A Plus Accounting and Tax

85 Sugar Creek Lane Ste A North Liberty, IA 52317 admin@aplusacctg.com Phone: (319)409-7416 | Fax: (800)882-6301

January 28, 2025

Income tax time is here! The enclosed packet has been prepared to assist you in gathering information for your 2024 tax return. Please use this organizer as a resource to gather your tax information.

We require pages 1 - 6, the Questionnaire, Personal Information and Dependent & Other Information forms, to be completed as well as a signed copy of the Engagement Letter . We will not start your return without this information. These pages ensure that we comply with Federal requirements and have current demographic information on file.

If you are an existing client, certain lines in the packet may contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

Please provide the <u>signed copy of the Engagement Letter</u>, a copy of this packet and all supporting documents, including W-2 and 1099 statements, when you submit your document for tax preparation. We appreciate your trust in our business. Contact our Cedar Rapids office at (319)-390-7910 or North Liberty office at (319)409-7416 if you have any questions or need additional information.

Sincerely,

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January 28, 2025

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (319)409-7416.

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January 28, 2025

Thank you for choosing A Plus Accounting and Tax to assist you with your 2024 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We have prepared your federal and state income tax returns based on the information you provided. Please review your entire return to ensure that there are no material misstatements. We have not audited your return or undertaken any procedure to disclose any irregularities.

We recommend you maintain a copy of your return and source documents for at least 3 years in case these items are needed to prove accuracy and completeness of a return.

Invoices are due and payable upon presentation of completed tax returns.

If your return is audited, and if you desire, we will be available to assist you. These services are billed separately.

Please sign this letter below to affirm that this letter correctly summarizes your understanding of the arrangement.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (319)409-7416.

Sincerely, A Plus Accounting and Tax

Accepted By:

Taxpayer

Date

Spouse

Date

	Questionnaire
I	
Name:	SSN:
Questionnaire	
Personal Inform	nation
Yes No	
[][]	Did your marital status change during the year?
[][]	If "Yes," explain Did your name change during the tax year?
	If "Yes," explain.
[][]	If your filing status is married, but you are filing separately from your spouse, did you and your spouse
	live apart for the last six months of 2024?
[][]	Can you or your spouse be claimed as a dependent by someone else?
	Did your address change during the year?
[][]	Were you, your spouse, or any dependents a victim of identity theft? If "Yes," explain.
[][]	Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
	If "Yes," provide Notice CP01A from the IRS.
Provide	proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)
ependent Info) Yes No	rmation
[][]	Did you have any changes in dependents during the year?
	If "Yes," explain.
[][]	Can another person qualify to claim any of your dependents?
[][]	Did you have any child or dependent care expenses during the year?
[][]	Did you have any adoption expenses during the year?
[][]	Did you have any children under age 18 or a full-time student under age 24 with more than \$2,600 of unearned income?
Provide	documentation for proof of dependent credits (school records, medical records, daycare records, etc.)
lealth Care Inf	ormation
Yes No	
[][]	Did any member of your household have healthcare coverage through the Marketplace (Obamacare)?
	If "Yes," provide copies of Form 1095-A.
[][] [][]	If "Yes," provide copies of Form 1095-A. Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage
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[][] ncome, Purch Yes No [][]]	If "Yes," provide copies of Form 1095-A. Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? ases, Sales, and Debt Information Did you receive any tips not reported to your employer?
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[] [] ncome, Purch Yes No [] [] [] [] [] []	If "Yes," provide copies of Form 1095-A. Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? ases, Sales, and Debt Information Did you receive any tips not reported to your employer? Did you receive any disability income during the year? Did you cash in any U.S. savings bonds during the year?
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[][] ncome, Purch Yes No [][] [][] [][] [][]	If "Yes," provide copies of Form 1095-A. Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? ases, Sales, and Debt Information Did you receive any tips not reported to your employer? Did you receive any disability income during the year? Did you cash in any U.S. savings bonds during the year?
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[] [] ncome, Purcha Yes No [] [] [] []	If "Yes," provide copies of Form 1095-A. Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? ases, Sales, and Debt Information Did you receive any tips not reported to your employer? Did you receive any disability income during the year? Did you cash in any U.S. savings bonds during the year? Did you start a new business or purchase any rental property during the year? Did you sell an existing business, rental property, or other property during the year? Did you purchase any business assets or convert any assets to business use? If "Yes," provide the cost of the asset, the date it was placed in service, and the business use percentage. Did you purchase any gasoline, diesel, or special fuels for off-road business use? Did you buy or sell any stocks, bonds, or other investments during the year?
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[] [] ncome, Purcha Yes No [] [] [] []	If "Yes," provide copies of Form 1095-A. Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? ases, Sales, and Debt Information Did you receive any tips not reported to your employer? Did you receive any disability income during the year? Did you cash in any U.S. savings bonds during the year? Did you start a new business or purchase any rental property during the year? Did you sell an existing business, rental property, or other property during the year? Did you purchase any business assets or convert any assets to business use? If "Yes," provide the cost of the asset, the date it was placed in service, and the business use percentage. Did you purchase any gasoline, diesel, or special fuels for off-road business use? Did you buy or sell any stocks, bonds, or other investments during the year? Did you sell a principal residence during the year?
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[] [] ncome, Purcha Yes No [] [] [] []	If "Yes," provide copies of Form 1095-A. Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? ases, Sales, and Debt Information Did you receive any tips not reported to your employer? Did you receive any disability income during the year? Did you cash in any U.S. savings bonds during the year? Did you start a new business or purchase any rental property during the year? Did you start a new business or purchase any rental property during the year? Did you sell an existing business, rental property, or other property during the year? Did you purchase any business assets or convert any assets to business use? If "Yes," provide the cost of the asset, the date it was placed in service, and the business use percentage. Did you purchase any gasoline, diesel, or special fuels for off-road business use? Did you sell any stocks, bonds, or other investments during the year? Did you sell a principal residence during the year? If "Yes," provide closing documentation for the purchase and sale of the home. Did you have a principal residence or a piece of real property foreclosed on during the year? Did you abandon a principal residence or a piece of real property during the year?

2024

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	Questionnaire
Name:	SSN:
Questionnaire	
[][]	Did you rent out your home or use it for business?
[][]	Did you sell, exchange, or purchase any real estate during the year?
[][]	Did you acquire a new or additional interest in a partnership or S corporation?
[][]	Did you have any debts canceled or forgiven this year?
[][]	Does anyone owe you money that has become uncollectible?
[][]	Did you purchase a new or previously owned clean vehicle (electric vehicle, plug-in hybrid, fuel-cell
	vehicle, qualified commercial clean vehicle) during the year?
	If "Yes," provide the report the dealer or seller is required to provide to you and the vehicle
	identification number (VIN).
[][]	Did you receive income or incur expenses associated with a fantasy sports league?
	If "Yes," provide documentation.
[][]	Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
	If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K. Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
[][]	If "Yes," attach Form 1099-K or Form W-2.
[][]	Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
[][]	If "Yes," provide documentation.
[][]	Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
[]]]]	If "Yes," attach Form 1099-K.
[][]	Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, VRBO or
	HomeAway)?
	If "Yes," provide documentation.
[][]	Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?
	If "Yes," provide documentation.
[][]	Did you receive any other income you have not provided information for with this organizer?
	If "Yes," explain.
temized Deduc	tion Information
Yes No	
	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the
	year?
[][]	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
	Did you receive any state or local income tax refunds from prior years?
	Did you make any major purchases (vehicle, boat, etc.) during the year?
[] []	Did you pay any real estate property taxes or personal taxes during the year?
[][]	Did you pay mortgage interest during the year?
	Did you make cash donations to charity during the year?
[][]	Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
[][]	Did you donate a boat or vehicle during the year?
	If "Yes," attach Form 1098-C.
[][]	Did you have gambling winnings or losses during the year?
[][]	Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety
	equipment, etc.)?
[][]	Did you use your vehicle on the job other than for commuting to work?
[][]	Did you work out of town at any time during the year?
Retirement Info	rmation
Yes No	Did you make any contributions to an IRA Dath Koogh SIMDLE SED 401/k) or other qualified retirement
[][]	Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement
[] []	plan during the year? Did you make any withdrawals or receive distributions from a pension or profit-sharing plan, IRA, Roth,
[][]	Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
[][]	Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified
	retirement plan during the year?

Name:

SSN:

Questionnaire

[] [] Did you receive any Social Security benefits during the year?

Education Information

Yes No

- [] [] Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- [] [] Did anyone in your household attend a post-secondary school during the year?
- [] [] Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- [] [] Did you pay student loan interest for yourself, your spouse, or your dependents during the year? If "Yes," provide the amount of interest that was refunded.
- [] [] Did you receive forgiveness on a qualifying federal student loan?

Foreign Tax Information

Yes No

- [] [] Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- [] [] Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- [] [] Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- [] [] Did you have any income from, or pay taxes to, a foreign country?
- [] [] Did you receive a Schedule K-3 from a partnership or S corporation?
- [] [] Did you have ownership in a foreign corporation at any time during the year?
- [] [] Did you own property in a foreign country?

Refund, Withholding, and Estimated Tax Information

Yes No

- [] [] If you have an overpayment of 2024 taxes, do you want the refund applied to your 2025 estimated taxes?
- [] [] Did you make any estimated payments toward your 2024 taxes?
- [] [] Did you apply an overpayment of your 2023 taxes to your 2024 estimated taxes?
- []] Do you want to have any refund or balance due directly deposited or withdrawn? If "Yes," provide a canceled checking or savings slip.
- [] [] Do you anticipate your income or withholdings to be different for 2025?

Miscellaneous Information

Yes No

[][]	Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in
	any digital asset?
[][]	Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared
	disaster area?
	If "Yes," provide the incident date, value of the property, amount of insurance reimbursements, and
	the declaration number assigned by FEMA.
[][]	Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?

[] [] Did you make gifts to any one person in excess of \$18,000 during the year?

Yes No

- [] [] If "Yes," are you splitting the gift with your spouse?
- [] [] Did you incur moving expenses with the military during the year?
- [] [] Did you make any energy-efficient improvements to your main home during the year?
- [] [] Are you a business owner who paid health insurance premiums for your employees during the year?
- [] [] Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or two or more related transactions during the year?

Yes No

[] [] If "Yes," was Form 8300, Report of Cash Payment over \$10,000 Received in Trade or Business, filed?

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	Questionnaire	
lame:	SSN:	
Questionnaire		
[][] [][]	Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the year? Did you make any purchases subject to use tax during the year? If "Yes," provide details.	
[][]	Did you receive any notices from the IRS or state taxing authority? If "Yes," explain.	
[][] [][]	May the IRS discuss your tax return with your preparer? Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?	
Preparer Notes		

2024 Tax Organizer Personal Information

Personal Information										
	Name					SN I	Has P PIN	Date of Birth		
Taxpayer										
Spouse	e									
Name of person to whom all information should be addressed, if not the taxpayer										
Street address, city, state, and ZIP										
	Occupation Daytime Phone Evening Phone						Cell Phone			
Taxpayer										
Spouse										
Taxpayer email										
Spouse email										
Single Married Widowed - If widowed and your spouse died after December 31, 2022, enter the date of death Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2024? Yes No Are you or your spouse blind? Are you or your spouse disabled? Description Are you or your spouse a full-time student? Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund? At any time during 2024 did you: (a) receive (as a reward, award, or payment for property or service) a digital asset? (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Identification Information Taxpayer's type of photo ID Spouse's type of photo ID Driver's license State-issued photo ID Photo ID number Photo ID number State photo ID was issued State photo ID was issued Date photo ID was issued Date photo ID was issued										
Date photo ID exp				Date photo ID expires						
	Mation for Name of B	Deposits and Withdrav	VAIS Bank Routing Number	Bank Account Number	Type of Ac Checking	ccount Savings	Use Depo	this Account for sits Withdrawal		
Appointment Information										
Your 2024 appointment is scheduled for										

2024

	Dependent a	and Other In	formatio	n			
ime:						SSN:	
ependent Information							
First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses
			_				
			_				
			_				
t dependents required to file a return hild and Other Dependent Care E	Expenses						
Name of Care Provider		Address			SSN or EIN		Amount Paid

	Federal		Resider	nt State	Residen	t City
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2023						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						