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**Please bring in all W-2's and 1099's**

***Please note on Page 4 any significant events during 2024 that may affect your tax return. Significant events would be marriage, death, divorce, birth of children, sale of assets, 1031 exchange, etc. Other things that are pertinent would be: did you move? Change your telephone number or email address?***

**PERSONAL INFORMATION – 2024**

	<u>Taxpayer</u>	<u>Spouse</u>
First name:	_____	_____
Last name:	_____	_____
Social Security #:	____-____-____	____-____-____
Occupation:	_____	_____
Date of birth:	____/____/____	____/____/____
Mailing address:	_____	
City, State, Zip:	_____	
First telephone #:	_____	Second #: _____
E-mail address	_____	

**DEPENDENT'S**

<u>Name</u>	<u>Date of birth</u>	<u>Social Security number</u>
_____	____/____/____	____-____-____
_____	____/____/____	____-____-____
_____	____/____/____	____-____-____
_____	____/____/____	____-____-____

**(NOTE: IRS Form 8332 must be *obtained* and *signed* by the custodial parent for claiming Dependents NOT living with you.)**

**2024 – TAX INFORMATION**

**INTEREST INCOME**

BANK NAME	INTEREST EARNED
_____	\$ _____
_____	\$ _____
_____	\$ _____

**DIVIDENDS**

**Please bring in year-end tax documents for all mutual funds and stock transactions so we can accurately enter the data on your return.**

**(NOTE: For sales of mutual funds and/or individual stocks, we *must* have the following: description, date acquired/purchased, purchase price, date sold, sale price. Contact your investment advisor for this information)**

<u>IRA's (Individual Retirement Account)</u>	<u>Taxpayer</u>	<u>Spouse</u>
Contribution amount:	\$ _____	\$ _____
Distribution amount:	\$ _____	\$ _____
Rollover:	Yes _____ No _____	Yes _____ No _____
Type: (Check ✓ )	Traditional IRA: _____	Traditional IRA: _____
	Roth IRA: _____	Roth IRA: _____

**Income:**

	<u>Taxpayer</u>	<u>Spouse</u>
Unemployment wages:	\$ _____	\$ _____
Gambling wins	\$ _____	\$ _____
Social Security received:	\$ _____	\$ _____
Pension received:	\$ _____	\$ _____
State tax refund:	\$ _____	
Alimony:	Received: \$ _____	Paid: \$ _____
<b><u>Other 1099s</u></b>	\$ _____	\$ _____

**ESTIMATED TAXES PAID**

	<u>04/15/24</u>	<u>06/15/24</u>	<u>09/15/24</u>	<u>01/15/25</u>
Federal amount:	\$ _____	\$ _____	\$ _____	\$ _____
Date paid:	_____	_____	_____	_____
State amount:	\$ _____	\$ _____	\$ _____	\$ _____
Date paid:	_____	_____	_____	_____

**ITEMIZED DEDUCTIONS**

In addition, please bring in MA 1099-HC, 1095-A, 1095-B, 1095-C. If you are a Massachusetts resident, you are now required to provide proof of health insurance coverage. These forms will be sent to you directly from your Health Insurance Provider or your employer. Please note that if you receive your insurance through the Health Connector the 1095-A form is critical as this is the form that calculates how much you pay for your health insurance coverage. Failure to provide this form will result in a tax liability for each month taxpayer is not covered by health insurance in 2024. (NOTE: To receive the medical expense benefit, your out-of-pocket expenses must exceed 7.5% of your income.)

Medical Doctors, Dentists, Prescriptions and Health Insurance:	\$ _____
Prescription Drug Costs:	\$ _____
Health Insurance Premiums:	\$ _____
Long Term Care Premiums:	\$ _____
Self-Employed Health Insurance Premiums:	\$ _____
Real Estate Taxes:	\$ _____
Automobile Excise Taxes:	\$ _____
Personal Property Taxes (Trailer or Motor Home):	\$ _____
Sales Tax on New Automobiles:	\$ _____
Mortgage Interest:	\$ _____
Home Equity Interest:	\$ _____
Points Paid on Home Purchase or Refinancing and Date:	\$ _____
Charitable Contributions: (Non-cash charitable contributions must have an itemized receipt including item description, value, and date of donation)	\$ _____
Teaching Expenses:	\$ _____
Gambling Wins/Losses (must be documented)	\$ _____

**2024 – TAX INFORMATION**

**CHILD CARE PAID**      Number of children provided for: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Identification #: \_\_\_\_\_

Identification #: \_\_\_\_\_

Amount paid: \$ \_\_\_\_\_

Amount paid: \$ \_\_\_\_\_

**MASS RENTAL ADDRESS**

**LANDLORD'S NAME**

**AMOUNT PAID**

\_\_\_\_\_ \$ \_\_\_\_\_

**STUDENT INTEREST and TUITION CREDITS** (Subject to Income Limits) **(Please make sure to submit to us the actual 1098T form.)**

College tuition paid: \$ \_\_\_\_\_

Student name: \_\_\_\_\_

Student loan interest paid: \$ \_\_\_\_\_

Undergrad or Graduate: \_\_\_\_\_

College name and address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONVENIENT SERVICE** (Direct deposit of refund)

Check ( ✓ ) if service is desired: \_\_\_\_\_ Direct deposit of refund

**(Attach copy of voided check OR complete following)**

Bank name: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Routing number: \_\_\_\_\_ (9 digits)

Account number: \_\_\_\_\_

**SIGNIFICANT EVENTS**: (Births; deaths; sale of assets; children in college; etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Attach additional sheets if more information regarding the above is needed,  
for Business (Schedule C) or Rental (Schedule E)*

