



THE TAX ADVISORY GROUP

Proactive Tax Reduction Planning

Shielding You From Over Taxation

THE WEALTH TRAINING ACADEMY

Integrating Taxes | Investments | Insurance | Estate Planning

Shielding, Protecting, Growing Your Business and Your Wealth

*Here's a handy list of what you need
to bring with you to your Tax-drop-off with
The Wealth Training Academy*

YOUR 2024 TAX CHECK LIST

201 Roper Creek Drive Greenville,
SC 29615

864-297-6125

Previously,

864-233-3846

taxinfo@wealthtrainingacademy.com

www.WealthTrainingAcademy.com

Set your appointment when you have your checklist completed.

- | | | |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Home school or educator | <input type="checkbox"/> State refund amount from last year | <input type="checkbox"/> Mortgage or home equity loan paid/1098 |
| <input type="checkbox"/> Wage Statements W2s/final pay stub | <input type="checkbox"/> Income and expenses from rentals | <input type="checkbox"/> Child care expenses and provider name, address, and EIN |
| <input type="checkbox"/> Last years tax return (if you are a new client) | <input type="checkbox"/> Settlement statements from purchase or sale of property | <input type="checkbox"/> Social Security Cards and dates of birth (new clients only) |
| <input type="checkbox"/> Pensions, retirement income/ 1099R | <input type="checkbox"/> Medical and dental expenses | <input type="checkbox"/> Drivers license (new clients only) |
| <input type="checkbox"/> Interest and dividend income/1099INT and 1099DIV | <input type="checkbox"/> Real estate and personal property taxes | <input type="checkbox"/> Tuition statement for college |
| <input type="checkbox"/> Commissions/1099 | <input type="checkbox"/> Estimated taxes paid | <input type="checkbox"/> Solar installed |
| <input type="checkbox"/> Self employed business income and expenses | <input type="checkbox"/> Cash and non-cash charitable contributions | <input type="checkbox"/> Bank name, Routing number and account number if direct deposit |
| <input type="checkbox"/> Lottery gambling winnings and losses | <input type="checkbox"/> Alimony paid or received | |
| <input type="checkbox"/> Unemployment income | <input type="checkbox"/> Sales of stocks or bonds-amount paid (basis) | |
| <input type="checkbox"/> Debt cancellation | <input type="checkbox"/> Social Security received | |
| <input type="checkbox"/> Form 1095A Health Marketplace | <input type="checkbox"/> Student loan interest | |



2024 The Wealth Training Academy Tax Organizer

Personal Information

Name		SSN	IP PIN	Date of Birth
Taxpayer				
Spouse				
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				

Filing status at the end of 2024

- ☐ Single ☐ Married ☐ Widowed - If widowed and your spouse died in 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?
☐ ☐ Are you or your spouse a full-time student?
☐ ☐ Are you or your spouse Active Duty Military, Reserves, or National Guard? Non-Active Spouse Home of Record: _____
☐ ☐ At any time during 2024 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?
☐ ☐ If you were 18 years of age, or under 24 and a student, at the end of 2024, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?
☐ ☐ If you were 18 years of age, or under 24 and a student, at the end of 2024, were you homeless or at risk of becoming homeless and supporting yourself?
☐ ☐ Was your earned income in 2024 less than your earned income in 2023?
If "Yes," enter the amount of your 2021 earned income. _____
☐ ☐ Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2024?
If "Yes," enter the amount received for each taxpayer and provide Notice 1444-C or Letter 6475 from the IRS.
Taxpayer _____ Spouse _____

Identification Information

Taxpayer's type of photo ID

- ☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

- ☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Tax Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals



Dependent and Other Information

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return _____

Yes No

☐ ☐ Did you receive advance payments of the Child Tax Credit from the IRS at any time in December 2024?

If "Yes," enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. Or, provide Letter 6419 from the IRS.

Taxpayer _____

Spouse _____

☐ ☐ If you were married last year and filed a joint return with your spouse, are you filing a joint return with the same spouse this year?

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Did you make Estimated payments

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2023	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____



Income

Provide all copies of Form 1099

Number of 1099s
from Company

Payer name



Sale of Capital Assets

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements.

[illegible]

Installment Sale Income

Description of property:

Date acquired Date sold

2024

Prior years

Selling price

Mortgages assumed

Cost of property sold

Depreciation allowed

Commissions and expense of sale

Gross profit percentage

Interest received

Principal payments received

Property was sold to a related party ☐



Other Income and Expenses

Other Income

	2024 Taxpayer	2024 Spouse
Scholarships or grants not reported on Form W-2		
Alaska Permanent Fund		
Jury duty pay		
ABLE distributions		
Other income: _____		

Contributions

	2024 Taxpayer	2024 Spouse
Contributions made to a Health Savings Account (HSA)		
Contributions made to a Self-Employed Pension plan (SEP)		
Contributions made to an Individual Retirement Account (IRA)		
Contributions made to a Roth IRA		

Expenses

Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents		
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____		
Name _____		
SSN _____ Divorce or separation date _____		
Interest paid on a student loan		
Other adjustments: _____		



Healthcare Coverage Questionnaire

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

- ☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- ☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- ☐ ☐ Was your previous insurance policy canceled in 2024?
- ☐ ☐ Was coverage offered by your employer or your spouse's employer?
- ☐ ☐ Are you a member of a federally recognized Indian tribe?
- ☐ ☐ Are you eligible for services through an Indian healthcare provider?
- ☐ ☐ Are you a member of a healthcare sharing ministry?
- ☐ ☐ Did you live in the United States the entire year?
- ☐ ☐ Are you enrolled in TRICARE?
- ☐ ☐ Did you apply for CHIP coverage?
- ☐ ☐ Do any of the following apply to you? Do NOT indicate which one.
- Became homeless
 - Evicted in the past six months, or facing eviction or foreclosure
 - Received a shut-off notice from a utility company
 - Recently experienced domestic violence
 - Recently experienced the death of a close family member
 - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 - Filed for bankruptcy in the last six months
 - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member



Education Expenses

Education Expenses

Provide all copies of Form 1098-T.

Student name _____

Student name _____

Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____

Student name _____

Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____

Student name _____

Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Schedule A - Itemized Deductions

*** You only have to complete the Schedule A section if you are planning to take Itemized Deductions. In order to tell if you qualify for Itemized deductions, your deductions must be greater than the standard deduction. Please use the table below to find out your standard deduction.

Table 1. 2024 Filing Requirements Chart for Most Taxpayers

IF your filing status is...	AND at the end of 2024 you were...	THEN file a return if your gross income was at least...
single	under 65	\$14,600
	65 or older	\$16,550
head of household	under 65	\$21,900
	65 or older	\$23,850
married filing jointly	under 65 (both spouses)	\$29,200
	65 or older (one spouse)	\$30,750
	65 or older (both spouses)	\$32,300
married filing separately	any age	\$5
qualifying surviving spouse	under 65	\$29,200
	65 or older	\$30,750

* If you were born before January 2, 1960, you're considered to be 65 or older at the end of 2024. (If your spouse died in 2024, see [Death of spouse](#), later. If you're preparing a return for someone who died in 2024, see [Death of taxpayer](#), later.)

** **Gross income** means all income you receive in the form of money, goods, property, and services that isn't exempt from tax, including any income from sources outside the United States or from the sale of your main home (even if you can exclude part or all of it). **Don't** include any social security benefits unless (a) you're married filing a separate return and you lived with your spouse at any time during 2024, or (b) one-half of your social security benefits plus your other gross income and any tax-exempt interest is more than \$25,000 (\$32,000 if married filing jointly). If (a) or (b) applies, see the Form 1040 and 1040-SR instructions to figure the taxable part of social security benefits you must include in gross income. Gross income includes gains, but not losses, reported on Form 8949 or Schedule D. Gross income from a business means, for example, the amount on Schedule C, line 7; or Schedule F, line 9. But in figuring gross income, don't reduce your income by any losses, including any loss on Schedule C, line 7; or Schedule F, line 9.

*** If you didn't live with your spouse at the end of 2024 (or on the date your spouse died) and your gross income was at least \$5, you must file a return regardless of your age.



Schedule A - Itemized Deductions

Medical and Dental Expenses

Health insurance premiums (paid by you)

Long-term care premiums (you)

Long-term care premiums (your spouse)

Long-term care premiums (dependents)

Mileage driven for medical purposes

Medical & dental expenses

 Doctor, dental, etc

 Prescription medicines

 Insulin

 Glasses & contacts

 Hearing aids

 Braces

 Medical equipment & supplies

 Hospital services

 Laboratory services

 Nursing services

 Other _____

Taxes Paid

State and local income taxes

General sales tax (vehicle, boat, home, etc.)

Real estate taxes

Personal property taxes

Other taxes (list) _____

Interest Paid

Home mortgage interest paid (attach Form 1098)

☐ Some of your home mortgage loan was not used to buy, build, or improve your home.

Home mortgage interest paid to an individual

Paid to:

 Name _____

 Address _____

 City, State, ZIP _____

 SSN or EIN _____

Home mortgage insurance premiums

Investment interest

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums

Federal estate tax

Gambling losses

Impairment-related work expenses

Claim repayments

Unrecovered pension investments

Loss from other activities from Schedule K-1

Ordinary loss debt instrument

Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

 Safety equipment, tools, & supplies

 Uniforms

 Protective clothing (shoes, hardhats, glasses, etc.)

 Dues to professional organizations

 Books & subscriptions

 Other _____

Union dues

Tax preparation fees

Other nonpersonal expenses related to taxable income

 Safe deposit box fees

 Investment expenses not entered elsewhere

 Other _____

Home equity interest



Schedule A - Itemized Deductions

Job-Related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2024

Number of miles from old home to old workplace _____

Number of miles from old home to new workplace _____

Expenses to transport and store household goods and personal effects _____

Travel and lodging expenses while traveling to your new home _____



Profit or Loss from Business

General Business Information

TS _____ Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

Accounting Method: ☐ Cash ☐ Accrual ☐ Other (specify) _____

☐ This business started or was acquired during 2024. ☐ This business was disposed of during 2024.

Select if this business is for:

- ☐ Professional gambler
- ☐ Newspaper delivery and you are under 18 years of age
- ☐ Exempt Notary income
- ☐ A clergy

Yes

No

☐

☐

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.

☐

☐

If "Yes," you filed Forms 1099 for the individuals?

☐

☐

You received a Paycheck Protection Program (PPP) loan for this business.

☐

☐

If "Yes," was any portion of the loan forgiven?

Income

	2024		2024
Gross receipts or sales	_____	Other income	_____
Returns & allowances	_____		_____

Expenses

	2024		2024
Advertising	_____	Repairs & maintenance	_____
Car & truck expenses	_____	Supplies	_____
Commissions & fees	_____	Taxes & licenses	_____
Contract labor	_____	Travel	_____
Depletion	_____	Total meals	_____
Employee benefit programs	_____	Utilities	_____
Insurance (other than health)	_____	Wages	_____
Interest - mortgage	_____	Family health coverage payments for taxpayer, spouse or dependents	_____
Interest - other	_____	Other expenses (list)	_____
Legal & professional services	_____		_____
Office expenses	_____		_____
Pension & profit sharing plans	_____		_____
Rent or lease (vehicles, machinery, & equipment)	_____		_____
Rent (other business property)	_____		_____

Cost of Goods Sold

	2024		2024
Inventory at beginning of year	_____	Materials & supplies	_____
Purchases	_____	Other costs	_____
Cost of personal use items	_____	Inventory at end of year	_____
Cost of labor	_____	<input type="checkbox"/> There was a change in inventory method.	



Expenses Related to Business

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No

☐☐

Was this vehicle available for use during off-duty hours?

☐☐

Was another vehicle is available for personal use?

Yes No

☐☐

Do you have evidence to support your deduction?

☐☐

If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven from 01/01/24 - 06/30/24

Number of miles the vehicle was driven from 07/01/24 - 12/31/24

Business

Business

Commuting

Commuting

Other

Other

Expenses

Garage rent

Repairs

Gas

Tires

Insurance

Tolls

Licenses

Lease addback

Oil

Other expenses

Parking fees

Rental fees

Interest

Property tax

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

☐ The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest

Real estate taxes

Excess mortgage interest

Excess real estate taxes

Insurance

Rent

Repairs & maintenance

Utilities

Other expenses

In the "Office expenses" column,
enter those expenses that
pertain exclusively to your office;
in the "Home expenses" column,
enter those expenses that
pertain to the entire dwelling.



Income or Loss from
Rental Real Estate & Royalties

General Property Information

Property description _____
Address, city, state, ZIP _____

Select the property type
☐ Single family residence ☐ Vacation / short-term rental ☐ Land ☐ Self-rental
☐ Multi-family residence ☐ Commercial ☐ Royalties ☐ Other _____

Number of days property was rented _____ Number of days property was used for personal use _____
If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

☐ This property was placed in service during 2024.
☐ This property is your main home or second home. ☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental.
☐ This property was disposed of during 2024. ☐ Yes ☐ No You filed Forms 1099 for the individuals
☐ This property was owned as a qualified joint venture.

Income

	2024	2024
Rent income	_____	Royalties from oil, gas, mineral, copyright or patent _____

Expenses

	Rental unit expenses	Rental and homeowner expenses	
Advertising	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel	_____	_____	
Cleaning & maintenance	_____	_____	
Commissions	_____	_____	
Insurance	_____	_____	
Legal & professional fees	_____	_____	
Management fees	_____	_____	
Mortgage interest	_____	_____	
Other interest	_____	_____	
Repairs	_____	_____	
Supplies	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Taxes	_____	_____	
Utilities	_____	_____	
Other Expenses:			
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	



Income or Loss from Partnerships, S Corporations, and Fiduciaries

EIN

[illegible]



Other Information

Mortgage Interest for Business

Provide all copies of Form 1098.

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid

Employee Business Expenses

- ☐ You are a qualified performing artist
- ☐ You are a fee-based state or local government official
- ☐ You are a disabled employee with impairment-related work expenses
- ☐ You are a reservist
- ☐ You are a member of the clergy
- ☐ You used your personal vehicle for your job during 2024

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation		
Meals		
Overnight business travel expenses (Do not include meals & entertainment)		
Other business expenses		

Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Fair market value before incident _____	Fair market value before incident _____
Fair market value after incident _____	Fair market value after incident _____
Insurance reimbursement _____	Insurance reimbursement _____



Profit or Loss from Farming

General Information

TS _____ Principal product _____ Employer ID number _____

Accounting method: ☐ Cash ☐ Accrual ☐ Other: _____

☐ This farm was disposed of during 2024.

Yes No

☐ ☐ Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm.

☐ ☐ If "Yes," you filed Forms 1099 for the individuals.

☐ ☐ You received a Paycheck Protection Program (PPP) loan for this business.

☐ ☐ If "Yes", was any portion of the loan forgiven?

Income

	2024	2024
Sale of livestock / other items	_____	Custom hire income _____
Cost of items bought for resale	_____	Beginning inventory for accrual _____
Sale of products you raised	_____	Ending inventory for accrual _____
Total cooperative distributions (Provide 1099-PATR)	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.
Total agricultural payments	_____	Other income _____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported	_____	_____
CCC loans forfeited	_____	_____
Crop insurance proceeds:		
Amount received in 2024	_____	_____
<input type="checkbox"/> You elect to defer to 2024		_____
Amount deferred from 2023	_____	_____

Expenses

	2024	2024
Car & truck expenses	_____	Rent - other (land, animals, etc.) _____
Chemicals	_____	Repairs & maintenance _____
Conservation expenses	_____	Seeds & plants purchased _____
Custom hire (machine work)	_____	Storage & warehousing _____
Employee benefit programs	_____	Supplies purchased _____
Feed purchased	_____	Taxes _____
Fertilizers & lime	_____	Utilities _____
Freight & trucking	_____	Veterinary, breeding, & medicine _____
Gasoline, fuel, & oil	_____	Family health coverage payments for taxpayer, spouse or dependents _____
Insurance (other than health)	_____	Other expenses _____
Interest - mortgage (paid to banks, etc.)	_____	_____
Interest - other	_____	_____
Non-W-2 labor hired	_____	_____
W-2 wages paid	_____	_____
Pension & profit-sharing plans	_____	_____
Rent - vehicles, machinery, & equipment	_____	_____



Farm Rental Income and Expenses

General Information

Description

Employer ID Number

☐ This farm was disposed of during 2024

Income

	2024		2024
Income from production of livestock, grains, & other crops		Crop insurance proceeds:	
Total cooperative distributions		Amount received in 2024	
Total agricultural payments		<input type="checkbox"/> You elect to defer to 2024	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2023	
CCC loans reported		Other income	
CCC loans forfeited			

Expenses

	2024		2024
Car & truck expenses		Seeds & plants purchased	
Chemicals		Storage & warehousing	
Conservation expenses		Supplies purchased	
Custom hire (machine work)		Taxes	
Employee benefit programs		Utilities	
Feed purchased		Veterinary, breeding, & medicine	
Fertilizers & lime			
Freight & trucking		Other Expenses	
Gasoline, fuel, & oil			
Insurance (other than health)			
Interest - mortgage (paid to banks, etc.)			
Interest - other			
Labor hired (less jobs credit)			
Pension & profit-sharing plans			
Rent - vehicles, machinery & equip			
Rent - other (land, animals, etc.)			
Repairs & maintenance			



Household Employment

TSJ _____ Employer Identification Number _____

- Yes No
- ☐☐ Did you pay any one household employee cash wages of \$2,300 or more in 2024?
- ☐☐ Did you withhold federal income tax during 2024 for any household employee?
- ☐☐ Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?
- ☐☐ Did you pay unemployment contributions to only one state?
- ☐☐ Did you pay all state unemployment contributions for 2024 by April 18, 2024?
- ☐☐ Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2024

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

TSJ _____ Employer Identification Number _____

- Yes No
- ☐☐ Did you pay any one household employee cash wages of \$2,300 or more in 2024?
- ☐☐ Did you withhold federal income tax during 2024 for any household employee?
- ☐☐ Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2023 or 2024 to all household employees?
- ☐☐ Did you pay unemployment contributions to only one state?
- ☐☐ Did you pay all state unemployment contributions for 2024 by April 18, 2024?
- ☐☐ Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2024

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____