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Hurricane, WV 25526

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Name: _____ SS No. _____ (DOB) _____
Spouse: _____ SS No. _____ (DOB) _____
Address: _____ Telephone (Home) _____
 _____ Telephone (Work) (t) _____ (s) _____
 _____ Telephone (Cell) (t) _____ (s) _____
Occupation: Taxpayer _____ Spouse _____
E-Mail Address: Taxpayer _____ Spouse _____

Taxpayer: 65 or over Blind/Disabled Deceased DOD _____ (Death Certificate)
Spouse: 65 or over Blind/Disabled Deceased DOD _____ (Death Certificate)

Check One: Single Married Filing Joint Surviving Widow/Widower
 Married Filing Separately (enter spouse's name SS No. Above) Unmarried Head of Household

Dependents

Name	Birthdate	Social Security No.	Relationship	No. of Mos. lived in your home
		-		
		-		
		-		
		-		
		-		

The checklist below could lead to helpful deductions. Please answer and provide supporting information.

Yes No

- Did you purchase health insurance through the Marketplace? **If so, provide documentation, 1095-A.**
- Did you contribute to a Health Savings Account (HSA) in 2024. This account must be used in conjunction with a High Deductible Health Plan. Amount: Self-only \$ _____ Family \$ _____
- If you are self employed, did you pay health insurance premiums for yourself and your family? Amount: \$ _____
- Did you trade in or use Digital Currency? Amount \$ _____ Provide Details**
- Did you withdraw IRA or Keogh funds during the year? If so, Please indicate the amount of funds Withdrawn: \$ _____ Date: _____ Re-deposited: \$ _____ Date: _____
 Were any taxes withheld? Yes No Amount: Fed \$ _____ State \$ _____
 Were the withdrawn funds used to pay medical expenses? Yes No
- Provide all 1099R forms Reporting Distributions.**
- Did you pay **Alimony**? If Yes, paid to: _____
 SS No. _____ Amount Paid \$ _____ (Must have copy of Divorce Decree)
- Did you make payments to a **Prepaid Tuition/Savings Plan (Sec 529 Plans)**? Amount \$ _____
 Provide Documents
- Did your college student receive educational benefits under a prepaid tuition program? Provide Documents
- Do you wish to donate \$3 of your taxes to the Presidential Campaign Fund?

- Have you ever qualified for the **Earned Income Tax Credit**?
- Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?
- Do you have any assets or own any accounts in foreign countries. ***If yes please provide documentation.**
- Did you sell any assets or provide any service not listed on this form? If yes, provide details.
- Energy Credits – (Home) **Please provide documents.**
- Did you have any Online Asset Sales? Amount \$_____ Provide details on bottom of page 3.**

Estimated Tax Payment Information

		1 st Quarter 04/15/24		2 nd Quarter 06/7/24		3 rd Quarter 09/16/24		4 th Quarter 01/15/25	
Federal State	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	

Wage Income (Enclose all copies of all W-2 Forms)

Taxpayer: Number of W-2's enclosed _____ Spouse: Number of W-2's enclosed _____

Retirement Benefits Received (Enclose all 1099R Forms)

	Payer	T or S	Amount	IRA Dist		Payer	T or S	Amount	IRA Dist
1)					4)				
2)					5)				
3)					6)				

Interest and Dividend Income (Enclose all 1099-INT and 1099-DIV Forms)

	Payer	I or D	Total Amount	Capital Gains	Non-Taxable
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

Total Municipal Bond Interest Earned 2024: \$ _____

Seller Financed Mortgages: Buyers name, SS number and address: _____

Installment Sale Payments Received: Interest \$ _____ Principal \$ _____
Buyers Name: _____ SS# _____ Address: _____

Rental Income (Attach 1099 Forms)

Property Description	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Property Address							
Gross Income							
Expenses							
Advertising							
Auto & Travel							
Cleaning & Maint							
Commissions							
Insurance							
Professional Fees							
Mortgage Interest							
Other Interest							
Repairs							
Supplies							
Taxes							
Utilities							

Did you make any payments in 2024 that would require you to file Form(s) 1099? Yes No
 If you answered yes, did you issue required 1099 Form(s)? Yes No

Depreciable Asset Additions (Attach all Support Documents)

For Sch C,E,F, 2106	Description & Location (A,B,C,D,E,F,G)	Date Purchased	Cost	Trade in if any

Improvements to Real Estate (Attach all Support Documents)

For Sch C,E,F, 2106	Description & Location (A,B,C,D,E,F,G)	Date Purchased	Cost

Business Income (Attach 1099-Misc Forms)

A) **Business Name** _____
Federal ID No _____
 Principal Business Activity _____
 Principal Product _____
 Accounting Method Cash Accrual
 Taxpayer Spouse

B) **Business Name** _____
Federal ID No _____
 Principal Business Activity _____
 Principal Product _____
 Accounting Method Cash Accrual
 Taxpayer Spouse

Gross Income	(A)	(B)	Deductions	(A)	(B)
			Advertising		
Gross Income			Auto-Truck Expense		
Less: Returns/Allow			Bad Debts		
			Commissions		
Cost of Sales			Professional Dues		
			Employee Benefit Prog		
Beginning Inventory			Freight & Express		
Purchases			Utilities		
Cost of Labor			Insurance		
Materials & Supplies			Interest - Mortgage		
Freight In			Interest - Other		
Other			Janitorial & Cleaning		
			Laundry		
Ending Inventory			Legal/Accounting Fees		
			Office Expense		
			Postage		
			Rent		
			Repairs		
			Salaries		
			Supplies		
			Telephone		
			Travel		
			Meals & Entertainment		

Did you make any payments in 2024 that would require you to file Form(s) 1099? Yes No
 If you answered yes, did you issue required 1099 Form(s)? Yes No

Business Use of Home

Total Area of Home: _____ sq. ft. Total area Used for Business: _____ sq. ft.
 Nature of Business Activity Performed in Home: _____
 Was Another Office Available to You Outside the Home? Yes No

Non-Exclusive Use by Day Care Providers Only: Hours/Day Used for Day Care _____
 Days/Year Used for Day Care _____

Personal Itemized Deductions – Please provide support documents for all deductions.

Medical	Amount	Taxes (\$10,000 Maximum Deduction)	Amount
Prescription Drugs		Real Estate	
Medical Insurance Prem		* Personal Property	
Long Term Care Ins Prem		State & Local Income Tax	
Medicare Premiums			
Doctors/Dentists			
Clinic/Lab Tests		Charitable Contributions	
Hospitals		Cash Contributions*	
Eyeglasses/Hearing Aids			
Orthopedic Shoes/Braces			
Medical Long Distance Phone			
Other			
Other			
Medical Miles Driven			
Do you have a medical svgs acct?		Other Than Cash Contributions	
Interest			
Deductible Home Mortgage Interest Paid to Financial Institutions		Charitable Miles Driven	
Home Mortgage Insurance			
Home Equity Interest			
Deductible Home Mortgage Interest		* Contributions of \$250 or more require written substantiation	
Paid to Individuals:*		from the org.	
Name/Address:			
		Miscellaneous Deductions	
		Gambling Losses	
Social Security Number*		(limited to winnings)	
*Failure to provide subject to Penalty			
Deductible Points (Include Amort. Points from Prior Years)		Other:	
Investment Interest		* For WV Tax Credit – Must provide copy of timely paid personal	
Amt of Int Pd on Educational Loans		property tax receipt.	

Standard Mileage Rate is 67 cents per mile for January – December 2024.

Automobile Expenses	Car 1	Car 2		Car 1	Car 2
Total Miles Driven **			Actual Auto Expenses		
Personal Miles 2024			Gas & Oil		
Business Miles 2024			Insurance		
X _____ (Signature)			Licenses		
** Please sign above to verify mileage accuracy)			Lubrication		
Avg Daily Commute			Repairs		
Written Records?	Y / N	Y / N	Tires, Tire Repair		
Is another vehicle available			Wash		
for personal use?	Y / N	Y / N	Other		
Is an employer-provided vehicle					
available for personal use?	Y / N	Y / N			

**** Note:** We cannot use an amount for vehicle expense without detailed mileage information!

Child Care Deductions (attach documents) Qualifying Dependent Name(s) and amount paid
 _____ \$ _____, _____ \$ _____, _____ \$ _____

Providers Name/Address (Include Individuals Name and/or Org Name)	SS or Fed ID	Amount

Did you receive employer-provided dependent care assistance benefits? yes no Amount \$ _____

Sale of Personal Residence (**Attach copy of closing/settlement statement for purchase and sale**)

Date Old Residence Acquired _____ Date Old Residence Sold _____

Retirement Contributions for 2024? Do you want to make any nondeductible IRA contributions?
 yes no

	Self (Amount)	Spouse (Amount)
IRA Contributions		
SEP		
KEOGH		
Education IRA		
Roth IRA Contributions		
Roth IRA Rollover Amount		

Household Employee Information (Attach all W-2's for employees)

Household Employer EIN: _____ Did you pay any emp \$1,000 or more in 2024? Yes No
 Did you withhold Fed Income Tax During 2024 at the request of any employee? Yes No
 Did you pay total cash wages of \$1,000 in any calendar quarter of 2024 to employees? Yes No
 Was employee under 18? yes no Student? yes no Form I-9 on file for emp? Yes No
 Household Employee Name: _____ Social Security Number: _____
 Address: _____



Federal and State Returns are Mandatory Electronic Filing

Bring a voided check from your checking account (for Electronic Direct Deposit) purposes. Your failure to do this will cause a delay in your Electronic Direct Deposit. Must have all Social Security Numbers and Dates of Birth for You, Spouse and all Dependents.!!

Do you wish to designate your tax preparer or someone else to be contacted by the IRS in case any questions arise regarding your tax return? If yes, name the person. [] Yes [] No _____

***To the best of my knowledge the enclosed information is correct and includes all income, deductions and other information necessary for the preparation of this years returns, for which I have adequate contemporaneous records. Reminder – We will prepare your return based upon information provided by you. We do not audit or verify data provided by you.**

x _____ x _____ (Please Sign) _____ (Date)

PRE-APPOINTMENT QUESTIONNAIRE

Please complete this Tax Organizer before your appointment.

Bring this completed Tax Organizer with you at your scheduled appointment. Also please bring all applicable documents W-2's, 1099's, Social Security Income Information, Unemployment Income Information, Pension Rollover Information, and any other that we may need to properly prepare your return. Please call us to schedule a convenient appointment time for you.

Your appointment is scheduled for: (Please notify us if you are unable to keep this appointment.)

_____ am/pm
Day Date Time

Tax Preparer Notes: _____

