

2024 TAX RETURN INFORMATION WORKSHEET

Client Name(s): _____

Primary Contact Phone #: _____

Spouse Contact Phone #: _____

Primary Email: _____

Spouse Email: _____

Preferred Contact Method: Call / Email / Text

Preferred Meeting Method: In-Person / Phone

Primary Taxpayer (As Shown on Return)		Taxpayer 2 / Spouse	
Name		Name	
SS#		SS#	
DoB		DoB	
Occupation		Occupation	
Address			

Dependent Name	Birthdate	Relationship	Mo's in Home	Social Security No.

Primary Taxpayer	
Driver's License #	
State	
Issue Date	
Expiration Date	

Taxpayer 2 / Spouse	
Driver's License #	
State	
Issue Date	
Expiration Date	

If you would like to direct deposit a refund or direct pay an amount owed, please complete the information below. Please provide a **voided check** for our records and to assure accuracy.

Bank Name:		Checking / Savings
<input type="checkbox"/> Direct Debit	Bank Routing Number	Bank Account Number
<input type="checkbox"/> Direct Deposit		

At any time during 2024, 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)? **Y** / **N**

Did you have any interest or authority over any foreign account or foreign trust account(s)? **Y** / **N**

Did you receive any unemployment in 2024? **Y** / **N** If yes, provide Form 1099G.

Did you make a contribution(s) to a 529 plan? **Y** / **N** If yes, provide the value for each dependent.

Is everyone on this tax return covered by health insurance? **Y** / **N**

Have you moved into or out of another state this past year? **Y** / **N** Date of Move? _____

Did you make "Energy Efficient" home improvements in 2024? **Y** / **N**

Have you purchased an EV / clean energy vehicle in 2024? **Y** / **N**

If yes, did you receive a credit at the dealership? **Y** / **N**

I authorize the firm to begin preparation of my tax return with the data listed above.

Client Signature _____

_____/_____/_____
Date

Help Us to Help You

Please use this form to help you organize your tax documents.

- We ask that all tax returns are paid for within 30 days of filing them with the IRS and respective states. We accept cash, checks, PayPal, and most major credit cards. You can also pay via online PayPal on our website at www.rpttax.com
- All mailed returns and tax documents are sent using USPS Priority mail. Additional fees will be charged.
- Any forms sent via email should be sent to rpttaxstaff@gmail.com. Please **DO NOT** email your docs via separate attachments, but together in one file.
- You do not have to send us your medical and donation receipts. A list will suffice.

Medical and Dental Expenses

Prescription Medication paid by you/family _____

Health Insurance Premiums paid by you _____

Long Term Care Premiums (you/spouse) _____

Doctor Co-Pays paid by you/family _____

Dental out of pocket paid by you/family _____

Eyeglasses/Contacts paid by you/family _____

Mileage driven for medical purposes _____

Do you have an FSA Plan? YES / NO

If yes, amount of medical paid by your FSA: _____

Charitable Contributions

Donations to Charity (cash/check) _____

Miles driven for charitable purposes _____

Donations to Charity (non-cash) _____

Additional Out of pocket medical expenses. Please List.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If non-cash donations exceed \$500, list below*

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*A detailed spreadsheet for donated items is available upon request.



Robert P. Thompson

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Engagement Letter for the Preparation of Your 2024 Tax Returns:

Thank you for choosing Robert P. Thompson to assist you with your **2024** income taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide. We will prepare your **2024** Federal and state(s) income tax returns. We will depend on you to provide the information we need to prepare and complete an accurate return. We may ask you to clarify some items but will not audit or otherwise verify the data you submit.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find any irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit period. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers under estimate their tax liability. Call us if you have concerns about such penalties. Should we encounter instances of unclear tax law, or a potential conflict in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates and the complexity of the return plus out of pocket expenses. Invoices are due and payable upon presentation. Your tax return will be filed after all authorizations have been signed and payment for services has been paid in full.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, cancelled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our commitment to preparing your **2024** tax return will conclude with the delivery of the completed returns to you. If you have not selected to efile your return with our office, you will be solely responsible to file the return with the appropriate taxing authorities. Review all tax return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangement for this work, sign this letter in the space indicated below.

Accepted By: (Both spouses must sign for preparation of joint returns)

Printed Taxpayer Name

Printed Spouse Name

Date

Taxpayer Signature

Spouse Signature