IF SO, HOW MUCH WAS USED FOR MEDICAL EXP? | ALL OR, AMOUNT \$ |
| Y | N | HSA CONTRIBUTIONS MADE DIRECTLY BY YOU, NOT BY EMPLOYER | AMOUNT \$ |
| Y | N | IRA OR ROTH CONTRIBUTIONS YOU MADE (not counting from your job) | Contribution confirmation documents |
| Y | N | OKLAHOMA 529 PLAN CONTRIBUTIONS MADE | Amount Contributed for each person |
| Y | N | QUALIFIED TUITION | 1099 Q, 1098-T & Account Statement + Student Worksheet |
| Y | N | STUDENT LOAN INTEREST | Documentation of Amount Paid |
| Y | N | ADOPTION EXPENSES | Amount paid, Documentation, When was it Final, Sepecial Needs |
| Y | N | ITEMIZED DEDUCTIONS MAY EXCEED - \$21900 for Head of Household \$29200 for Joint, or \$14600 for Single OR Married Filing Separate | If so, Mortgage Forms 1098, Out of pocket Medical, Contribution Statements, Real Estate Taxes |

**ENERGY CREDITS - ELECTRIC VEHICLES - HOME IMPROVEMENTS - PAID FOR & PLACED IN SERVICE DURING 2024
MANUFACTURERS CERTIFICATION OF IMPROVEMENT ELIGIBILITY REQUIRED FOR ALL ENERGY CREDITS**

| | | |
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| Y | N | ENERGY EFFICIENT IMPROVEMENTS - Insulation, exterior doors, wldows & skylights |
| Y | N | ENERGY EFFICIENT EQUIPMENT - Central A/C, Heat Pump (gas or elec.), water heaters (gas, propane, oil, heat pump) Furnace or hot water boiler (gas, propane, oil) Electrical panel improve or replace, Home energy audit |
| Y | N | CLEAN ENERGY IMPROVEMENTS - solar electric, solar water heaters, fuel cells, wld & geothermal energy generating systems |
| Y | N | ELECTRIC VEHICLE All paperwork demonstrating eligibility |

TAX ADVANTAGED OCCUPATIONS TEACHERS, MINISTERS, MILITARY

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| Y | N | TEACHER WITH EDUCATOR EXPENSES? | PRIMARY | \$ | SPOUSE | \$ |
| Y | N | MINISTER WHO OPTED OUT OF SE TAX? | W2 & Housing Allowance Worksheet. Ministry Expenses won't help. | | | |
| Y | N | MINISTER SUBJECT TO SE TAX? | W2 & Both Ministry Expense & Housing Allowance Worksheets | | | |
| Y | N | IF SO, DO YOU HAVE UNREIMBURSED MINISTRY EXPENSES? | Provide a Summary of Expenses. See Website for worksheet | | | |
| Y | N | MILITARY RESERVE WITH UNREIMBURSED TDY EXPENSES? | Out of pocket expense information | | | |
| Y | N | MILITARY ACTIVE DUTY WITH UNREIMBURSED TRANSFER EXPENSES? | Amount & Distance of the move. | | | |

ATTESTATION

> I/WE HAVE READ THE FOREGOING AND THE INFORMATION PRESENTED IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.
 > I/WE HAVE LOGS, RECEIPTS OR OTHER DOCUMENTATION FOR ALL INFORMATION Provided herewith, or subsequently, to substantiate amounts provided.
 > I/WE HAVE DECLARED ALL INCOME including CASH, BARTERING & OTHER INCOME even if not reported to the IRS.
 > I/We Acknowledge that my/our return will be prepared Solely from information that I/We have provided.
 > For a Joint Return, if only one Spouse has signed this form, I, the Undersigned, hereby attest and affirm that my Spouse is aware of and in agreement with my actions and that information provided for my Spouse is true and correct to the best of my knowledge and belief.
 > If I/we choose to provide documents by E-mail, I/we agree to do so at my/our own risk and hereby hold Shannon A Raasch CPA, Inc. and its staff and associates, harmless for any data interceptions or other complications or costs arising therefrom. I/We acknowledge that a Secure Document Portal is available.

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|--------------------|------|-------------------|------|
| Signature Primary | | Signature Spouse | |
| Print Primary Name | Date | Print Spouse Name | Date |